



Manubhai Mangaldas Securities Pvt. Ltd.

Member : BSE - NSE - CDSL

T e c h n o l o g y • T r a n s p a r e n c y • T r u s t

INT.REF.NO.

SEBI Reg. No. NSE INZ000194236 Derivatives Segment
BSE INZ000194236 Cash Segment
NSE INZ000194236 Capital Segment
CDSL - IN-DP-608-2021

Building Relationships, Earning Trust

INDIVIDUAL - NON INDIVIDUAL CLIENT REGISTRATION FORM

Mr. / Mrs. / M/s. : _____

Client Code No. : _____

Sub - Broker : _____

Authorised Person : _____

Registered Office

Heritage Plaza, 4th Floor, J. P. Road, Opp. Indian Oil Nagar, Andheri (W), Mumbai - 400 053.
Tel. : (022) 66790333 • Fax : (022) 66790470 • E-mail : investorgrievances@manumangal.com

On-line Trading : Equities | Derivatives | Commodities | Depositories | Investment Advisory | Arbitrage.

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For any grievance/dispute please contact, Manubhai Mangaldas Securities Private Limited at the registered address of the company or Email ID- investorgrievances@manumangal.com and Phone no. 91- 022-6679 0333. In case not satisfied with the response, please contact the concerned exchange(s) BSE at crasto@bseindia.com Phone no: 91-022-22721233 /34 and NSE at : ignse@nse.co.in, Phone no. 91- 26598100 - 8114.

Bombay Stock Exchange Limited

Regional Office – West,
Department of Investor Services,
P J Towers, 1st floor, Dalal Street,
Fort, Mumbai – 400 001.
Telephone Number: 022-22721233/34
Fax No.: 022-22723677
Investor Services email id. : is@bseindia.com
Investor Services Telephone No. : 022 2272 8097
E-mail Id: stanies.crasto@bseindia.com

National Stock Exchange of India Ltd.

Investor Grievance Cell / Arbitration
Exchange Plaza, 5th Floor
Plot no. C/1, G Block
Bandra-Kurla Complex
Bandra (E), Mumbai - 400 051.
Email : ignse@nse.co.in
Tel No: 26598190 (IGC) / 26598192 (Arbitration)
Fax No: 6598191

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with * are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines | instructions at the end.
 E) List of State | U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) 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 (To be filled financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	<input type="text"/>	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)

(Mandatory or KYC update request) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name*(Same as Aadhaar)	<input type="text"/>		
Maiden Name (If any*)	<input type="text"/>		
Father Spouse Name*	<input type="text"/>		
Mother Name*	<input type="text"/>		
Date of Birth*	<input type="text"/>		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised		

PHOTO

Signature | Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place | City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

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<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT | PERMANENT | OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

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Address Type*	<input type="checkbox"/> Residential Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)	<input type="text"/>	
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

Address

Line 1*

Line 2

Line 3

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

CENTRAL KYC REGISTRY I 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 I 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 I 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 I insurance number, citizen I personal identification I services code/number and resident registration number)

C Clarification I Guidelines of 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 I 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 I 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 I Guidelines on filling 'Proof of Address [PoA] - Current I 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 I U.T Code and Pin I 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 I Guidelines on filling 'Proof of Address [PoA] - Correspondence I 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 I local addresses, Please fill 'Annexure A1'

F Clarification I 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 I Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

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

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

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CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with * are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines | instructions at the end.
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 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) 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 (To be filled by financial institution)	Application Type* KYC Number Account Type*	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small	<input type="checkbox"/> (Mandatory for KYC update request)
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☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name*(Same as Aadhaar)			
Maiden Name (If any*)			
Father Spouse Name*			
Mother Name*			
Date of Birth*	DD MM YYYY		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T- Transgender		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code)		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O- Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B- Business <input type="checkbox"/> X- Not Categorised		

PHOTO

Signature | Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place | City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

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<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	DD MM YYYY
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	DD MM YYYY
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

☐ 4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT | PERMANENT | OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

((er oed coy o any ne o te o nn r o o d d r e s s | needs be subm ed

Address Type*	<input type="checkbox"/> Residential Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others <input type="text"/> <input type="checkbox"/> Simplified Measures Account - Document Type code <input type="text"/>

Address

Line 1*

Line 2

Line 3

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

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

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- 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.
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C Clarification I Guidelines of 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 I 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 I State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
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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.

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For office use only (To be filled by financial institution)	Application Type* KYC Number Account Type*	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small	<input type="checkbox"/> 1. PERSONAL DETAILS (Please refer instruction A at the end)
--	--	--	--

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name*(Same as Aadhaar)			
Maiden Name (If any*)			
Father Spouse Name*			
Mother Name*			
Date of Birth*	DD MM YYYY		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
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			PHOTO
			Signature Thumb Impression

<input type="checkbox"/> 2. TICK IF APPLICABLE	<input type="checkbox"/> RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)
ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)	
ISO 3166 Country Code of Jurisdiction of Residence*	
Tax Identification Number or equivalent (If issued by jurisdiction)*	
Place City of Birth*	ISO 3166 Country Code of Birth*

<input type="checkbox"/> 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)	
((er oed coy o any ne o te o nn r o o den y needs be subm ed	
<input type="checkbox"/> A- Passport Number	Passport Expiry Date DD MM YYYY
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<input type="checkbox"/> F- NREGA Job Card	
<input type="checkbox"/> Z- Others (any document notified by the central government)	Identification Number
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	Identification Number

4. PROOF OF ADDRESS (PoA)*	
<input type="checkbox"/> 4.1 CURRENT PERMANENT OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)	
((er oed coy o any ne o te o nn r o o dss needs be subm ed	
Address Type*	<input type="checkbox"/> Residential Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others <input type="checkbox"/> Simplified Measures Account - Document Type code
Address	
Line 1*	
Line 2	
Line 3	City Town Village*
District*	Pin Post Code* State U.T Code* ISO 3166 Country Code*

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D Clarification I Guidelines on filling 'Proof of Address [PoA] - Current I 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 I U.T Code and Pin I 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 undernoted 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 I Guidelines on filling 'Proof of Address [PoA] - Correspondence I 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 I local addresses, Please fill 'Annexure A1'

F Clarification I 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 I Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

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



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

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

State I U.T	Code	State I U.T	Code	State I 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
Chattisgarh	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 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
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	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 the	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 of	KP	Reunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	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		

Know Your Client (KYC) Application Form (For Non- Individuals Only) <small>Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also</small>	 CDSL VENTURES LIMITEDExploring New Horizons	<div style="border: 1px solid #ccc; width: 100px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Intermediary Logo </div>
Application Number: _____		
Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC		
1. Entity Details (please refer guidelines)		
PAN* _____ Please enclose a duly attested copy of your PAN Card Name* (same as ID proof) _____ Date of Incorporation* _____ Place of Incorporation* _____ Date of Commencement* _____ Registration Number* _____ Entity Type* Please Tick () <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> Private Ltd. Co.</div> <div style="width: 25%;"><input type="checkbox"/> Public Ltd. Co.</div> <div style="width: 25%;"><input type="checkbox"/> Body Corporate</div> <div style="width: 25%;"><input type="checkbox"/> Partnership</div> <div style="width: 25%;"><input type="checkbox"/> Trust/Charity/NGO</div> <div style="width: 25%;"><input type="checkbox"/> HUF</div> <div style="width: 25%;"><input type="checkbox"/> FPI Category I</div> <div style="width: 25%;"><input type="checkbox"/> FPI Category II</div> <div style="width: 25%;"><input type="checkbox"/> AOP</div> <div style="width: 25%;"><input type="checkbox"/> Bank</div> <div style="width: 25%;"><input type="checkbox"/> Government Body</div> <div style="width: 25%;"><input type="checkbox"/> Defence Establishment</div> <div style="width: 25%;"><input type="checkbox"/> Body of Individuals</div> <div style="width: 25%;"><input type="checkbox"/> Society</div> <div style="width: 25%;"><input type="checkbox"/> LLP</div> <div style="width: 25%;"><input type="checkbox"/> Non-Government Organization</div> <div style="width: 25%;"><input type="checkbox"/> Others _____</div> </div>		
2. Proof of Identity* (please refer the guidelines)		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Officially Valid Document(s) in respect of person authorized to transact</div> <div style="width: 50%;"><input type="checkbox"/> Certificate of Incorporation/Formation _____</div> <div style="width: 50%;"><input type="checkbox"/> Registration Certificate _____</div> <div style="width: 33%;"><input type="checkbox"/> Memorandum of Articles and Association</div> <div style="width: 33%;"><input type="checkbox"/> Partnership Deed</div> <div style="width: 33%;"><input type="checkbox"/> Trust Deed</div> <div style="width: 33%;"><input type="checkbox"/> Board Resolution</div> <div style="width: 66%;"><input type="checkbox"/> Power of attorney granted to its manager, office, employees to transact on its behalf</div> <div style="width: 50%;"><input type="checkbox"/> Activity Proof –1* (For Sole Proprietorship Only)</div> <div style="width: 50%;"><input type="checkbox"/> Activity Proof –2* (For Sole Proprietorship Only)</div> </div>		
3. Address Details* (please refer the guidelines)		
A. Registered Address* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____		
B. Correspondence/Local Address in India (if different from above)* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____		
		Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—#Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill# (Landline only)	<input type="checkbox"/> Latest Electricity Bill#	<input type="checkbox"/> Latest Bank Account Statement#
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) _____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		

