

**Important Instructions:**

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

For office use only

Application Type*

☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

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

Entity Constitution Type*

☐ Others (Specify)
(Please refer instruction **B** at the end)

Date of Incorporation / Formation*

Date of Commencement of Business

Place of Incorporation / Formation*

Country of Incorporation / Formation*

TIN or Equivalent Issuing Country

PAN *

☐ Form 60 furnished

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction **B** at the end)
☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

Regn Certificate No.

☐ Memorandum and Articles of Association

☐ Partnership Deed

☐ Trust Deed

☐ Resolution of Board / Managing Committee

☐ Power of attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity Proof - 1 (For Sole Proprietorship Only)

☐ Activity Proof - 2 (For Sole Proprietorship Only)
3. ADDRESS* (Please see instruction **C** at the end)**3.1 Registered Office Address / Place of Business***

Proof of Address*

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

☐ Other Document

Line 1*

Line 2

Line 3

District*

PIN / Post Code*

State / U.T Code*

ISO 3166 Country Code*

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

Line 1*

Line 2

Line 3

District*

PIN / Post Code*

State / U.T Code*

ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction **D** at the end)

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

5. NUMBER OF RELATED PERSONS

(Please refer instruction **E** at the end)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - -

[illegible]

Signature / Thumb Impression of Authorised Person(s)

Documents Received ☐ Certified Copies ☐ Equivalent e-document

[illegible]

Name

Code

A Clarification / Guidelines for filing Entity Details section

1 Entity Constitution Type

A - Sole Proprietorship
 B - Partnership Firm
 C - HUF
 D - Private Limited Company
 E - Public Limited Company
 F - Society
 G - Association of Persons (AOP) / Body of Individuals (BOI)

H - Trust
 I - Liquidator
 J - Limited Liability Partnership
 K - Artificial Liability Partnership
 L - Public Sector Banks
 M - Central/State Government Department or Agency
 N - Section 8 Companies (Companies Act, 2013)

O - Artificial Jurisdical Person
 P - International Organisation or Agency /Foreign
 Embassy or Consular Office etc.
 Q - Not Categorized
 R - Others
 S - Foreign Portfolio Investors

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

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

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

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

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

D Clarification / Guidelines for 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.

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

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

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

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

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

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Åland 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	GO	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 Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	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	SI
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	NZ	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	Hongkong	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 ICote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Walls and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao ICuracao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint BartheJemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

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



For office use only

Application Type*

☐ New ☐ Update ☐ Delete

(To be filled by financial institution) KYC Number

(Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person

☐ Deletion of Related Person

☐ Update Related Person Details
KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type*

- ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*				
Gender*	☐ M- Male	☐ F- Female	☐ T-Transgender	
Nationality*	☐ IN- Indian	☐ Others (ISO 3166 Country Code)		
PAN*			☐ Form 60 furnished	

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar
 II ☐ E-KYC Authentication
 III ☐ Offline verification of Aadhaar

☐ PHOTO*


Address

Line 1*	
Line 2	
Line 3	
District*	
Pin / Post Code*	
City / Town / Village*	
State / U.T Code*	
ISO 3166 Country Code*	

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar
 II ☐ E-KYC Authentication
 II ☐ Offline verification of Aadhaar
 IV ☐ Deemed PoA
 V ☐ Self Declaration

Address

Line 1*

Line 2

Line 3

District*

City / Town / Village*

Pin / Post Code*

State / U.T Code*

ISO 3166 Country Code*

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off)

Tel. (Res)

Mobile

Email ID

2. APPLICANT DECLARATION

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

Date : DD-MM-YYYY

Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

☐ Digital KYC process

☐ E-KYC data received from UIDAI

☐ Equivalent e-document

☐ Data received from Offline verification

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Employee Signature

INSTITUTION DETAILS

Name

Code

Institution Stamp

InCred Money Broking Ltd.

