

FILE NO.

Serial No. :

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

POA

Client Code :

--	--	--	--	--	--	--	--	--	--

NOMINEE

Client ID :

--	--	--	--	--	--	--	--	--	--

Holder's Name :

.....

Branch Name :

.....

Branch Code :

.....

For Office Use Only

NSE	CM	<input type="checkbox"/>	F&O	<input type="checkbox"/>	CD	<input type="checkbox"/>
BSE	CM	<input type="checkbox"/>	F&O	<input type="checkbox"/>		
MCX	Commodity	<input type="checkbox"/>				
NCDEX	Commodity	<input type="checkbox"/>				
DP	NSDL	<input type="checkbox"/>	CDSL	<input type="checkbox"/>		



www.elitewealth.in

Elite Wealth Limited

CIN: U74899HR1990PLC035764

MEMBER : NATIONAL STOCK EXCHANGE OF INDIA LTD.

MEMBER : BSE LTD.

MEMBER : MULTI COMMODITY EXCHANGE OF INDIA LTD.

MEMBER : NATIONAL COMMODITY AND DERIVATIVES EXCHANGE LTD.

SEBI REGN. NO. : INZ000186539

DP : NATIONAL SECURITIES DEPOSITORY LTD.

SEBI REGN. NO. : NSDL (DP ID : IN 301670) IN-DP-133-2015

DP : CENTRAL DEPOSITORY SERVICES (INDIA) LTD.

SEBI REGN. NO. : CDSL (DP ID : 12066800) IN-DP-133-2015

CLIENT REGISTRATION FORM

Name (Branch/AP) : _____

Employee Name : _____ Designation : _____

Signature : _____

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place : _____

Signature of Applicant(s) :



First Holder



Second Holder



Third Holder



www.elitewealth.in

Elite Wealth Limited

CIN: U74899HR1990PLC035764

Exchange Name	SEBI Regn. No.
NSE (CM, FO, CDS)	INZ000186539
BSE ((CM, FO)	INZ000186539
MCX	INZ000186539
NCDEX	INZ000186539

Membership No.: NSE: 08051, BSE: 3162, MCX : 12325, NCDEX : 01075, AMFI Reg. No. ARN Code:13376, POP Reg No.: 5000612.

Regd. Office : Casa Picasso, Golf Course Extension Road, Near Rajesh Pilot Chowk, Sector-61, Gurgaon- 122001, Haryana
Phone : +91-124-4068107 • Fax : +91-124-4053448 • E-mail : info@elitewealth.in
Website: www.elitewealth.in

Corporate Office : S-8, DDA Shopping Complex, Mayur Vihar Phase-1, Delhi-110091
Phone : +91-11-42445757 • Fax : +91-11-22795783 • E-mail: info@elitewealth.in

Compliance Officer's Details

Name : Mr. Diwan Singh Phone No. : +91-11-42445757
E-mail Id : compliance@elitewealth.in

COO's Details

Name : Vikram Luthra Phone No. : +91-11-42445757
E-mail Id : vikramluthra@elitewealth.in

Clearing Member Details for BSE F&O Segment, NSE Currency Derivative Segment and NCDEX

Name : Globe Capital Market Ltd.
SEBI Regn. No. : BSE-INZ000177137 • NSE-INZ000177137 • NCDEX-INZ000177137
Regd. Office : 609, Ansal Bhawan, 16 K.G. Marg, Connaught Place, New Delhi-110001
Phone No. : +91-11-30412400 • Fax : +91-11-23720880

For any grievance/dispute please contact Elite Wealth Limited at the above address or email id **investorquery@elitewealth.in** and Phone No. +91-11-42445757. In case not satisfied with the response, please contact the concerned exchange(s) at :

- NSE-complaint may be filed through e-mail : invg@nse.co.in or sending hard copy to nearest NSE office or may Call at 022-26598100
- BSE-complaint may be filed through e-mail : mahesh.ghadi@bseindia.com or sending hard copy to nearest BSE Investor centre or at 022-22721233
- MCX-complaint may be filed through e-mail : grievance@mcxindia.com or sending hard copy to nearest MCX office or may Call at 022-67318888
- NCDEX-complaint may be filed through e-mail : askus@ncdex.com or sending hard copy to nearest NCDEX Investor centre or at 022-66406084
- CDSL-complaint may be filed through e-mail : complaints@cdslindia.com or sending hard copy to nearest CDSL office or may Call at 1800225533
- NSDL-complaint may be filed through e-mail : info@nsdl.co.in or sending hard copy to nearest NSDL office or may call at 1800222990

If you are not satisfied, you may also lodge your grievance with SEBI at <http://scores.gov.in>. For any feedback or assistance. Please contact SEBI Office at Tollfree Helpline at 1800227575/18002667575.

About Internet & Wireless Based Trading Facilities

Tick the mode of Trading

- Explorer (Web based) Empower (Mobile App)
 Enhance (Exe based) Call & Trade

Filing of complaints on SEBI SCORES - Easy & Quick (<https://www.scores.gov.in/scores/Welcome.html>)

- Register on SCORES portal
- Mandatory details for filing complaints on SCORES: i.e. Name, Pan, Address, Mobile Number, Email ID
- Benefits:
 - Effective communication
 - Speedy redressal of the grievances

ACCOUNT OPENING KIT

INDEX OF DOCUMENTS

S. No.	Name of Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1.	Account Opening Form	A. CKYC form - Document captures the basic information about the constituent and an instruction/check list.	1 to 7
		B. Document captures the additional information about the constituent relevant to trading & DP account and an instruction/check list.	8 to 16
2.	Rights and Obligations	Document stating the Rights & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	Separate Sheet
3.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	
4.	Guidance note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	
5.	Policies and Procedures	Document describing significant policies and procedures of the stock broker	
6.	Tariff Sheet	Tariff Sheet provides the detailed terms & conditions of charging subscription/rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).	

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

S. No.	Name of Document	Brief Significance of the Document	Page No.
7.	Electronic Contract Note	Electronic Contract Note (ECN) Declaration	18
8.	Running Account Authorisation	Running Account Authorisation	19
9.	Letter of Authority	Authorisation to Member	20
10.	Client Position Undertaking	Undertaking for not exceeding position client - MCX/NCDEX	21
11.	FATCA & CRS Declaration	FATCA & CRS Declaration for Individual & Non-Individual	22 to 24

DEPOSITORY PARTICIPANT & OTHER DOCUMENTS AS PROVIDED BY THE STOCK BROKER

S. No.	Name of Document	Brief Significance of the Document	Page No.
12.	DDPI	For Operating Beneficiary Account	25
13.	Price Structure	Schedule of Charges	26
14.	SMS Alert Facility	Terms and Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL	27-28
15.	Issuance of DIS Booklet	Option for Issuance of DIS Booklet Along with account opening	29
16.	Declaration by HUF	Declaration	30
17.	Declaration for NIR	Declaration	31
18.	Declaration for Name Discrepancy in PAN Card, Bank Proof & Address Proof	Declaration	32
19.	Declaration by Sales Person/Authorised Person	Declaration	33
20.	Online Mutual Fund Application Form	Online Mutual Fund Application Form	34

Note: A separate booklet containing "Rights and Obligations, Risk Disclosure Document (RDD), Guidance note- Do's and Don'ts for trading on the exchange(s) for the investors" is available with account opening form which is also available at our website www.elitewealth.in on Investor Awareness segments.