4. Contact Details

Email ID _____	Mo b ile N o . _____
Email ID _____	Mo b ile N o . _____
Tel (off) _____	Fax _____

5. Annexures SubmittedNumber of Related Persons - **6. Remarks / Additional Information****7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: _____ (DD-MM-YYYY)

PLACE: _____



Applicant Digital Signature (DSC)

Applicant Wet Signature

**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
Employee Signature and Stamp	Employee Signature and Stamp

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

Know Your Client (KYC) Annexure (For Non- Individuals Only)	 CDSL VENTURES LIMITED <small>....Exploring New Horizons</small>	<div style="border: 1px solid #ccc; padding: 10px; width: 100px; margin: 0 auto;"> Intermediary Logo </div>
<small>Please fill the form in ENGLISH and in BLOCK letters</small> <small>Fields marked * are mandatory</small> <small>Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also</small>	Application Number:	
Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC		
1. Identity Details of Related Person (please refer guidelines overleaf)		
<div style="display: flex; justify-content: space-between;"> <div> PAN* _____ Name* (same as ID proof) _____ Maiden Name* (if any) _____ Fathers/Spouse's Name* _____ Date of Birth* _____ Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____ Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointed Official Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Others _____ (please specify) DIN: _____ (mandatory if the related person is Director) </div> <div style="text-align: center;"> Please enclose a duly attested copy of your PAN Card <div style="border: 1px solid #ccc; padding: 20px; width: 150px; height: 100px; margin: 0 auto;"> Applicant Photo </div> </div> </div>		
Proof of Identity (POI) submitted for PAN exempted cases (Please tick) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> A — Aadhaar Card XXXX XXXX _____ <input type="checkbox"/> B — Passport Number _____ <input type="checkbox"/> C — Voter ID Card _____ <input type="checkbox"/> D — Driving License _____ <input type="checkbox"/> E — NREGA Job Card _____ <input type="checkbox"/> F — NPR _____ <input type="checkbox"/> Z — Others _____ (any document notified by Central Government) </div> <div style="width: 35%;"> (Epiry Date) _____ (Epiry Date) _____ </div> </div>		
2. Address Details* (please refer guidelines overleaf)		
A. Correspondence/ Local Address* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____ Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		
	<div style="background-color: #f2f2f2; padding: 2px; border: 1px solid #ccc;">Applicant e-SIGN</div>	

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX _____

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____

☐ D — Driving License _____ (Expiry Date) _____

☐ E — NREGA Job Card _____

☐ F — NPR Letter _____

☐ Z—Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant PAN of the Applicant

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Place for Intermediary Logo



Name & Signature of the Authorised Signatory(ies)

Date / /

1. 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 documents.

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

- 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 master or recent holding statement issued by DP bearing name of the client.

All Documents given by client should be self certified by Client

NRI CLIENTS REQUIREMENTS¹.

- Indian address and foreign address with supporting proof.
- Copy of passport (full pages)
- Bank verification letter Indicating type of NRI/NRE/NRO
- Power of attorney duly notarized
- Pan card
- In case place of birth is not india proof of applicant being person of Indian origin is required
- Declaration form for FEMA regulation duly signed by all holder

HUF

- All the documents as mentioned above for account opening of individual investors will be applicable
- Declaration giving details of the HUF with their names, date of birth and relationship with the karta
- HUF PAN Card
- KARTA PAN Card

Note

(HUF accounts cannot opened with joint holder(s) and nominee cannot be appointed)
(In the account opening form, the karta should sign under the HUF stamp)
(In the event of death of Karta, his death certificate and succession certificate must be taken)
*POA Form must be signed by all member of HUF Family (Except Minor)

Nomination

Nomination is compulsory for all Individual Bo's (Except HUF). In case of Nominee is Minor than guardian should be Natural Gurdian or court appointed guardian.

SMS

SMS Registration is compulsory for all Bo's who have given POA to CM. Provide mobile No. on Registration Form and sign Terms & Condition

EMAIL

Email ID is compulsory for sending transaction statement on Monthly or Quarterly Basis

4 For Individual

a) INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

- Self-attested copy of PAN card is mandatory for all clients.
- 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.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FIPB/FEMA guidelines and other applicable statutory approvals), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 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

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

- PAN Card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (Listed in Section D).
- PAN card with photograph.
- 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.

5. For Non-Individual

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 authorised 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 authorised 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 representative 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.

All columns are to be filled in by the clients and copies of relevant supporting documents need to be attached by the constituents.

To, **MANUBHAI MANGALDAS SECURITIES PVT. LTD.**

B.S.E. CAPITAL MARKET
CLEARING No. 495 BSE : SEBI Reg. No. INZ000194236 December 31, 1997

N.S.E. CAPITAL MARKET
CLEARING No. 09837 NSE : SEBI Reg. No. INZ000194236 June 07, 2000

DERIVATIVES
NSE : SEBI Reg. No. INZ000194236 August 31, 2001

CDSL
DP ID No. 32100 SEBI Reg. No. IN-DP-CDSL-222-2003.

Affix recent photograph
Please sign across the photograph

3

CURRENCY DERIVATIVES
NSE: SEBI Reg. No. INZ000194236 August 27 2008 CM Details: PHILLIPCAPITAL (INDIA) PVT. LTD. No.1, 18th Floor, Urmi Estate, 95 Ganpatrao Kadam Marg, Loer Parel (W), Mumbai - 400 013 Tel.: 022 2483 1800 SEBI REG NO INZ000169632

Registered Office / Correspondence Office :
Heritage Plaza, 4th Floor, J. P. Road, Opp. Indian Oil Nagar, Andheri (W),
Mumbai - 400 053. Tel. : 022 6679 03 33 Fax : 91-22-6679 0470
E-mail : investorgrievances@manumangal.com
Website : www.manumangal.com
Self Clearing member of Derivative Segment (NSE & BSE) :
Compliance Officer : Alpa H Bhatt Tel.: 8104989322
Email id : alpa@manumangal.com

TRADING AND DEMAT ACCOUNT OPENING FORM

(To be filled by the Depository Participant)

DP Internal Reference No.	Date	D	D	M	M	Y	Y	Y	Y
DP ID	1	2	0	3	2	1	0	0	Client ID

(To be filled by the applicant in BLOCK LETTERS in English)

I/We requires you to open a Trading and Demat Account in my/our name as per the following details:-

Type of Account - Individual (Please tick whichever is applicable)

Status	Sub - Status
<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 Promoter <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Minor <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 - Depository Receipts <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> ForeignNational	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify) _____

Type of Account - Non Individual (Please tick whichever is applicable)

Status	Sub-Status
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FI <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____	To be filled by the DP
Date of Incorporation	D D M M Y Y Y Y
SEBI Registration No. (If applicable)	SEBI Registration Date
RBI Registration No. (If Applicable)	RBI Approval Date
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (Specify) _____
Name	
Sole/ First Holder	PAN UID
Search Name (For Non Individual)	PAN UCC Exchange Name & ID
Second Holder	PAN UID
Third Holder	PAN UID

Name *	
<p>* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.</p>	

Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN										
Relationship with the applicant												

Clearing Member Details (To be filled by CMS Only)

Name of Stock Exchange													
Name of CC/CH													
Clearing Member ID							Trading Member ID						

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR Code)									
IFS Code (11Character)									
Account Number									
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (Specify) _____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
 (ii) Photocopy of the Bank Statement having name and address of the BO
 (iii) Photocopy of the Passbook having name and address of the BO, (or)
 (iv) Letter from the Bank.
 • In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Depository Account Particulars : (Through which transaction will generally be routed)

DP ID		Client ID							
DP Name		Depository	NSDL / CDSL						
DP		Beneficiary Name							
Address		Beneficiary ID (BOID)							
City		State		Country		Pin Code			