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM (For Trading and Demat Account)

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI) : - List of documents admissible as Proof of Identity:

1. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): - List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50, 000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary Requirements
Corporate	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. • Photograph, POI, POA, PAN of individual promoters holding control-either directly or indirectly. • Copies of the Memorandum and Articles of Association and certificate of incorporation. • Copy of the Board Resolution for investment in securities market. • Authorised signatories list with specimen signatures.
Partnership Firm	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered partnership firms only). • Copy of partnership deed. • Authorised signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners.
Trust	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered trust only). • Copy of Trust deed. List of trustees certified by managing trustees/CA. • Photograph, POI, POA, PAN of Trustees.
HUF	<ul style="list-style-type: none"> • PAN of HUF. • Deed of declaration of HUF/ List of coparceners. • Bank pass-book/bank statement in the name of HUF. • Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	<ul style="list-style-type: none"> • Proof of Existence/Constitution document. • Resolution of the managing body & Power of Attorney granted to transact business on its behalf. • Authorized signatories list with specimen signatures.
Banks/Institutional Investors	<ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. • Authorized signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate. • Authorized signatories list with specimen signatures.
Army Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead. • Authorized signatories list with specimen signatures.
Registered Society	<ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members. • Committee resolution for persons authorised to act as authorised signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

Additional documents in case of trading in derivatives segments - illustrative list:

Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.	Self declaration with relevant supporting

*In respect of other clients, documents as per risk management policy of the Company need to be provided by the client from time to time.

Bank Proof: Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.

Demat Proof: Demat master or recent holding statement issued by DP bearing name of the client.

In-person Verification:

For Individuals:

- (i) Stock broker has an option of doing "in-person" verification through web camera at the branch office of the stock broker/sub-broker's office.
- (ii) In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out in-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted. For Non Individuals: Form need to be initialed by all the authorized Signatories.

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- 1 Fields marked with '**' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's name** is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

A Clarification / Guidelines for filing Entity Details section

1. Entity Constitution Type:

A - Sole Proprietorship	H - Trust	O - Artificial Juridical Person
B - Partnership Firm	I - Liquidator	P - International Organisation or Agency / Foreign Embassy or Consular Office etc.
C - HUF	J - Limited Liability Partnership	Q - Not Categorized
D - Private Limited Company	K - Artificial Juridical Person	R - Others
E - Public Limited Company	L - Public Sector Banks	S - Foreign Portfolio Investors
F - Society	M - Central/State Government Department or Agency	
G - Association of Persons (AOP) / Body of Individuals (BOI)	N - Section 8 Companies (Companies Act, 2013)	
2. In case of companies and partnership, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available

B Clarification / Guidelines for filing 'Proof of Identity [Pol]' section

1. Activity Proof - 1 and Activity Proof - 2 are applicable for account in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
2. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
3. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC Process to be submitted.
4. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of information by Intermediaries Providing Digital Locker Facilities) Rules, 2016
5. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
6. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C Clarification / Guidelines for filing 'Proof of Address [PoA]' section

1. State / U.T. Code and PIN / Post Code will not be mandatory for Overseas addresses.
2. Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for filing 'Contact Details' section

1. Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2. Do not add '0' in the beginning of Mobile Number.

E Clarification / Guidelines for filing 'Related Person Details' section

1. Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Proof of Address [PoA]
 - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
 - State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
3. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
4. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.

List of two - digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U. T.	Code	State / U. T.	Code	State / U. T.	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two - digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic	KP	Reunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Curacao	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1**')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction **(H)** at the end)

A- Passport Number Passport Expiry Date --

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date --

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number


S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :

 [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies IPV Done

KYC / IN-PERSON VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/> - <input type="text"/> - <input type="text"/> Place <input type="text"/>	Name ELITE WEALTH LIMITED
Emp. Name <input type="text"/>	Code IN1250
Emp. Code <input type="text"/>	[Institution Stamp]
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
[Employee Signature]	

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application.
 F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* DD - MM - YY YY Date of Commencement of Business DD - MM - YY YY

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

Officially void document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation Registration Certificate Regn. Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power or attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please refer instruction C at the end)

3.2 Local Address in India (If different from Above)*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village*

District Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

3.1 Registered Office Address / Place of Business*

Line 1*

Line 2

Line 3 City / Town / Village*

District Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

**Details of Promoters / Partners / Karta / Trustees and Whole Time Directors
forming a part of Know Your Client (KYC) Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors / Aadhaar number of Promoters / Partners / Karta	Photograph
1.					DIN : UID :	
2.					DIN : UID :	
3.					DIN : UID :	
4.					DIN : UID :	
5.					DIN : UID :	



Name & Signature of the Authorised Signatory(ies)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

TRADING AND DEMAT ACCOUNT RELATED DETAILS

For Individuals & Non-Individuals

I/We request you to open the following account(s) in my/our name as per the following details. (Please tick only one of the following options)

- Trading Account and NSDL Demat Account Trading Account only
 Trading Account and CDSL Demat Account NSDL Demat Account only CDSL Demat Account only

DP IDs : **NSDL** : IN301670 **CDSL** : 12066800 Date :

Client ID (To be filled by Participant)							
--	--	--	--	--	--	--	--

TYPE OF ACCOUNT (Please tick whichever is applicable)


<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual HUF/AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Minor <input type="checkbox"/> Individual Margin Trading A/c (Mantra) <input type="checkbox"/> Others (Specify) _____				
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts <input type="checkbox"/> Others (Specify) _____				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">RBI Ref. No.</td> <td style="width:50%;">RBI Approval Date</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	RBI Ref. No.	RBI Approval Date		
RBI Ref. No.	RBI Approval Date				
<input type="checkbox"/> Non-Individual	<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____				
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National-Depository Receipts <input type="checkbox"/> Others (Specify) _____				

A. NAME OF THE APPLICANT

Trading Account Holder Name			
DP Holder Name	Sole/First Holder Details	Second Holder Details	Third Holder Details

B. OTHER DETAILS

SMS Facility	(This facility is made mandatory to register Power of Attorney in demat account. Ensure that the mobile number is provided in the KYC Application Form.)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Annual Income Details (please specify) Income Range per annum	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50 Lacs to 1 Crore <input type="checkbox"/> 1-5 Crore <input type="checkbox"/> 5-10 Crore <input type="checkbox"/> > 10 Crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50 Lacs to 1 Crore <input type="checkbox"/> 1-5 Crore <input type="checkbox"/> 5-10 Crore <input type="checkbox"/> > 10 Crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50 Lacs to 1 Crore <input type="checkbox"/> 1-5 Crore <input type="checkbox"/> 5-10 Crore <input type="checkbox"/> > 10 Crore
OR			
Net-worth as on (date)	Net worth _____ as on _____	Net worth _____ as on _____	Net worth _____ as on _____
If Mobile #/Email id used belongs to a different person, specify the dependent relationship & PAN (Mark "SELF" in case of own Mobile #/Email id) (TICK correct one)	Mobile	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/>
	Email	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/>
Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
Name of Employer/ Establishment with full address			
Designation			
Goods & Service Tax No.			
I declare that I don't have (In the case of trading account holder)	<input type="checkbox"/> Mobile <input type="checkbox"/> Email		

 <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div>	 <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div>	 <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div>
---	--	--

Signature of 1st Holder

Signature of 2nd Holder

Signature of 3rd Holder

C. GUARDIAN DETAILS (in case the sole holder is a minor) - Applicable for Demat Account only

Name						PAN											
Relationship (if any)						Date of Birth* (of Minor)	D	D	M	M	Y	Y	Y	Y			
Address (Submit valid Proof of Address)																	

D. STANDING INSTRUCTIONS


I/We authorise you to receive credits automatically into my/our account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account to be operated through Power of Attorney (PoA) (If yes, ensure SMS alert facility is opted.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Download of Email ID to Issuer/R&T Agent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We authorise you to send all communications/statements through the e-mail only*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/ We request you to enable my / our Depository account with Flag "Standing Instruction for Auto Pledge Confirmation"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address for communication / Corporate Benefits (Default option is Local Address)	<input type="checkbox"/> Local/Permanent Address <input type="checkbox"/> Correspondence Address/Foreign Address	
*All communication shall be sent at the email ID/correspondence address of the Sole/First holder only.		


Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly				
I/We request you to send Electronic Transaction-cum-Holding Statement at the email Id _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
I/We would like to share the email ID with the RTA	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic				
I/We wish to receive dividend/interest directly in to my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	Yes <input type="checkbox"/>	No <input type="checkbox"/>			


Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure 2.6	I/We wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I/We have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.		
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)
Easi	To register for easi , please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.		

Additional Facility Details :

SMS Alert Facility	<input type="checkbox"/> Yes MOBILE No.: +91-..... If yes, please refer to Terms & Conditions given in Annexure-A (give us details thereon duly signed by all account holder/s)	<input type="checkbox"/> No
easi	<input type="checkbox"/> Yes If yes, please provide us your valid email ID or register yourself for "easi" facility on CDSL's website www.cdslindia.com and submit your registration form to Branch DP duly signed by account holder/s or contact your Branch DP for details. [Facility through CDSL's website : www.cdslindia.com wherein a BO can view / print ISIN balances, transactions and value of the portfolio online.]	<input type="checkbox"/> No


Signature of 1st Holder


Signature of 2nd Holder


Signature of 3rd Holder

TRADING & DEMAT ACCOUNT RELATED DETAILS

FOR INDIVIDUALS & NON-INDIVIDUALS

BANK ACCOUNT DETAILS

(Through which transactions will generally be routed)

Primary Bank Details (for DP and Trading) :

Bank Name :

Account No. : Branch :

Address :

Pin Code :

MICR Code of Branch : IFS Code :

Account Type : Savings Current NRE/NRO OTHERS : (Please Specify)

Pay-Out Option : Cheque Fund Transfer Bank Draft CMS NEFT RTGS As Per Group

Secondary Bank Details (for Trading, if any) :

Bank Name :

Account No. : Branch :

Address :

Pin Code :

MICR Code of Branch : IFS Code :

Account Type : Savings Current NRE/NRO OTHERS : (Please Specify)

UPI Id :

Pay-Out Option : Cheque Fund Transfer Bank Draft CMS NEFT RTGS As Per Group

TRADING PREFERENCE

*Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.

Exchanges	NSE, BSE & MSEI				MCX, NCDEX BSE & NSE
	Cash/Mutual Fund	F&O	Currency	Debt	Commodity Derivatives
All Segments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you do not wish to trade in any of segments / Mutual Fund, please mention here _____

DEPOSITORY ACCOUNT DETAILS

(Through which transactions will generally be routed.)

Depository Name : CDSL NSDL

Name of Depository Participant : _____

Beneficiary Name : _____

DP ID : _____ Beneficiary ID (BOID) : _____

PAST ACTIONS**Details of any action / proceedings initiated / pending / taken by SEBI / Stock Exchange / any other authority against the applicant / constituent or its partners / promoters / whole time directors / authorised persons in charge of dealing in securities during last three years.**

(Please Specify)

DEALING THROUGH AUTHORISED PERSON AND OTHER STOCK BROKERS**If client is dealing through the Authorised Person, provide the following details :**

Name of the Authorised Person	_____
Authorised Person SEBI Regn. No.	_____
Authorised Person's Address	_____
Authorised Person's Phone/Fax No.	_____
Authorised Person's Website	_____

Whether dealing with any other stock broker / Authorised Person (In case dealing with multiple stock brokers / Authorised Person, please provide details of all)

Name of the stock broker	_____
Name of Authorised Person (If any)	_____
Client Code (UCC)	_____
Exchange	_____

Details of disputes / dues pending from / to such stock broker / Authorised Person

(Please Specify)

ADDITIONAL DETAILS**SMS and E-mail alerts to investors by stock exchanges :** Yes NoType of Facility SMS Alert E-mail Alert Both**Whether you wish to receive :** Physical Contract Note Electronic Contract Note (ECN)

E-mail (If Applicable) : _____

Whether you wish to avail of the facility of internet trading / wireless technology : Yes No**Trading Experience / Number of Years of Investment** No Prior Investment Experience _____ Years in Equities _____ Years in Derivatives _____ Years in other Investment related fields**In case of Non-Individual, Name, Designation, PAN, UID, Signature, Residential Address and Photographs of persons authorised to deal in securities on behalf of the company / Firm/ others.***Please provide the details in Annexure A as per format attached*

GST DETAILS (As applicable, Statewise)

Legal Name																			
Trade Name																			
GSTIN										Registration Date									
Name of the State										State Code									
Other State GSTIN										Registration Date									
Name of the State										State Code									

CATEGORIZATION IN COMMODITIES DERIVATIVES SEGMENTS

Categories	Product Types				
<input type="checkbox"/> Farmer / FPOs	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Value Chain Participants (VCPs)	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Foreign Participant	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Domestic Financial Institutional Investor	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All

DETAIL OF INTRODUCER (OPTIONAL)

Introduced by : Existing Client Sub-Broker Remisier Authorised Person Others (Please Specify)

Name of Introducer : _____

Authorised Person Registration No. _____ UCC : _____ Employee Code : _____

PAN NO. : _____

Address : _____
 _____ City : _____

Pin : _____ State : _____ Country : _____

Phone : _____

Signature of the Introducer : _____

NOMINATION FORM - TRADING AND DEMAT ACCOUNTS

(Annexure-A)

(To be filled in by individual applying singly or jointly)

ELITE WEALTH LIMITED

Casa Picasso, Golf Course Extension Road, Near Rajesh Pilot Chowk,
Sector-61, Gurgaon - 122001, Haryana



DATE	D	D	M	M	Y	Y	Y	Y	UCC								
DP ID									Client ID								

I/We wish to make a nomination. [As per details given below]

NOMINATION DETAILS




I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me/us in the said beneficiary owner account in the event of my / our death.