Education	<input type="checkbox"/> High School <input type="checkbox"/> Under High School <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Docterate <input type="checkbox"/> Prof. Degree <input type="checkbox"/> Illiterate <input type="checkbox"/> Others
-----------	---

SMS Alert Facility Refer Terms & Conditions given as Annexure 2.4	Mobile No. +91 _____ [Mandatory, If you are giving Power of Attorney, (POA) (If POA is not granted & you do not wish to avail of this facility, cancel this option)]
---	---

Transaction Using Secured Texting facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility. I 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 (Optional)

Client Mobile No. belonging to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents

<i>Easi</i>	To register for easi, please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	
I/We request you to send Electronic Transaction cum Holding Statement at Sole / First Holder's Email ID stated in the Account Opening Form or at _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Email ID belonging to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents		
A/c Statment Req'd.	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> As per SEBI Regulations	
I/We would like to instruct the DP to accept the pledge Instructions in my/ our account without any other Further instruction from my/our end (If not marked, the default option would be 'NO')		<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to share the email ID with the RTA		<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be Physical).		<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both

Other Details

1) Occupation (please tick any one and give brief details): _____	
<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Other (Please specify)	
2) Please take if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	
3) Any other information _____	
I/We u wish to receive / interest directly in to your 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]	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Nature of Business: (Product /Service Provided)	
I/We instruct the DP to receive each and every credit in my / our account	(Automatic Credit) <input type="checkbox"/> Yes <input type="checkbox"/> No

Annual Income range (Please tick against the relevant box) :

Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> < 1 Crore	<input type="checkbox"/>
Net-worth as on (date)..... (-----) (Net worth should not be older than 1 year)						

Trading Preference (please tick in the relevant boxes) *Please sign in the relevant boxes where you wish to trade.
The segment not chosen should be struck off by the client.

MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the Holder
----------------------------------	---

Consent for Communication to be received by first account holder / all Account holder: (Tick the applicable box. If not marked the default option would be **first holder**).

<input type="checkbox"/> First Holder	<input type="checkbox"/> All Holder	Email ID
	Second Holder	
	Third Holder	

TRADING PREFERENCE (Stock Exchange(s) & Segment on Which You to Trade)

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

Exchanges	NSE, BSE				
All segments	Cash / Mutual Fund	F&O	Currency	Debt	Commodity Derivatives
	<input checked="" type="checkbox"/> 5				
If you do not wish to trade in any of segments / Mutual Fund, please mention here _____					

Whether registered with any other broker-Member(s) :

(If registered with Multiple Members provide details of all)

Name of Member/Broker			
Name of Exchange		Client Code No.	

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/authorized persons in charge of dealing in securities during the last 3 years:

Year 1 _____

Year 2 _____

Year 3 _____

Dealings Through Sub-brokers And Other Stock Brokers

- If client is dealing through the sub-broker, provide the following details:

Sub-broker's Name:							
SEBI Registration number:							
Registered office address:							
City		State		Country		Pin Code	
Phone		Fax		Website			

- Whether dealing with any other stock broker/sub-broker (if case dealing with multiple stock brokers / sub-brokers, provide details of all - use separate sheets for the same)

Name of stock broker:

Name of Sub-Broker, if any:

Client Code:

Exchange:

Details of disputes/dues pending from/to such stock broker/sub- broker:

Reference

Introduction : Introduced by another constituent / director or employee of trading member / any other person (please specify):

Name of the Introducer		Signature
MAPIN UID No. of introducer		
Introducer Client Code Address & Phone No.	Status of the Introducer : Sub Broker / Remiser / Authorised Person / Existing Client / Other, Please Specify	
Identity document of Introducer: (Please provide proof for the above.)		

Name of Employee who interviewed the client		
Designation		Signature of Employee

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.

Name : _____

Place : _____ Date _____ Signature of Client  6 _____

ADDITIONAL DETAIL

•Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify): _____

Specify your Email ID, if applicable: _____

•Whether you wish to receive physical or Email standard documents (Right & Obligation, Risk Disclosure Document, Do's and Don'ts)
Please specify :- _____

•Whether you wish to avail of the facility of internet trading/wireless technology (please specify): _____

•Number of years of Investment/Trading Experience:

Type of Instrument	Experience
Stocks	
Derivatives	
Others (Specify)	

NOMINATION DETAIL

☐ I/We wish to nominate

☐ I/We do not wish to nominate



Name of the Nominee			
Telephone No. ☎		Fax No.	
E-mail Address		PAN No. of Nominee	
Relationship With Nominee	Date of Birth (DD-MM-YYYY)		
Nominee Address			
		Phone	
City	State	Country	Pin Code

As the nominee is a minor as on date, I / We appoint following person to act as guardian Name and Address

Name			
Address			
City	State	Country	Pin Code
Age		Fax No.	

Witness (Only applicable in case the account holder for made Nomination)

(For Individual)

Details of the Witness	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signature of Witness		

•Any other information:

DECLARATION

- 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.
- 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.
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. 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, if any.


Place -----


Date -----


Signature of Client  7

(All Authorized Signatory (ies))

In Case of Non-Individual name, designation, PAN, UID, Signature, residential address and Photograph of person authorised to deal in securities on behalf of Company / Firm / Other

Name : _____												
Residential Address : _____												
Designation : _____	PAN <table border="1" data-bbox="691 448 1102 495"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
DIN No.: _____ (For Directors)												
Unique Identification Number (UID) / Aadhar if any : _____												
Authorised Signatory _____												

Name : _____												
Residential Address : _____												
Designation : _____	PAN <table border="1" data-bbox="691 1068 1102 1115"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
DIN No.: _____ (For Directors)												
Unique Identification Number (UID) / Aadhar if any : _____												
Authorised Signatory _____												

Name : _____												
Residential Address : _____												
Designation : _____	PAN <table border="1" data-bbox="691 1688 1102 1736"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
DIN No.: _____ (For Directors)												
Unique Identification Number (UID) / Aadhar if any : _____												
Authorised Signatory _____												

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

Nomination Form for Demat Accounts and Mutual Fund (MF) Folios
[SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650, dated January 10, 2025]

UCC	
-----	--

TM/DP Name & Address	MANUBHAI MANGALDAS SECURITIES PVT. LTD. 401, 4 TH Floor,J.P.Road,opp Indian Oil Nagar, Andheri (West) , Mumbai - 400053	Nomination Registration No.	Dated	DP ID	1	2	0	3	2	1	0	0
				Client ID	0	0						

<input type="checkbox"/> I/We wish to make a nomination [Annexure A] [As per Nomination details given below] I/We hereby nominate the following person(s) who shall receive all the assets held in my/our account/folio in the event of my/our demise, as trustee and on behalf of my/our legal heir(s) *	<input type="checkbox"/> I/We do not wish to make a nomination [Annexure B] I/We do not wish to appoint any nominee(s) in my/our MF Folio/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 MF Folio/demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio/demat account.
--	--

Nominee	Mandatory Details						Additional Details****	
	Name of nominee	Share of nominee (%)**	Relationship	Postal Address	Mobile No. & Email	Identity Number ***	D.O.B. of nominee	Guardian
1. First Name								
Middle Name								
Last Name								
2. First Name								
Middle Name								
Last Name								
3. First Name								
Middle Name								
Last Name								
4. First Name								
Middle Name								
Last Name								
5. First Name								
Middle Name								
Last Name								
6. First Name								
Middle Name								
Last Name								
7. First Name								
Middle Name								
Last Name								
8. First Name								
Middle Name								
Last Name								
9. First Name								
Middle Name								
Last Name								
10. First Name								
Middle Name								
Last Name								

***Joint Accounts:**

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

** if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving License or Aadhaar (last 4). Copy of the document is not required.

**** to be furnished only in the following conditions/circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1) I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/us by the AMC / DP as follows; (please tick, as appropriate)

☐ Name of nominee(s) _____ ☐ Nomination: Yes / No

2) I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He/She is authorized to encash my assets up to _____% of assets in the account/folio or Rs. _____.
(strike off portions that are not relevant)

3) This nomination shall supersede any prior nomination made by me/us, if any.

Name(s) of holder(s)	Signature(s) of holder	Witness Signature*
Sole / First		
Second Holder		
Third Holder		

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

Name & Address Witness -1	Name & Address Witness -1	Name & Address Witness -1

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account/MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC/DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account/folio.
- In case all your nominees do not claim the assets from the AMC/DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account/folio, in case of your physical incapacitation. This mandate can be changed any time you choose.
- The signatories for this nomination form in joint folios/account, shall be the same as that of your joint MF folio/demat account. i.e.
 - 'Either or Survivor' Folios/Accounts - any one of the holder can sign
 - Jointly' Folios / Accounts - both holders have to sign.