Nomination can be made upto three nominees in the account		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1.	Name of the nominee(s) Mr./Ms.)			
2.	Share of each Nominee	Equally [If not equally, please specify percentage] %	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>				
3.	Relationship with the Applicant (if any)			
4.	Address of Nominee(s) City / Place State / Country PIN Code			
5.	Mobile/Telephone No. of Nominee(s)			
6.	Email ID of nominee(s)			
7.	Nominee Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor :

8.	Date of Birth {in case of minor nominee(s)}			
9.	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
10.	Address of Guardian(s) City / Place State / Country PIN Code			
11.	Mobile/Telephone No. of Guardian			
12.	Email ID of nominee(s)			

13.	Relationship of Guardian with nominee			
14.	Guardian Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

	Name(s) of Holder(s)	Signature(s) of Holder
Sole/First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

DECLARATION FORM FOR OPTING OUT OF NOMINATION

(Annexure-B)

To,

ELITE WEALTH LIMITED

Casa Picasso, Golf Course Extension Road, Near Rajesh Pilot Chowk,
Sector-61, Gurgaon - 122001, Haryana



www.elitewealth.in

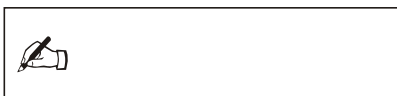
DATE	D	D	M	M	Y	Y	Y	Y	UCC								
------	---	---	---	---	---	---	---	---	-----	--	--	--	--	--	--	--	--

DP ID									Client ID								
-------	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--

Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Signatures of Holder(s)



Signature of 1st Holder



Signature of 2nd Holder



Signature of 3rd Holder

DECLARATION




1. The rules and regulations of the Depository and Depository Participants/Capital Market pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I / we may be held liable for it. In case of nonresident account, I/we also declare that I / we have complied and will continue to comply with FEMA regulations.
 2. I/we understand and acknowledge the fact that I/we am/are at liberty to withdraw all or any of the information provided by me/us and the same shall be made by me/us in writing. I/we confirm and accept that such withdrawal shall entitle you to withdraw all or any of the services provided to me/us under the account opening documentation.
 3. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
 4. I/We further confirm having read and understood the contents of the "Standard Documents"
 - a) Rights and Obligations of stock broker, sub-broker and client for trading on Exchanges [including additional rights & obligations in case of internet/wireless technology based trading];
 - b) Rights and obligations of beneficial owner and depository participant as prescribed by SEBI and depositories ;
 - c) Uniform Risk Disclosure Documents [For all segments/exchanges] ;
 - d) Guidance note detailing Do's and Don'ts for trading on stock exchanges;

Note: The above mentioned documents [a, c,d] in the vernacular languages are available in our website.

I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for information on stock broker's designated website .
 5. [In the case of clients who have opened only DP accounts] I/We confirm having read and understood the contents of the Standard Documents.
 - Rights and Obligations of beneficial owner and depository participant as prescribed by SEBI and Depositories.
 - 6.* I/We also understand the "Additional Rights and Obligations for Broking and Other Products and services" and acknowledge that this is Voluntary [non-mandatory] document for availing value added products and services as provided by Elite Wealth and unconditionally agree to abide by the terms and conditions mentioned therein.
- * Strikeout if not applicable

I/We would like to receive the copy of the KYC & Standard Documents:- Physical Mode *Electronic Mode

[If you require the document through electronic mode please ensure that you have registered your email id with us].

Name of Account Holder(s)	Name of First Holder (Mr. / Mrs.)	Name of Second Holder (Mr. / Mrs.)	Name of Third Holder (Mr. / Mrs.)
Signature(s) (Full signature required)			

Place :

Date :

ACKNOWLEDGEMENT FROM CLIENT FOR RECEIPT OF PHYSICAL DOCUMENTS

To,
Elite Wealth Limited

Casa Picasso, Golf Course Extension Road, Near Rajesh Pilot Chowk, Sector-61 Gurgaon - 122001




Date.....

Dear Sir/ Madam,

I/We hereby acknowledge receipt of the following documents

1. Rights and Obligations of Stock Brokers, Sub-brokers and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
2. Risk Disclosure Document for Capital Market and Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
4. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
5. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.
6. I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us. Further I confirmed that the documents for KYC submitted by me are true and correct.

Yours faithfully,

First / Sole Holder Signature	Second Joint Holder Signature (only for DP account)	Third Joint Holder Signature (only for DP account)
		

TARIFF SHEET

EQUITY SEGMENT

Brokerage Slab	Slab in %	Minimum per Share
Delivery Based		
Intra Day		

F & O SEGMENT

Brokerage Slab	Slab in %	Minimum per Lot
Future		
Options		
Delivery		

CURRENCY DERIVATIVES SEGMENT

Brokerage Slab	Slab in %	Minimum per Lot
Future		
Options		

	MCX			NCDEX		
	NORMAL	PER LOT	MINIMUM PER LOT	NORMAL	PER LOT	MINIMUM PER LOT
Future - Delivery						
Future - Non Delivery						
Options						

Note :

1. All legal levies such as CTT, STT, Stamp duty, GST, Sebi Fees, Exchange turnover charges, clearing member charges, contribution towards investor protection fund and all other levies shall be charged at the rates applicable from time to time in addition to the brokerage stated above
 2. Trading terminal licence fee/software usage charges shall be charged separately @ _____ % of turnover or @ Rs. _____ per segment per month wherever applicable.
 3. Minimum Service Charge for trading day will be Rs. 25/-
 4. Charges/service standards are subject to revision at sole discretion of Elite Wealth Limited.
 5. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
 6. Penalty for delay in payment of settlement/ margin obligation shall be charged @18% p.a. on daily outstanding balance till settled in full.
- I/We have the above given information and agree to pay the charges / levies mentioned above.

Client Signature

To, **(VOLUNTARY)**

Elite Wealth Limited

Casa Picasso, Golf Course Extension Road,
Near Rajesh Pilot Chowk, Sector-61
Gurgaon - 122001, Haryana

Dear Sir,

I _____ a client with M/S. **ELITE WEALTH LIMITED** member of Exchange undertakes as follows:

- I am aware that the member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the member has to provide electronic contract note for my convenience on my request only.
- Though the member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore , I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operation.
- My email id is* _____. This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other Indian language known to me.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.
- This authorization provided by me shall continue and remain valid until revoked by me by giving a notice in writing.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

*(The email id must be written in own handwriting of the client)

Client Name: _____

Unique Client Code : _____

PAN: _____

Address : _____

Date : _____ Place: _____

Verification of the client signature done by,

Name of the designated officer of the Member _____

Signature _____

RUNNING ACCOUNT AUTHORISATION

To,

Elite Wealth Limited

Casa Picasso, Golf Course Extension Road,
Near Rajesh Pilot Chowk, Sector-61
Gurgaon - 122001, Haryana

Date.....

Sub : Running Account Authorisation

I/We are dealing through you as a client in Capital Market / Future & Option Segment / Currency Segment / Commodity Segment and/or Interest Rate Future Segment & in order to facilitate ease of operations and upfront requirement or margin for trade.

I/We authorize you as under:

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) of any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you otherwise.
2. I/We request you to settlement of my fund after making necessary retention as per frequency option given below:-

Once in a calender Month

Once in every calender Quarter

except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.

3. I/We confirm you that I/We shall bring to your notice any dispute arising from the statement of account or settlement so made in writing preferably within 7 working days from the date of receipt of funds/securities or statement of account or statement related to it, as the case may be at your registered office.
4. This Running account authorization would continue until it is revoked by me by giving a notice in writing.



Client Signature

LETTER OF AUTHORITY

To,

Elite Wealth Limited

Date.....

Casa Picasso, Golf Course Extension Road,
Near Rajesh Pilot Chowk, Sector-61
Gurgaon - 122001, Haryana

Sub : Letter of Authority - NSE/BSE/MCX/NCDEX (All Segment)

I/We am/are dealing in securities with you at NSE/BSE/MCX/NCDEX in Capital Market Segment, F&O Segment, Currency Derivatives Segment and/or Commodity Derivative Segment and in order to facilitate ease of operations. We authorize you as under :

1. Delivery of order/ trade confirmation/ cancellation:

- a. I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.
- b. I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

2. Electronic Mode of delivery:

- a. I/We request that you may send/ Dispatch me contract notes other documents through E-mail on my designated E-mail address of..... I/We stress that I/we will not hold you responsible under any circumstances in the event of an E-mail which you send gets bounced due to any reason such as mail box being full, inactive account or due to any technical reason beyond your control.
- b. Log Report : I/We will completely rely on the log reports of your dispatching software as a conclusive proof of dispatch of E-mail to me and will not dispute the same.
- c. Change in E-mail Id: I/We will inform you any change in my E-mail, if any, in future, by written request or through E-mail from my registered email address.

3. Fines & Penalties:

All fines/penalties and charges levied upon you due to my acts / deeds or transactions may be recovered by you from my trading account.

4. Charges & Balance Maintenance:

I/We have a Trading As well as depository relationship with Elite Wealth Limited Please debit the charges relevant with depository services and courier charges for sending additional physical contract notes & other documents from my/our trading account, as & when applicable. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

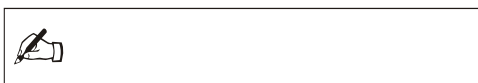
I/We am/are aware that I/We may not opt for any of the above authorisation by striking off the same. Further, I/We am /are aware that above authorisation is voluntary on my/our part and that I/We can revoke this authorisation at any point of time by giving you a notice in writing.

* Strike off the clauses not relevant to you.

Thanking you,

Yours faithfully,

For and On Behalf of Constituent



Client Signature

Name : _____

UNDERTAKING FOR NOT EXCEEDING POSITION CLIENTS - MCX / NCDEX

To,

Elite Wealth Limited

Casa Picasso, Golf Course Extension Road,
Near Rajesh Pilot Chowk, Sector-61
Gurgaon - 122001, Haryana

**SUB: MY/OUR REQUEST FOR TRADING IN COMMODITY FORWARD CONTRACTS/
COMMODITY DERIVATIVES ON MCX/NCDEX AS YOUR CLIENT**

I/ We,an Individual/ Sole Proprietor/ Partnership Firm/ Company registered/ incorporated, under the provisions of the Indian Partnership Act, 1932/ The Companies Act, 1956 having his/her/ its Office/ Residence atwith Client codedo hereby confirm that I/ We am/are /was/were doing trading with other member of MCX/NCDEX the details of my client code and member Id where I am / was trading are as under:-

Client Code Member Id

I/ We, also undertake that I/ We am/are /was/were not violating and undertake that we will not violate open interest limit of prescribed by SEBI / Exchange from time to time and the limit calculated as per guidelines for calculation of net open position limit as per guidelines for calculation of net open position limit as per circular No. MCX/ 338/ 2006 dated August 21, 2006, MCX / 541/2006 dated December 7, 2006 and circular No. NCDEX/TRADING-114/ 2006/247 dated September 28, 2006 and modified thereafter from time to time.

I/ We also confirm that my/our account (with client code.....) in your Company may be debited with the amount of penalty imposed by MCX/NCDEX for violating of norms of open position limits whenever any consequences arises.

Client Signature

Client Name:.....

Client Code:.....

Individual/Partner/Director/Karta/Trustee*

* Strike off which is not applicable



www.elitewealth.in

FATCA & CRS Declaration - Non Individual

PAN Trading Code DP Code

Name

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1.	We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity <input type="text"/>
	GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):

Unincorporated association / body of individuals
 Unlisted Company
 Partnership Firm
 Limited Liability Partnership Company
 Others (please specify)
 Public Charitable Trust
 Religious Trust
 Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder

[†] If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

[‡] In case Tax Identification Number is not available, kindly provide functional equivalent

[§] Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Elite Wealth Limited for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name

Designation

Client Signature  Date : Place :

For Investor convenience, Elite Wealth Limited collecting this mandatory information for updating across all Group Companies of Elite Wealth Limited whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Elite Wealth Limited branch or you can dispatch the hard copy to-

Elite Wealth Limited
S-8, DDA Shopping Complex,
Mayur Vihar Phase-1, Delhi-110091

• For Detail Terms & Conditions please visit www.elitewealth.in

DDPI**(For Operating Beneficiary Account)**

I/We..... have been /shall be dealing through you as my/our broker on various Stock exchanges(s) such as NSE/BSE/MCX/NCDEX and as my /our Depository Participant (DP) with respect to my /our Trading Account opened /to be opened under captioned Unique Client code (UCC) and Demat /beneficial owner (BO) account opened /to be opened & mapped with my/out said Trading account. I/We authorize you to follow these instructions across exchanges & across segments in which I/We have already opened accounts with you or I/We may open account in future. As my/our Broker i.e agent & or DP. I/We direct and authorize you to carry out dealings on my/our behalf as per instructions given below.

For my/our convenience & in order to facilitate the proper execution of all transactions by me/us in pursuant to agreement(s)













Entered /to be entered with M/S Elite Wealth Ltd. I/We hereby agree & authorize EWL to operate my/our Demat /BO account (s) Opened /to be opened and mapped with MY/OUR AFORESAID Trading account to transfer/pledge/re-pledge/de-pledge securities from my/our BO account(s) only EWL BO account and /or Exchange(s) related pool and Margin Account of EWL specified here in below.