Transmission aspects

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.




% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

Declaration Form for Opting out of Nomination

[Annexure B to SEBI circular No. SEBI/HO/MIRSD/POD-1/P/CIR/2024/81 dated June 10, 2024, on Mandatory Nomination for Eligible Trading and Demat Accounts]

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

To,
Manubhai Mangadas Securities Pvt. Ltd.
Heritage Plaza, 4th Floor,
Opp Indian Oil Nagar, J.P.Road,
Andheri (West) Mumbai – 400 053

Trading Code / UCC											
DP ID	1	2	0	3	2	1	0	0	0	0	
Client ID (Demat Account)											
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 MF Folio/ 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 MF Folio / Demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / Demat account.											
Name and Signature of Holder(s)*											
	First/Sole Holder				Second Holder				Third Holder		
Name											
Signatures											

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

FOR OFFICE USE ONLY

UCC Code allotted to the Client _____

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation			
Date			
Signature			

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

Signature of the Authorised Signatory

Date

Seal/Stamp of the stock broker

Bank A/c Allocation

First Holder of A/c should be same as that of trading account

1st Preferred A/c	
Bank Name	
Branch Name	
Bank A/c Type	Saving / Current / NRI
Bank A/c No.	
Address	
Tel. No.	Fax No.

Demat A/c Allocation

First Holder of A/c should be same as that of trading account

1st Preferred A/c	
Depository Name	NSDL / CDSL
Depository Participant Name	
Depository Participant ID	
Beneficiary A/c Number	
Address	
Tel. No.	Fax No.

FOR OFFICE PURPOSE

Unique Constituent Code : _____ (To Be Inserted By The Brokerage Firm)

Original Documents :

Verified by : _____ Signature : _____

Authorised by : _____ Signature : _____

Proprietary Trade Discloser :

This has reference to circular No. SEBI/MRD/SE/CIR-42/2003 date November 19, 2003, on the subject matter. As directed by SEBI vide above mentioned circular, we hereby disclosed that as of date **Manubhai Mangaldas Securities Pvt. Ltd.** does client based business as well as undertakes proprietary trading.

(Please tear here)

Acknowledgement**MANUBHAI MANGALDAS SECURITIES PVT. LTD.**

Depository Participant - Central Depository Services (I) Ltd.

Application No. CDS.

Date

We hereby acknowledge the receipt of the Account Opening Application Form from:

Name of the Sole/First Holder
Name of the Second Holder
Name of the Third Holder

If you need any further clarification/information please feel to call us.

Policies and Procedures (Mandatory) of Manubhai Mangaldas Securities Pvt. Ltd.

a. Refusal of orders for penny stocks:

Although, the term 'Penny Stock' has not been defined by BSE/ NSE or any stock exchanges, SEBI a penny stock generally refers to a stock which has following mentioned characteristics:

- Has small market capitalization;
- Trades at a price less than its face value;
- Has unsound fundamentals;
- Is illiquid (A list of illiquid securities is jointly released by NSE & BSE from time to time.)

Manubhai Mangaldas Securities Pvt. Ltd. recognizes that it is client's privilege to choose shares in which he/she would like to trade. However, Manubhai Mangaldas Securities Pvt. Ltd. like to have special attention to dealing in "Penny stocks". To this end,

- Manubhai Mangaldas Securities Pvt. Ltd. may refuse to execute any clients orders in penny stocks without assigning any reason for the same.
- Any large order for purchase or sale of a "Penny stocks" should be referred to Head Dealing, such orders can be put in the market for execution.
- Clients must ensure that trading in "Penny stock" doesn't result in creation of artificial volume or false or misleading appearance of trading. Further, clients should ensure that trading in "Penny stock" doesn't operate as a device to inflate or depress or cause fluctuations in the price of such stock.
- Clients are expected not to place orders in penny stocks at prices which are substantially different from the prevailing market prices. Any such order is liable to be rejected at the sole discretion of Manubhai Mangaldas Securities Pvt. Ltd.
- In case of sale of penny stocks, client should ensure delivery of shares to Manubhai Mangaldas Securities Pvt. Ltd. before the pay-in date.

b. Setting up client's exposure limit:

- Exposure limit for each client is determined by the Risk management Department based on Net-worth information, client's financial capacity, prevailing market conditions, relationship and Margin deposited by client in the form of funds/securities with the Manubhai Mangaldas Securities Pvt. Ltd. These limits may be set exchange-wise, segment-wise, & scrip-wise.
- Manubhai Mangaldas Securities Pvt. Ltd. retains the discretion to set and modify from time to time any clients exposure limit decided as above.
- The limits are determined by Risk Management Department based on the above criteria and payment history of the client in consultation with dealer.
- Whenever, any client has taken over or wants to take exposure in any security, Manubhai Mangaldas Securities Pvt. Ltd. may call for appropriate margins in the form of early pay-in of shares or funds before or after

execution of trades in the Cash segment. In case of any margin shortfall, the clients are told to reduce the position immediately or requested to deposit extra margin to meet the shortfall. Otherwise, Manubhai Mangaldas Securities Pvt. Ltd. may refuse to trade on behalf of such client in its own discretion.

c. Applicable brokerage rate:

- Brokerage Rate is mutually decided between the Manubhai Mangaldas Securities Pvt. Ltd. and each client based on client's net worth, expected trading volume etc. The maximum brokerage chargeable will be within the Rules & Regulations of the Exchanges.
- The applicable brokerage rate is mentioned in the Client registration form and any future change in the brokerage rate is communicated to the client.(as per applicable guidelines of SEBI Exchange)
- The maximum brokerage chargeable will not exceed as prescribed by SEBI and exchanges.

d. Imposition of penalty / delayed payment charges by either party, Specifying the rate and the period:

- Penalty and other lawful charges levied by Exchanges pertaining to trading of the client shall be recovered from the respective client.
- If there is delay on part of client in satisfying his/her margin obligation or settlement obligations, then, Manubhai Mangaldas Securities Pvt. Ltd. shall levy interest at the rate of 12% p.a. on such shortage amount for the delayed period on such client. Manubhai Mangaldas Securities Pvt. Ltd. shall recover such delayed payment charges from the client by debiting the client's account.
- No interest or charges will be paid by Manubhai Mangaldas Securities Pvt. Ltd. to any client in respect of retention of funds or securities towards meeting future settlement obligations and in respect of running account authorizations.

e. Right to sell clients' securities or close clients' positions, without giving notice to the client, on account of non payment of client's Dues: (Comitted to the extent of settlement / margin related obligation)

- Manubhai Mangaldas Securities Pvt. Ltd. has the right to close out/ liquidate or square off any open position of the client (limited to the extent of settlement /margin obligation) without giving any prior notice, all or any of the client's positions as well as securities / collaterals placed as margins for non-payments of margin or other lawful amounts due from such client in respect of settlement or any other lawful dues that are recoverable from the client by Manubhai Mangaldas Securities Pvt. Ltd. The proceeds of the same shall be adjusted against the client's liabilities / obligations. Any loss or financial charges on account of such close-out /liquidation shall be debited to the client's account.

f. Shortages in obligations arising out of internal netting of trades: (Policy needs to be elaborated)

- In case of shortage to meet the settlement obligation, either party shall endeavor to make good such shortage through securities / value of shortage as per the Rules, Regulations and Bye-laws of the respective stock exchange.

g. Conditions under which a client may not be allowed to take further position or the broker may close the existing position of the client

Manubhai Mangaldas Securities Pvt. Ltd. shall have absolute discretion and authority to limit client's volume of business or to close any existing position of a client without giving any prior notice to the client under following mentioned conditions:

- Extreme volatility in the market or in particular scrip or in the F&O segment.
- If there is shortfall in the margin deposited by client with Manubhai Mangaldas Securities Pvt. Ltd.
- If there is insider trading restrictions on the client.
- If there are any unforeseen adverse market conditions or any natural calamities affecting the operation of market.
- If there are any restrictions imposed by Exchange or Regulator on the volume of trading outstanding positions of contracts.
- If the client is undertaking any illegal trading practice or the client is suspected to be indulging in money laundering activities.
- If Manubhai Mangaldas Securities Pvt. Ltd. has reached its limit in that scrip.
- If the clients has breached the client-wise limit.
- If the client has taken or intends to take new position in a security which is in the ban period.
- If due to abnormal shortfall in the market, if market are closed.