Exchange	Depository	CM BP ID	DP ID	Account No.	Account Type
NSE	NSDL	IN558002	IN301670	10000172	Pool Account
NSE	CDSL			1206680000000051	Pool Account
NSE	CDSL			1100001100020472	NSE Early Pay-in A/c
BSE	NSDL	IN631626	IN301670	10113703	Pool Account
BSE	CDSL			1206680000000032	Pool Account
BSE	CDSL			1100001000013101	BSE Early Pay-in A/c

Depository	TM/CM-Client Securities Margin Pledge Account	DP ID	Account No.
ALL SEGMENT			
NSDL	TM/CM-Client Securities Margin Pledge Account	IN301670	10369816
CDSL	TM/CM-Client Securities Margin Pledge Account	12066800	00012918

Please further note that while I /We am/are entitled to the revoke this DDPI authorization at any time, by sending signed physical letter of revocation, through Regd/Speed post at your abovementioned address. I/We agree that till the time my/our revocation request will be processed and updated in your records, EWL will continue to be authorized to transfer/pledge/re-pledge/de-pledge securities under this DDPI authorization against my/our obligations, if any, in my/our captioned trading /demat account.

I/We shall be liable for all the loses, damages and actions which my arises a consequence of your adhering to and carrying out my/our directions given above and further agree that you shall not be liable for any claim what so ever, or for any consequential, incidental, special or exemplary damages, caused by transfer/pledge/re-pledge/de-pledge of securities under this DDPI authorization FOR THE FOLLOWING PURPOSES.

Purpose	Particulars	Signature		
Purpose 1	Transfer of securities held in the beneficial owner accounts of the client towards stock exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the Same Stock Broker	 Signature of 1st Holder	 Signature of 2nd Holder	 Signature of 3rd Holder
Purpose 2	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	 Signature of 1st Holder	 Signature of 2nd Holder	 Signature of 3rd Holder
Purpose 3	Mutual Fund transactions being executed on Stock Exchange order entry platforms	 Signature of 1st Holder	 Signature of 2nd Holder	 Signature of 3rd Holder
Purpose 4	Tendering shares in open offers through Stock Exchange Platform.	 Signature of 1st Holder	 Signature of 2nd Holder	 Signature of 3rd Holder

PRICE STRUCTURE FOR BENEFICIARY ACCOUNT

(Applicable with effect from 01-03-2022)

SERVICES		Scheme A	Scheme B	Scheme C	Scheme D (Only for Individual)	
1.	Account Opening Charges	NIL	NIL	NIL	NIL	
2.	Custody Fee	NIL	NIL	NIL	NIL	
3.	Annual Maintenance Charges	Rs. 960/- for Life Time (Only Individual)	Rs. 485/- p.a. (Individual)	Rs. 335/- p.a. (Individual)	For Debt Securities : Upto Rs. 1,00,000 - No AMC Rs. 1,00,001 to 2,00,000 - Maximum Rs. 100	
		Rs. 960/- p.a. (Corporate)	Rs. 960/- p.a. (Corporate)	Rs. 960/- p.a. (Corporate)	For other than Debt Securities: Upto Rs. 50,000 - No AMC Rs. 50,001 to 2,00,000 - Maximum Rs. 100	
4.	Dematerialisation Charges (Upfront)	Rs. 5/- per Certificate	Rs. 5/- per Certificate	Rs. 5/- per Certificate	Rs. 5/- per Certificate	
5.	Purchase (Credit Charges) (Per Transaction)	NIL	NIL	NIL	NIL	
6.	Market & Off Market (Debit per Transaction)	Market Trades	Rs. 25/- per transaction for POA/Speed-e client	Rs. 30/- per transaction for POA/Speed-e client	Rs. 35/- per transaction for POA/Speed-e client	Rs. 60/-
			Rs. 35/- per transaction for Non POA/Speed-e client	Rs. 40/- per transaction for Non POA/Speed-e client	Rs. 45/- per transaction for Non POA/Speed-e client	
		Off-Market Trades	Rs. 35/- per transaction (From EWAL DP to EWAL DP)	Rs. 40/- per transaction (From EWAL DP to EWAL DP)	Rs. 45/- per transaction (From EWAL DP to EWAL DP)	
			Rs. 40/- or .01% of current market value (whichever is higher)	Rs. 45/- or .01% of current market value (whichever is higher)	Rs. 50/- or .01% of current market value (whichever is higher)	
7.	Normal Pledge (LAS) (Pledge Creation/Closure/Invocation-Charges Per ISIN)	Rs. 70/-	Rs. 70/-	Rs. 70/-	Rs. 70/-	
8.	Margin Pledge/Replege/unpledge	Rs. 25/-	Rs. 25/-	Rs. 25/-	Rs. 25/-	
9.	Instruction Booklet First	Free	Free	Free	Free (only Two Leaf)	
	Subsequent (For 20 Leaf)	Rs. 30/-	Rs. 30/-	Rs. 30/-	Rs. 30/-	
10.	Rematerialisation Charges (Per Certificate)	Rs. 50/- or Rs. 50 every 100 Securities (whichever is higher) (Maximum Cap of Rs. 5 Lacs)	Rs. 50/- or Rs. 50 every 100 Securities (whichever is higher) (Maximum Cap of Rs. 5 Lacs)	Rs. 50/- or Rs. 50 every 100 Securities (whichever is higher) (Maximum Cap of Rs. 5 Lacs)	Rs. 50/- or Rs. 50 every 100 Securities (whichever is higher) (Maximum Cap of Rs. 5 Lacs)	
11.	Speed-E Annual Maintenance Charges (Optional)					
	1. For Password User 2. For Smart Card User	Rs. 250/- p.a. Rs. 300/- p.q.	Rs. 250/- p.a. Rs. 300/- p.q.	Rs. 250/- p.a. Rs. 300/- p.q.	Rs. 250/- p.a. Rs. 300/- p.q.	
12.	Other Charges :- 1. Courier Charges per Co. (Upfront) 2. Modification of Account Detail 3. Demat Rejection Charges 4. GST or any other Tax shall be applicable.	- Rs. 55/- upto 25 Certificate and thereafter for every 25 Certificate Rs. 55/- Extra. - Rs. 50/- per request - Rs. 55/- Postal Charges				

Notes :-

- In case Account Holder has not selected any of the above schemes then by default, Scheme A shall be applicable.
- Any Hardware, Software cost for Speed-E like Smart Card etc. shall be done by the account holder.
- Charges / Services are subject to revision by given not less than 30 days notice at the sole discretion of Elite Wealth Limited
- *The individual shall have only one BSDA in his/her name across all depositories.
- *Value of securities held in demat account shall not exceed Rupees Two Lakhs at any point of time.
- *If value of holding exceeds Rs. 2,00,000/-, account will be converted in to normal account under scheme C however Client has an option.

I/We have accepted & understood the terms & conditions mentioned above.



Signature of 1st Holder



Signature of 2nd Holder



Signature of 3rd Holder

TERMS AND CONDITIONS-CUM-REGISTRATION / MODIFICATION FORM FOR RECEIVING SMS ALERTS FROM CDSL

Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees:

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and

keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments:

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. I/ We consent to CDSL providing to the service provider such information pertaining to account/ transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I/ We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of Registration / modification (Please cancel out what is not applicable).

BOID

1	2	0	6	6	8	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name : _____ Second Holder's Name _____ Third Holder's Name _____

Mobile Number on which message are to be sent

+91										
-----	--	--	--	--	--	--	--	--	--	--

(Please write only ONE valid email ID on which communications; if any, is to be sent)

The mobile number is registered in the name of : _____

Email ID : _____

(Please write only ONE valid email ID on which communications; if any, is to be sent)

 _____
Signature of 1st Holder

 _____
Signature of 2nd Holder

 _____
Signature of 3rd Holder

Place : _____

Date : ____ / ____ /20____

OPTION FOR ISSUANCE OF DIS BOOKLET ALONGWITH ACCOUNT OPENING

(To be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stock broker/Participant/Portfolio Manager and do not intend to open a Basic Service Demat Account)



Elite Wealth Limited

(Depository Participant with NSDL & CDSL)

SEBI Regn. No. : NSDL (DP IN 301670) & CDSL (12066800) IN-DP-133-2015

Name(s) of Account Holder(s)

Sole/First Holder

Second Holder

Third Holder

Option for Issue of DIS Booklet *(Please tick any one)*

Option 1

I / We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

Option 2

I/We do not wish to receive the DIS booklet with account opening, the DIS booklet should be issued to me/us immediately on my/our request at any later date.

Beneficial Owner	Name	Signature with Date
Sole/First Holder		
Second Holder		
Third Holder		

DECLARATION BY HUF

To,

Elite Wealth Limited

Casa Picasso, Golf Course Extension Road,
Near Rajesh Pilot Chowk, Sector-61
Gurgaon - 122001, Haryana

As our HUF firm wishes to open an account with you DP in the said name
we beg to say that the first signatory to this letter i.e., is the Karta of the Joint
Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto
in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the DP from the
said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the
Karta, including the share of minor co-parceners

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under
the said Act.

We hereby undertake to inform the DP of the death or birth of a co-parcener of any change occurring at any time in the membership of
our joint family during the currency of the account.

Name & signature of Karta

Name..... Signature.....

Name & Signature of Adult Co-parceners (Use Annexure for additional Members)

S. No.	Name	PAN	Signature
1.			
2.			
3.			
4.			

Name & Date of Birth of Minor-Co-parceners

S. No.	Name	Date of Birth	Signature
1.			
2.			
3.			
4.			

DECLARATION FOR NIR

To,

Elite Wealth Limited

Casa Picasso, Golf Course Extension Road,
Near Rajesh Pilot Chowk, Sector-61
Gurgaon - 122001, Haryana

"I hereby declare that I have authorised Elite Wealth Limited to share my KYC details available in the Demat Account Opening Form along with KYC documents / information with NSDL National Insurance Repository (NIR) for opening e-Insurance Account (eIA). I hereby give my consent for the same. I would like to receive my insurance policy and all the information related to the insurance policy through NIR. I wish to state that I do not have e-Insurance Account with NIR or any other Insurance Repository to best of my knowledge and belief. I hereby authorise to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including all changes, updates to such information as and when provided by me."

PAN: _____

Customer / Client Id: _____

Client Name: _____

 _____

Client Signature

DECLARATION, INDEMNITY CUM UNDERTAKING FOR NAME DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS PROOF

To,

Elite Wealth Limited

Casa Picasso, Golf Course Extension Road,
Near Rajesh Pilot Chowk, Sector-61
Gurgaon - 122001, Haryana

Date :

I _____ s/o, w/o, d/o _____
_____, refer to my Trading Account
_____ with Elite Wealth Limited (EWL) do hereby affirm, declare and undertake that

1. That my name as it appear on my trading account is _____
2. That my name as it appears on my demat account is _____
3. That my name as it appears on the Income Tax website is _____
4. That my name as it appears on the Address proof is _____
5. That my name as it appears on my Pan Card is _____
6. That my name as it appears on the Bank Proof is _____
7. That above mentioned names, on Trading account, Demat account, Tax website, Address proof, PAN Card No. _____ and Bank account bearing no. _____ are mine alone.
8. That I hereby request EWL to maintain my name in Demat and Trading account as per the name appearing on the website / PAN card.
9. That I promise and undertake to get my PAN card altered in accordance with my name as appearing on the Income tax within reasonable time from the date of signing this undertaking. EWL may, at its sole discretion, terminate my trading and demat account in the event of me not getting my name altered within reasonable time of signing this undertaking.
10. That I further undertake to open a bank account in accordance with the name as appearing on the Income Tax website week from the date of signing this undertaking.
11. I further undertake that in case my name has been changed after approval from government authorities and notification gazette. I shall get the name change effected in PAN, Bank account etc. and furnish immediately to EWL.
12. That I further declare that I am responsible and I shall indemnify & keep indemnified EWL, its directors, officers, employees, agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, action proceedings arising out or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA) transfer, dematerialization of securities, rematerialization of securities, dividends, interest etc., that may arise out Declaration-cum- undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood before signing it. That this declaration, Indemnity-cum-undertaking given by me to EWL is by my absolute free will and coercion, undue influence, pressure etc., and at present I am having sound health and mind.



Client Signature

Client Name: _____

DECLARATION BY SALES PERSON / AUTHORISED PERSON

To,

Elite Wealth Limited

Casa Picasso, Golf Course Extension Road,
Near Rajesh Pilot Chowk, Sector-61
Gurgaon - 122001, Haryana

Dear Sir,

This is with reference to the trading account under consideration in the name of.....
R/o....., I declare that I have met the above captioned person personally & have verified copy of under mentioned KYC documents with original, which is enclosed with account opening form.

Further I also confirm that client has signed and executed the form, stamp papers with enclosures in my presence.

The following KYC documents are checked and verified from the original documents :

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Date of verification of documents :.....

The above statement is true and correct and made under my own free mind without having any coercion, misrepresentation or fraud.

Name of the person :.....

Signature :.....

Employee / Authorised Person



www.elitewealth.in

ONLINE MUTUAL FUND APPLICATION FORM



Elite Wealth Limited

Broker/Agent Code ARN:		SUB-BROKER:		EUIN:	
Unit Holder Information					
Name of the First Applicant :					
PAN Number :		KYC:		Date of Birth :	
Father Name :			Mother Name :		
Name of Guardian :			PAN :		
Contact Address :					
City :		Pincode :		State :	
Tel.(Off) :		Tel.(Res) :		Email :	
Fax (Off) :		Fax (Res) :		Mobile :	
Income Tax Slab/Networth :			Occupation Details		
Place of Birth :			Country of Tax Residence :		
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Mode of Holding :			Occupation :		
Name of Second Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :			Occupation Details		
Place of Birth :			Country of Tax Residence :		
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Name of Third Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :			Occupation Details		
Place of Birth :			Country of Tax Residence :		
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Other Details of Sole/ 1st Applicant					
Overseas Address : (In case of NRI investor)					
City :		Pincode :		Country :	
Bank Mandate Details					
Name of Bank :			Branch :		
A/C No. :		A/c Type		IFSCCode:	
Bank Address :					
City :		Pincode :		State :	
				Country :	
Nomination Details					
Nominee Name :			Relationship :		
Guardian Name (If Nominee is Minor) :					
Nominee Address :					
City :		Pincode :		State :	
Declaration and Signature					
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.					
Date :			Place :		
1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :	



www.elitewealth.in



NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Affix recent colour photograph of 3.5 cm × 2.5 cm size / Passport size