h. Temporarily suspending or closing a client's account based at the Client's request:

- Any client desirous of temporarily suspending his or her trading account has to give such request in writing to the management. After management's approval, any further dealing in such client's account will be blocked. Whenever, any suspended account wants to resume trading, request in writing should be made to management and management may ask for updated financial information & other details for reactivating such account. After receiving necessary documents, details etc. and approval from the management, client is reactivated & is allowed to carry out transaction.
- Similarly, any client desirous of closing his/her account permanently is required to inform in writing and the decision in this regard is taken by management. After necessary approval from the management, the client code is deactivated. Only after scrutinizing the compliance requirements and "no pending queries" confirmation is taken, securities and funds accounts are settled.

i. Deregistering a Client

Manubhai Mangaldas Securities Pvt. Ltd. may, in its absolute discretion, decide to deregister a particular client. The illustrative circumstances under which Manubhai Mangaldas Securities Pvt. Ltd. may deregister a client are given below:

- SEBI or any other regulatory body has passed an order against such client, prohibiting or suspending such client from participating in the securities market.
- Such client has been indicted by a regulatory body or any government enforcement agency in case of market manipulation or insider trading or any other case involving violation of any law, rule, regulation, guideline or circular governing securities market.
- Such client is suspected of indulging in illegal or criminal activities including fraud or money laundering.
- Such client's name appears in the UN list of prohibiting entities or SEBI debarred list.
- Such client's account has been lying dormant for a long time or client is not traceable.
- Such client has declared insolvent or any legal proceedings to declare him/her as such have been intended.
- Such client has been irregular in fulfilling obligations towards margin or settlement dues.
- Such client has a tainted reputation and any business relationship with such clients is likely to tarnish the reputation of Manubhai Mangaldas Securities Pvt. Ltd. or may act as detriment to Manubhai Mangaldas Securities Pvt. Ltd. prospects.

Any outstanding dues in the client's account will be communicated and collected from the client and the client will be liable to pay such dues immediately on receiving such communication.

j. Policy for inactive clients account:-

- Inactive client means client who is inactive during last 12 months immediately preceding the end of the previous month.
- A list of inactive clients shall be prepared from the back office software on the last day of every month and shall be submitted to the concerned department after confirmation with the management. The management will approve a final list of inactive clients.
- A copy of the list is also forwarded to dealers who operate our BOLT or NEAT terminals.
- The concerned department shall mark the client status as "inactive" or "dormant" in various front office software of CTCL and IML and back office accounting software.
- After inactive marking, if any orders are received, the dealer shall take reasonable steps to identify the identity of the client and to ensure that the orders are received from the same client. The dealer shall use various techniques like call back, asking personal detail questions, last trade date, outstanding positions etc to confirm the identity of the caller. They may use any other technique which is reasonable. In case of a doubt the case shall be referred to the management or concerned Sub-Broker or introducer.
- Dormant client has to update their KYC details at the time of fresh order, if required.

**INTERNET & WIRELESS TECHNOLOGY BASED TRADING FACILITY PROVIDED
BY STOCK BROKERS TO CLIENT**

(All the clauses mentioned in the 'Rights and Obligations' document(s) shall be applicable. Additionally, the clauses mentioned herein shall also be applicable.)

1. Stock broker is eligible for providing Internet based trading (IBT) and securities trading through the use of wireless technology that shall include the use of devices such as mobile phone, laptop with data card, etc. Which Use Internet Protocol (IP). The stock broker shall comply with all requirements applicable to internet based trading/securities trading using wireless technology as may be specified by SEBI & the Exchanges from time to time.
2. The client is desirous of investing/trading in securities and for this purpose, the client is desirous of using either the internet based trading facility or the facility for securities trading through use of wireless technology. The Stock broker shall provide the Stock broker's IBT Service to the Client, and the Client shall avail of the Stock broker's IBT Service, on and subject to SEBI/Exchanges Provisions and the terms and conditions specified on the Stock broker's IBT Web Site provided that they are in line with the norms prescribed by Exchanges/SEBI.
3. The stock broker shall bring to the notice of client the features, risks, responsibilities, obligations and liabilities associated with securities trading through wireless technology/internet/smart order routing or any other technology should be brought to the notice of the client by the stock broker.
4. The stock broker shall make the client aware that the Stock Broker's IBT system itself generates the initial password and its password policy as stipulated in line with norms prescribed by Exchanges / SEBI.
5. The Client shall be responsible for keeping the Username and Password confidential and secure and shall be solely responsible for all orders entered and transactions done by any person whosoever through the Stock broker's IBT System using the Client's Username and/or Password whether or not such person was authorized to do so. Also the client is aware that authentication technologies and strict security measures are required for the internet trading / securities trading through wireless technology through order routed system and undertakes to ensure that the password of the client and/or his authorized representative are not revealed to any third Party including employees and dealers of the stock broker
6. The Client shall immediately notify the Stock broker in writing if he forgets his password, discovers security flaw in Stock Broker's IBT System, discovers/suspects discrepancies/ unauthorized access through his username / password / account with full details of such unauthorized use, the date, the manner and the transactions effected pursuant to such unauthorized use, etc.
7. The Client is fully aware of and understands the risks associated with availing of a service for routing orders over the internet/securities trading through wireless technology and Client shall be fully liable and responsible for any and all acts done in the Client's Username / password in any manner whatsoever.
8. The stock broker shall send the order/trade confirmation through email to the client at his request. The client is aware that the order/ trade confirmation is also provided on the web portal. In case client is trading using wireless technology, the stock broker shall send the order/trade confirmation on the device of the client.
9. The client is aware that trading over the internet involves many uncertain factors and complex hardware, software, systems, communication lines, peripherals, etc. are susceptible to interruptions and dislocations. The Stock broker and the Exchange do not make any representation or warranty that the Stock broker's IBT Service will be available to the Client at all times without any interruption.
10. The Client shall not have any claim against the Exchange or the Stock broker on account of any suspension, interruption, non-availability or malfunctioning of the Stock broker's IBT System or Service or the Exchange's service or systems or non-execution of his orders due to any link/system failure at the Client/ Stock brokers / Exchange end for any reason beyond the control of the stock broker/Exchanges.

CASH SEGMENT**TARIFF SHEET**

Brokerage Slab	Slab %		Minimum Price		One Side / Both Side	
	BSE	NSE	BSE	NSE	BSE	NSE
Delivery based						
Daily Square up						

DERIVATIVES SEGMENT (NSE)

Brokerage Slab	Futures %	Options %	Minimum	One Side / Both Side
Normal				
Daily Square up				
Settlement Square up				

VERIFIED BY**APPROVED BY**

MMSPL Branch Personnel Name		Branch Head Name	
Signature		Signature	
Date		Date	

The above given brokerage will be inclusive/exclusive of the following charges.

	BSE	NSE	MCX-SX
Sq. up Stamp Duty			
Cash F&o			
Del. Stamp Duty			
STT			
Service Tax			
Transaction charges Exchanges			
N. A.			

Note:

- Inter settlement / DP transaction charges arising out of purchase / sell transactions effected by constituents will be debited to Constituent / Client Account.
- The above charges are subject to change by the regulatory authorities or Government agencies.

Signature of the Client  11 _____

To,
Manubhai Mangaldas Securities Pvt. Ltd.
Heritage Plaza, 4th Floor, J. P. Road,
Opp. Indian Oil Nagar,
Andheri (W), Mumbai - 400 053.

Please note the Brokerage as per the details below:

Sub Broker Code: _____

Name: _____

Location: _____

Name of the Account holder :

Segment : Cash / Derivative:

This page should be filled by Subbroker / Franchisee / Authorised Person / Branch Manager only

RUNNING ACCOUNT AUTHORISATION

VOLUNTARY

Date : _____

Client Code: _____

Name:

To,

Name of the Broker

Address of the Broker.