Select your Central Recordkeeping Agency (CRA) [Please tick ()]	NSDL e-Governance Infrastructure Ltd. <input type="checkbox"/>	Karvy Computershare Pvt. Ltd. <input type="checkbox"/>
--	--	--

Please select your category [Please tick ()]	Central Govt. All Citizen Model <input type="checkbox"/>	State Govt. Corporate Sector <input type="checkbox"/>	NPS Lite (GDS) <input type="checkbox"/>
---	--	---	---

To,
National Pension System Trust.
Dear Sir/Madam,
I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

KYC Number (if applicable)	Generated from Central KYC Registry
Retirement Adviser Code (If applicable)	

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full Shri Smt. Kumari

First Name*

Middle Name

Last Name

Subscriber's Maiden Name (if any)

Father's Name* F i r s t M i d d l e L a s t

(Refer Sr. No. 1 of instructions)

Mother's Name* F i r s t M i d d l e L a s t

(Refer Sr. No. 1 of instructions)

Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick ()]

Date of Birth* d d / m m / y y y y (Date of Birth should be supported by relevant documentary proof)

City of Birth*

Country of Birth*

Gender* [Please tick ()] Male Female Others Nationality* In-Indian

Marital Status* Married Unmarried Others

Spouse Name* F i r s t M i d d l e L a s t

(Refer Sr. No. 1 of instructions)

Residential Status* Indian

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with the identification number)

Passport Passport Expiry Date d d / m m / y y y y

Voter ID Card PAN Card

Driving License Driving License Expiry Date d d / m m / y y y y

NREGA JOB Card

Others Name of the ID I D N u m b e r Please refer Sr. No. 2 of the instructions.

UID (Aadhaar)

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)*	Correspondence Address	Permanent Address
[Please tick (), as applicable]	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
#Not more than 3 months old. Please refer Sr. No. 2 of the instructions	Registered Lease/Sale agreement of residence	Registered Lease/Sale agreement of residence
	#Latest Gas/Electricity/Telephone[Landline] Bill	#Latest Gas/Electricity/Telephone[Landline] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District PIN Code

State/U.T. C o u n t r y

4.2 PERMANENT ADDRESS DETAILS* Tick () in the box in case the address is same as above.

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District PIN Code

State/U.T. C o u n t r y

13. DECLARATION BY EMPLOYER

Applicable to Government Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))

Date of Joining Date of Retirement

Employee Code/ID (If applicable)

PPAN (If applicable)

Group of Employee (Tick as applicable) Group A Group B Group C Group D

Office

Department

Ministry

DDO Registration Number

DTO/PAO/CDDO/DTA/PrAO Registration Number

Basic Pay

Pay Scale

It is certified that the details provided in this subscriber registration form by _____ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Person <input type="text"/>		Designation of the Authorised Person <input type="text"/>	
Name of the DDO <input type="text"/>		Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/>	
Deptt/Ministry <input type="text"/>		Date <input type="text" value="d d / m m / y y y y"/>	

14. DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining Date of Retirement

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date Place

Signature of the Authorised person (In the box above)	
Designation of the Authorised Person <input type="text"/>	Rubber Stamp of the Corporate (In the box above)

15. TO BE FILLED BY POP-SP

Receipt No. (17 digits) POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted YES NO KYC Compliance YES NO

Documents Received: (Originals Verified) Self Certified (Attested) True Copies

Identity Verification : Done

Existing Bank Customer:

I/we hereby certify/confirm that Shri/Smt/Kumis an existing customer of the Bank having fully operative Saving Bank account no.....at.....branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kumis not a 'Basic Savings Bank Deposit Account'

Adhaar Based KYC Certificate:

I/we hereby certify that Aadhaar Numberof Sh/Smt/Kum.....has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

To be filled by POP-SP		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date <input type="text"/>

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by CRA-FC Registration Number

Received at Date

Acknowledgement Number (by CRA-FC)

PRAN Alloted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted: ₹

Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/POP:



www.elitewealth.in

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE
MODIFY
CANCEL

I/We hereby authorize **BSE Limited**

to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 (Mandate Reference No.)

Phone No.

Reference 2 (Unique Client Code-UCC)

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or Until Cancelled

1. _____ 2. _____ 3. _____

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

CHECK LIST FOR CLIENT REGISTRATION FORM

FORM RECEIVING DATE :	BRANCH CODE :	CLIENT CODE
ACCOUNT OPENING DATE :	RL/TL	
	SUB BRANCH CODE :	

I.	CHECKING DETAILS	YES	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)		
b)	E-mail ID		
c)	Mobile No.		
d)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>		
e)	Signature Checked and Verified.		
f)	Photograph (duly signed) <input type="checkbox"/>		
g)	A copy of PAN Card (Self Attested) <input type="checkbox"/>		
h)	Address Proof (Self Attested) <input type="checkbox"/>		
i)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>		
j)	Stamp Paper : <input type="checkbox"/>		
k)	Exchange given : <input type="checkbox"/> NSE <input type="checkbox"/> BSE <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX		
2.	Telephonic confirmation of Particulars done by _____ Date _____ Time _____ On Phone No. _____		
3.	Details Punched in Computer by _____		
4.	Cross Checking done by _____		
5.	UCC UPLOADED : <input type="checkbox"/> NSE <input type="checkbox"/> BSE	<input type="checkbox"/> ENTERED IN FORM DATA	
6.	INTERNET TRADING <input type="checkbox"/> Odin Diet <input type="checkbox"/> Web Trading		
7.	Client Account Status Report issued by		
8.	Form Returned to Compliance by _____ Date : _____ Time : _____		
9.	Kit Dispatched on _____ (Date) _____ Pod No. _____		
10.	KRA REGISTRATION DETAILS If Client is already registered with KRA, please fill in below details : <input type="checkbox"/> NDML <input type="checkbox"/> CVL <input type="checkbox"/> KRA Modification (Please tick any one) (Please furnished photocopy of KRA Registration letter) KRA Registration No.: _____ Date of Registration: _____		



www.elitewealth.in

Elite Wealth Limited

CIN: U74899HR1990PLC035764

MEMBER : NATIONAL STOCK EXCHANGE OF INDIA LTD.

MEMBER : BSE LTD.

MEMBER : MULTI COMMODITY EXCHANGE OF INDIA LTD.

MEMBER : NATIONAL COMMODITY AND DERIVATIVES EXCHANGE LTD.

SEBI REGN. NO. : INZ000186539

Membership No.: NSE: 08051, BSE: 3162, MCX : 12325, NCDEX : 01075

AMFI Reg. No. ARN Code:13376,

POP Reg No.: 5000612.

DP : NATIONAL SECURITIES DEPOSITORY LTD.

SEBI REGN. NO. : NSDL (DP ID : IN 301670) IN-DP-133-2015

DP : CENTRAL DEPOSITORY SERVICES (INDIA) LTD.

SEBI REGN. NO. : CDSL (DP ID : 12066800) IN-DP-133-2015