Dear Sir,

1. I/We hereby state that, I/we are aware of the norms relating to Pay-in & Pay-out of Funds and Securities. In order to facilitate operations and banking convenience, I/We hereby authorize you to maintain my/our fund account with you on a running account basis instead of daily settlement of funds due to me/us. Further, the Pay-out of Funds may be retained by you for the purpose of margins/exposures/collateral/any other obligations due to you. I/We also understand and agree that any credit amount lying with you will not attract any interest. I/We further understand that in case of non-payment of dues by me/us upto T+ 2 day, the securities received towards payout may be retained by you in the Client Unpaid Securities Accounts (CUSA) as per the applicable guidelines.
2. On my/our specific request, you may release the Funds due to me/us. While doing the settlement, you may retain Entire pay-in obligation of funds outstanding at the end of the day on settlement of running account, of T day, 50% margin Liability as on the date of settlement of running account in all segments & 225% margin liability as on the date of settlement of running account in all segments (after reducing 50% of EOD margin liability and the value of securities accepted as collateral from the clients by way of 'margin pledge' and value of commodities). The margin liability shall include the end of the day margin requirement excluding the margin on consolidated crystallized obligation/ MTM.
3. If no transaction is done in the 30 calendar days since the last transaction, the credit balance of my/our account shall be returned within next three working days irrespective of the date when the running account was previously settled.
4. I/We hereby agree that you will settle my/our account of funds at least once in a quarter/month after considering the end of the day (MD) obligation of funds as on date of settlement across all the exchanges. While settling the account you will send; in physical or electronic form; the "Statement of Running Accounts (SOA)" including the Retention Statement. I/we agree to bring to your notice any dispute arising from the SOA or settlement within 30 (Thirty) working days from the date of statement, failing which it is agreed by me/us that the Statement of Accounts as issued by you is proper and correct. As such the quarterly settlement will be done on first Friday/Saturday of April, July, October & January and monthly settlement of T month will be done on first Friday/Saturday of T+1 month. In case of trading holiday on such first Friday, the settlement shall be done on previous trading day. Considering this; My\ Our preference for settlement of Running Account is at least once on first Friday of end of;

☐ Quarter ☐ Month
5. I/We hereby agree that above stated periodic settlement of running account is not required in case I/we avail margin trading facility or for funds given by me/us towards collaterals/margin in the form of Bank guarantee (BG)/Fixed Deposit Receipts (FDR) directly in favor of CC/exchange. Margin trading account with no transaction, for preferred retention period, shall be settled as per the rules.
6. I/We understand and agree that excess securities (in the form of margin pledge) or any cash equivalent collateral deposited with CC on behalf of me, after adjustment of the 225% of margin **liability**, need not be unpledged.
7. I/We understand that this authorization may be revoked at any point of time, by giving prior written communication at your registered office.

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Signature of Client/Authorized Signatory (in case of Non Individual Client)

From: _____

Client Code :

To,
MANUBHAI MANGALDAS SECURITIES PVT. LTD.
 Heritage Plaza, 4th Floor,
 J. P. Road, Andheri (West),
 Mumbai 400 053.

SEBI Registration No. : NSE Cash INB 230983737 F & O INF 230983737

SEBI Registration No. : BSE Cash INB 010983738 F & O INF 010983738

Member Code : BSE :- 495 NSE 09837 MAPIN ID 100012898

Dear Sir,

Sub: Mandate to issue contract notes in digital format & other communications (such as Daily Margin Statement, Statement of Funds & Securities, Account Confirmations, bills, Notices etc.) through an E-Mail

I / We hereby agree and consent to accept the contract notes for transactions carried on by us/me on NSE/BSE with you, in terms of the mandatory and voluntary client registration documents entered into between us/me, in digital form. Digital contracts issued by you as per the terms and conditions specified herein shall be binding on me/us. The mandate is subject to terms and conditions mentioned herein below.

Terms and conditions for issuance of contract notes in digital form between us :-

1. Digital Contract Notes in the format as may be prescribed by the Exchange from time to time will be mailed to me/us on the E-mail address provided to you.
You can also send me/us my/our margin statement in digital form with contract notes.
2. I / we undertake to check the contract notes and bring the discrepancies to your notice.
3. In case of any failure in system or errors in digital contract notes, contract notes will be issued in physical form, which shall be binding on the client.
4. Discrepancies, if any, should be sent on E-mail ID : investorgrievance@manumangal.com
5. Clients can view the digital contract notes using the username & password through the web-site apart from the contract notes sent to the client through mail.
6. The contract notes will be issued in digital form in compliance with the guidelines issued by SEBI / Exchanges from time to time.
7. It will be client's responsibility to regularly check the mailbox and keeping the storage space for new email messages.
8. Any changes in the terms and conditions shall be intimated from time to time.
9. Digital Contract Notes will also be available at our Web-site www.manumangal.com
10. Any change in the E-mail ID shall be communicated by us / me through a physical letter.

Other Communications (such as Daily Margin Statement, Statement of Funds & Securities, Account Confirmations, bills, Notices etc.)

You can send me various documents like Daily margin statement, Statement of funds & securities, Account confirmations, bills, notices etc. through an E-mail ID mentioned in this letter.

This instruction to issue digital contract notes & other communications are applicable with immediate effect. This instruction is several to all parties mentioned above.

My/Our E-mail ID _____

My/Our Alternative E-mail ID _____

Yours faithfully,

 13
 (Client Signature)

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts" 6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars / directions / notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of

other beneficial owners and/or DP's own securities held in dematerialized form.

10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.
13. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.

Statement of account

14. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
15. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such Bos and shall resume sending the transaction statement as and when there is a transaction in the account.
16. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
17. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

18. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
19. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

20. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
21. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

22. As per Section 16 of Depositories Act, 1996,
1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
 2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/Defreezing of accounts

23. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating

Instructions.

24. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

25. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

26. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

27. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
28. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
29. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
30. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI
31. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
32. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Byelaws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

I have read & received a copy of Right & Obligation of BO & DP as prescribed by SEBI & Depository.

 15 First Holder

 Second Holder

 Third Holder

Declaration for availing of Basic Services Demat Account (BSDA) facility

To,
Manubhai Mangaldas Securities Pvt. Ltd.
401/402, Heritage Plaza,
J.P.Road, Opp. Indian Oil Nagar,

Dear Sir / Madam,


- ☐ I / We do not wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form as I am aware of BSDA facility.
- ☐ I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form.
- ☐ I / We wish to avail the BSDA facility for my / our below mentioned demat account number.

DP ID	1	2	0	3	2	1	0	0	Client ID								
--------------	----------	----------	----------	----------	----------	----------	----------	----------	------------------	--	--	--	--	--	--	--	--

	Name	PAN									
Sole/First Holder											
Second Holder											
Third Holder											

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first / sole holder.

	Signature
Sole/First Holder	 16
Second Holder	
Third Holder	

DEMAT DEBIT AND PLEDGE INSTRUCTION (DDPI)

I/We agree to the terms and purpose of this DDPI document between Mr./Ms.

_____ (First Holder)

_____ (Second holder)

and _____ (Third holder);

an individual/body of individuals/a sole proprietary concern/a partnership firm/a body corporate/trust/Limited Liabilities Partnership (LLP), registered/incorporated, under the provisions of the Indian Partnership Act, 1932/ the Companies Act 2013, or any relevant Act or unregistered in nature; and **MANUBHAI MANGALDAS SECURITIES PRIVATE LIMITED** a Company within the meaning of Companies Act, 2013 with its corporate office at **4th Floor, Heritage Plaza, Opp. Indian Oil Nagar, Andheri (west)_Mumbai 400053, Maharashtra, India.**

Whereas:

I/We have established a business relationship with Central Depository Services (India) Limited. to avail services w.r.t trading, investing & other services offered by **MANUBHAI MANGALDAS SECURITIES PRIVATE LIMITED**, having a DP ID **12032100** & Client ID **00**_____ UCC details _____.

This DDPI document shall be in line with SEBI Circular no. SEBI/HO/MIRSD/DoP/P/CIR/2022/44 dated April 04, 2022, as may be updated from time to time, & I/We agree to the below points;

PURPOSE OF DDPI

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

	First / Sole Holder	Second Holder	Third Holder
<i>Specimen Signatures</i>			

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.

	First / Sole Holder	Second Holder	Third Holder
<i>Specimen Signatures</i>			

3. Mutual fund Transactions being executed on Stock Exchange order entry platforms.

	First / Sole Holder	Second Holder	Third Holder
<i>Specimen Signatures</i>			

4. Tendering shares in open offers through Stock Exchange Platforms.

	First / Sole Holder	Second Holder	Third Holder
<i>Specimen Signatures</i>			

Demat Account of Stock Broker

Name of Exchange	Demat Account Number	CDSL/NSDL	Type of Account
National Stock Exchange of India Limited (NSE)	1203210000000438	CDSL	NSE Pool A/c
National Stock Exchange of India Limited (NSE)	1100001100018636		NSE Early Pay in A/c
Bombay Stock Exchange Limited (BSE)	1203210000001923	CDSL	BSE Pool A/c
Bombay Stock Exchange Limited (BSE)	1100001000014557		BSE Early Pay in A/c
National Stock Exchange of India Limited (NSE)	1203210000165495	CDSL	Client Margin Pledge A/c
National Stock Exchange of India Limited (NSE)	1203210000159411	CDSL	SLB Pool A/c
National Stock Exchange of India Limited (NSE)	IN 566309	NSDL	NSE Pool A/c
Bombay Stock Exchange Limited (BSE)	IN 656219	NSDL	BSE Pool A/c

I/We agree and confirm that the consent of this DDPI shall continue until the same is by revoked/modified me/us. This DDPI can be revoked or modified at any time by sending intimation for revocation/modification at the Registered Office of the Attorney.

First Holder

Second Holder

Third Holder

Note: In case of HUF all co-parceners should sign.

COPARCENER'S NAME	SIGNATURE

Dated at Mumbai on this _____ day of _____

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 account holders 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).

-----✂-----✂-----✂-----✂-----

BOLD

1	2	0	3	2	1	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(Please write your 8 Digit DPID)

(Please write your 8 Digit BOLD)

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____


Mobile Number on which
messages are to be sent

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

The mobile number is registered in the name of : _____

Email ID _____

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

Signatures  24 _____
First Holder

 _____
Second Holder

 _____
Third Holder

Place _____

Date _____

CDSL CHARGES	
SERVICE	MMSPL CHARGES
Account Opening	Nil
Account Closing	Nil
Dematerialisation	Rs. 3/- per certificate or Rs. 15/- per request whichever is Higher & Rs. 35/- for postal Charges.
Rematerialisation	Rs 50/- per request Plus CDSL charges (Fee of Rs 10/- for every 100 securities or part thereof; subject to maximum fee of Rs 5,00,000/- or a flat fee of Rs 10/- per certificate, whichever is higher
Custody Charges	Nil
A/c Maintenance Charges	Rs.300/- Per Annum
Settlement Fee (Buy)	Nil
Settlement Fee (Sale)	0.015% of M.V. Subject to Min. Rs.10/- & Max. Rs. 15 Per Instruction
Pledge Creation	Rs. 50/- Per Instruction
Pledge Closure	Rs. 50/- Per Instruction
Pledge Invocation	Rs. 100/- Per Instruction
Account Freezing / Defreezing	Rs. 25/- Per Instruction
The BSDA charge structure shall be as indicated below	The BSDA charge structure shall be as indicated below
Value of Holdings in the Demat Account (Debt as well as other than debt securities combined)	Maximum Annual Maintenance Charges
Up to Rs. 4 lakhs	NIL
More than Rs. 4 lakhs but up to Rs.10 lakhs	Rs. 100 + GST Charges
More than Rs. 10 lakhs	Not a BSDA. Regular AMC may be levied.
Note: 1. Fee Schedule based on existing CDSL charges, if CDSL Revises its charges, then MMSPL will Reserve the rights for changing its service charges. 2. Any Service not quoted above will be charged separately. 3. All Charges will be calculated as per formula prescribed by CDSL, M.V. refers to Market Value. 4. Government Levies, if applicable, would levied separately. 5. For any discrepancy OR Service-related matters, please contact Us immediately To Serve you better. 6. Transaction Statement: Free of cost once every month subject to transaction taken place OR a Half Yearly. Every extra statement shall be charged at Rs.10/-if number of pages exceeds 10 than every additional page will be charged at the rate of Rs.3/- per page. 7. Demat: if shares lost in transit (MMSPL having POD) then processing fees will be charged to BO.	

Signature of First	Signature of Second	Signature of Third
Holder : 25 _____	Holder _____	Holder _____

Authority to debit the Demat Account operating charges

To,
Manubhai Mangaldas Securities Pvt. Ltd. This is to inform you that

- a. I/We have a beneficiary account with (MMSPL) with client id as mentioned above.
- b. Further I/We have a trading account with _____ (trading code as mentioned above) for investment and trading purpose.
- c. I/We find it extremely inconvenient to give cheques against your depository bills.

With respect to the above mentioned subject and consideration, I/we hereby authorize you to debit my/our trading account maintained with _____ for the debit charges payable to _____ for providing depository services. Any such sum debited to my/our account shall be binding on me/us.

Thanking you
Yours Faithfully

Signature of the Client: 26 _____
Name of the client: _____

OPTION FORM FOR ISSUE OF DIS BOOKLET

Annexure 2. 5

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

DP ID										Client ID							
First Holder Name																	
Second Holder Name																	
Third Holder Name																	


To,
Manubhai Mangaldas Sec.Pvt. Ltd.
4th Floor Heritage Plaza,
Opp Indian Oil Nagar, J P Road,
Andheri (West), Mumbai 400053

Dear Sir / Madam,
I / We hereby state that: [Select one of the options given below]

☐ **OPTION 1:**

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our CDSL account though I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such \$Power of Attorney holder -Clearing Member / by PMS manager/ for executing delivery instructions through eDIS.

Yours faithfully


	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	 27		

OR

☐ **OPTION 2:**

/ We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a POA/ registered for eDIS / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

===== (Please Tear Here) =====

Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

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

DP ID										Client ID							
Name of the Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	

Depository Participant Seal and Signature

FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS

Client Code

Demat ac no

Particulars	First Account Holder	Second Account Holder	Third Account Holder
Name of the Account Holder			
City of Birth			
Country of Birth			
Address for Tax purpose	<input type="checkbox"/> Same as mailing <input type="checkbox"/> Same as permanent	<input type="checkbox"/> Same as mailing <input type="checkbox"/> Same as permanent	<input type="checkbox"/> Same as mailing <input type="checkbox"/> Same as permanent
Address Type for the above	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Nationality (if national of more than one country, please mention all the countries separated by a comma)			
Father's Name (mandatory if PAN not provided)			
Spouse's Name			
Identification Type- Documents submitted as proof of identity of the individual	<input type="checkbox"/> Passport <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> Aadhaar Card / Letter <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving License <input type="checkbox"/> Others (pls specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> Aadhaar Card / Letter <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving License <input type="checkbox"/> Others (pls specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> Aadhaar Card / Letter <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving License <input type="checkbox"/> Others (pls specify) _____
Identification Number - for the identification type mentioned above			

Are you a tax resident of any country other than India?

First account holder : ☐ YES ☐ NO

Second account holder : ☐ YES ☐ NO

Third account holder : ☐ YES ☐ NO

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Account holder details	Name of Customer	Country/(ies) of Tax residency #	Tax Identification Number (TIN)%	Identification Type (TIN or Other %, please specify)
First				
Second				
Third				

To also include USA, where the individual is a citizen/ green card holder of USA % In case Tax Identification Number is not available, kindly provide functional equivalent\$

Certification: I/We have understood the information requirements of this Form as per the CBDT notified Rules 114F to 114H and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the Terms and Conditions below and hereby accept the same. I/We understand that my personal details as provided /available in the bank records will be used for CBDT reporting.

Signature of First Holder

Signature of Second Holder

Signature of Third Holder

Date: __/__/____

Place: _____

FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS

CBDT Terms and Conditions

The Central Board of Direct Taxes (CBDT) has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Custodian / Depository to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple demat account with ----- . Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

CBDT Terms and Conditions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)		Documentation required for Cure of FATCA/ CRS indicia
		If customer does not agree to be Specified U.S. person / reportable person status
1	U.S. place of birth	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2	Residence/mailling address in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
4	Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality

FATCA/CRS & UBO Declaration

- 1) In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/CRS Indicia observed (ticked)		Documentation required for Cure of FATCA/CRS indicia
		If customer does not agree to be Specified U.S. person/reportable person status
1	U.S. place of birth	<ol style="list-style-type: none"> Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND Any one of the following documents: <ol style="list-style-type: none"> Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2	Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	<ol style="list-style-type: none"> Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and Documentary evidence (refer list below)
4	Standing instructions to transfer funds to an account maintained in a country other than india	<ol style="list-style-type: none"> Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body*
- Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

*Government or agency thereof or a municipality

- 2) It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers.

If TIN/ Functional Equivalent available	Any document evidencing TIN issued by an authorised government body
No TIN is yet available	An explanation and attach it to the form.

FATCA-CRS Declaration & Supplementary KYC Information - Declaration Form for Non-Individual

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PAN <input type="text"/>			
Name			
<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> PAN <input type="checkbox"/> Registered Offices			
Place for Incorporation		Country for Incorporation	
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs 1 cr <input type="checkbox"/> > 1 Crore	Net worth in INR in Lacs	_____
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning	Any other information [if applicable]	[Please specify]

Is your [Entity] Country of Tax Residency other than India - ☐ Yes ☐ No

If 'Yes' please specify the details of all countries where you [Entity] hold tax Residency and its Tax Identi

Sr. No.	Country of Tax Residency	Tax Payer Identification Number / Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other please specify]
1			
2			
3			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here _____ (Refer Instructions)

[to be filled By Financial Institutions or Direct Reporting NFFEs]

<input type="radio"/> We are a Financial Institution/FFI [refer instructions a.] <input type="radio"/> Direct Reporting NFFE [refer instructions b.]	GIIN (Global Intermediary Identification Number): <input type="text"/> Name of the sponsoring entity <input type="text"/> GIIN not available [tick any one]: <input type="checkbox"/> Applied For <input type="checkbox"/> Not required to apply for - specify sub-category code <input type="text"/> <input type="text"/> [refer instructions c] <input type="checkbox"/> Not obtained - Non - participating FFI
---	--


[Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]

1	Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions d.]	Yes <input type="checkbox"/> (Please specify the name of the Stock Exchange(s) where it is traded regularly) 1. _____ 2. _____
2	Is the entity a 'Related Entity' of a listed company [whose shares are regularly trade on a recognized stock exchange] [refer instructions e.]	Yes <input type="checkbox"/> (Please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly) Name of the listed company: _____ Name of the Stock Exchange: _____
3	Is the entity an Active NFE?	Yes <input type="checkbox"/> Nature of business _____ Please specify sub-category of Active NFE: <input type="text"/> <input type="text"/> [refer instructions g.]
4	Is the entity a Passive NFE: [refer instructions h.]	Yes <input type="checkbox"/> Nature of business _____ Also submit UBO Form [provided separately]

Declaration:

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it. I/We hereby authorize IIFL Wealth Management Limited to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to associates of IIFL Group, issuers, brokers, banks and other relevant parties ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other Authorised Parties to facilitate single submission/updation & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes/modification to the above information in future promptly, i.e., within 30 days and also undertake to provide any other additional information as may be required at your end. As may be required by domestic or overseas regulators/tax authorities, I/We authorize the Authorised Parties to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Signature with relevant seal:

	Authorised Signatory
SIGNATURE	 29

Date:

Place:

**Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons
(Mandatory for Non-individual Investors)**

I: Investor details:

Name of the Investor:													
PAN													

II: Category

- ☐ Our company is a Listed Company listed / Subsidiary or Controlled by a Listed Company [If this category is selected, no need to provide UBO details]
- ☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Private Trust
- ☐ Religious Trust ☐ Trust created by a Will ☐ Others [please specify] _____

UBO / Controlling Person(s) details

Sr. No.	Name of UBO#	Country of Tax Residency	Taxpayer Identification Number/PAN Equivalent ID Number#	Identification Type#	% of beneficial interest#	CP/UBO Code# (Refer Instructions E)	Place & Country of Birth#	Date of Birth [dd mm yyyy]\$	Address \$ Address Type* & Contact details [include City, Pincode, State, Country	Gender \$ [Male, Female, others]	Father's Name \$	Nationality \$	Occupation [Service, Business, Others.]

FATCA, CRS & UBO Declaration

Mandatory fields

*Address Type should either Residence or Business or Registered Office \$ Mandatory if PAN of UBO / Controlling persons is not provided
Note: If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory

***Note that some of the Authorised Parties may call for additional information/documentation wherever required or if the given information is not clear /incomplete /incorrect and you may to have provide the same as and when solicited**

Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to IIFL Wealth Management Limited , IIFL Group, issuers, brokers, banks and other relevant parties ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit- India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other Authorised Parties to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future promptly, i.e., within 30 days and also undertake to provide any other additional information / documentary proof as may be required at your end.

	Authorised Signatory
SIGNATURE	 30

Place _____

Date ____/____/____

TO,
Manubhai Mangaldas Sec.Pvt. Ltd.
4th Floor Heritage Plaza,
Opp Indian Oil Nagar, J P Road,
Andheri (West), Mumbai 400053

TO WHOMSOEVER IT MAY CONCERN

I/We has complied with, and will continue to comply with FEMA regulations and other applicable laws.

Name

Sign 

Consent for Authentication

I, the holder of Aadhaar number _____, hereby give my consent to Manubhai Mangaldas Securities Pvt. Ltd to obtain my Aadhaar number, Name and Fingerprint / Iris for authentication with UIDAI. Manubhai Mangaldas Securities Pvt. Ltd has informed me that my identity information would only be used for linking Trading and or Demat Account and or KYC agencies and also informed that my biometrics will not be stored / shared and will be submitted to CIDR only for the purpose of authentication.

 31

Signature of the Aadhaar Number Holder / I agree

HUF DECLARATION

Manubhai Mangaldas Sec. Pvt. Ltd.

4th Floor, Heritage Plaza,
Opp. Indian Oil Nagar, J.P.Road,
Andheri (West),
Mumbai 400 053.

Dear Sir,

I hereby request you to open our trading and demat account with you, for our HUF.

Being Karta of my family, I hereby declare that following is the list of family members in our HUF, as on date of Application, i.e. _____

SR. NO.	NAME OF THE FAMILY MEMBERS	RELATIONSHIP WITH BO	BIRTH DATE	SEX
1				
2				
3				
4				
5				

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date of making this Application to open new trading and demat account.


I agree that any false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

Thanking you,

Yours truly,

(Name and Rubber Stamp of HUF)

Date: _____

Signature of Karta 

Place: _____

**DECLARATION TO BE GIVEN BY PARTNERSHIP ON
LETTER HEAD OF THE FIRM**

Date :

To,

Dear Sir,

We refer to the trading account being opened / opened with you in the name of _____ and declare and authorize you as under.

We recognize that a beneficiary account cannot be opened with a depository participant in the name of a partnership firm as per Regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the securities transfer obligations pursuant to the trading operations, we authorize you to recognize the beneficiary account No. _____ with depository _____ opened as a joint account in the names of the partnership of the firm.

We agree that the obligations for shares purchased and /or sold by the firm will be handled and completed through transfer to/from the above-mentioned account. We recognize and accept transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of the firm.

We hereby authorize _____, partner in the firm to execute / sign and submit such documents, mandatory and voluntary client registration documents, deeds etc. as any be necessary to enter into the mandatory and voluntary client registration documents and engage in business with and to place order for buying and selling of securities, sell, purchase, transfer, endorse, negotiate and do other things that may be necessary to engage in business on behalf of the partnership.

Name of Partners (In Block Letters)	Signatures

FORMAT OF RESOLUTION

ON LETTERHEAD OF COMPANY

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF _____ AT THEIR MEETING HELD ON _____.

RESOLVED THAT the Company do place orders with/give instructions to _____ for buying and selling index/stocks based futures and options on the derivative segment of NSE and BSE & buying and selling of securities in cash segment of BSE/NSE and to execute transactions in currency segment of NSE.

RESOLVED THAT following demat beneficiary account has been opened with Depository Participant of CDSL M/S _____

BO ID

RESOLVED FURTHER THAT any one of the following Directors/Executives/Officers of the Company, whose specimen signatures are appended here under.

No.	Name of Authorised person	Specimen Signature
1		
2		

Be and are hereby authorized severally to

1. Sign, execute and deliver orders, instructions letters, notes, contracts, share transfer forms and such other documents as may considered necessary from time to time for the aforesaid purpose, and
2. Take all such actions and do all such things, as may be deemed prudent, necessary and expedient for giving effect to the above resolution from time to time.

RESOLVED FURTHER THAT the above resolution shall remain effective and in force till such time as a fresh resolution canceling or amending the same is passed by the Board of Directors of the Company is furnished to _____.

RESOLVED FURTHER THAT a copy of the above resolution duly certified as true by any one of the Directors of the Company be furnished to _____ and such other parties as may be required from time to time.

CERTIFIED TRUE COPY

Director

Consent Form

Date – _____

To,
Manubhai Mangadas Securities Pvt. Ltd.
Heritage Plaza, 4th Floor,
Opp Indian Oil Nagar, J.P.Road,
Andheri (west) Mumbai-400 053

Dear Sir/Madam

I, _____ S/o/D/o / W/o
_____, give my consent to download my
KYC Records from the Central KYC Registry (CKYCR) and KYC registration Agencies (KRA),
only for the purpose of verification of my identity and address and other informations (If
any) from the database of CKYCR Registry/ KRA agencies.

I understand that my KYC Record includes my KYC Records /Personal information such as my
name, address, date of birth, PAN number etc.

Client Signature: _____

UCC code – _____

DP ID – _____

Most Important Terms and Conditions (MITC)

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

Signature:_____