Regd. Off. : 3rd Floor , Building No. 5 , Local Shopping Complex ,
Rishabh Vihar, Near Karkarduma Metro Station . East Delhi – 110092
Tel. No. 011-4040-9999 Fax No.-011-47377215
Email: Support @stocko.in, Website: www.incredstocko.in

F 1

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

Paste passport size
photograph of Karta
and cross sign over it

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS																	
1	Name of the Applicant																
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation							
3	Date of commencement of business									D	D	M	M	Y	Y	Y	Y
4	a) PAN									b) Registration No. (e.g. CIN)							
5	Status (please tick any one): ☐ Private Limited Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Trust ☐ Charities ☐ NGO's ☐ Others (please specify) _____ ☐ Bank ☐ Government Body ☐ Non Government Organization ☐ Defense Establishment ☐ Society ☐ LLP ☐ Partnership ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ BOI																
B. ADDRESS DETAILS																	
1	Correspondence Address																
		City/town/village								PIN Code							
		State								Country							
2	Specify the proof of address submitted for correspondence address																
3	Contact Details	Tel. (Off.)								Tel. (Res.)							
		Fax No.								Mobile No.							
		Email ID															
4	Registered Address (if different from above):																
		City/town/village								PIN Code							
		State								Country							

F 2

Name & Signature of the Authorised Signatory(ies)

C. OTHER DETAILS

1	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	If space is insufficient, enclose these details separately <i>[Illustrative format enclosed]</i>
2	DIN of whole time directors:	
3	Aadhaar number of Promoters/Partners/Karta	

D. 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.

F 3

Name & Signature of the Authorised Signatory(ies) _____

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

FOR OFFICE USE ONLY

☐ Originals verified and Self-Attested Documents copies received

Name and Signature of the Authorised Signatory

Date

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

Seal/Stamp of the intermediary

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

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors /Aadhaar number of Promoters/Partners/Karta/co-parcener	Photograph
1						Paste passport size photograph of Karta and cross sign over it
2						
3						
4						
5						

F 4

Name & Signature of the Authorised Signatory(ies)

Date

D

D

M

M

Y

Y

Y

Y

InCred Money Broking Ltd.

Regd. Off. : 3rd Floor , Building No. 5 , Local Shopping Complex ,
Rishabh Vihar, Near Karkarduma Metro Station . East Delhi – 110092
Tel. No. 011-4040-9999 Fax No.-011-47377215 Email:
Support@stocko.in, Website: www.incredstocko.in

FORM 11

PART II – ACCOUNT OPENING FORM

(FOR NON-INDIVIDUALS)

DP –ID								Client –ID (To be filled by Participant)										
I	N	3	0	6	1	2	2											
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>										Date	D	D	M	M	Y	Y	Y	Y
A) Details of Account holder(s):																		
		Name						PAN										
Sole/ First Holder																		
Second Holder																		
Third Holder																		
B) Type of account																		
☐ Body Corporate		☐ FI		☐ FII														
☐ Qualified Foreign Investor		☐ Mutual Fund		☐ Trust														
☐ Bank		☐ CM		☐ HUF														
				☐ Other (Please specify)														
C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:																		
a) Name								b) PAN										
D) Income Details (please specify)																		
Income Range per annum								Networth										
☐ Below ` 20 Lac								Amount (`)										
☐ ` 20 – 50 Lac								As on (date)										
☐ ` 50 Lac – 1 crore								D D M M Y Y Y Y										
☐ Above ` 1 crore								(Networth should not be older than 1 year)										
E) In case of FIIs/Others (as may be applicable)																		
RBI Approval Reference Number																		
RBI Approval date								D	D	M	M	Y	Y	Y	Y			
SEBI Registration Number (for FIIs)																		
F) Bank details																		
1	Bank account type ☐ Savings Account ☐ Current Account ☐ Others (Please specify) _____																	
2	Bank Account Number																	

	3	Bank Name											
	4	Branch Address											
			City/town/ village				PIN Code						
			State				Country						
	5	MICR Code											
	6	IFSC											
G)	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:			☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)									
H)	Clearing Member Details (to be filled up by Clearing Members only)												
	1	Name of Stock Exchange											
	2	Name of Clearing Corporation/ Clearing House											
	3	Clearing Member ID											
	4	SEBI Registration Number											
	5	Trade Name											
	6	CM-BP-ID (to be filled up by Participant)											
I)	Standing Instructions												
	1	We authorise you to receive credits automatically into our account.							☐ Yes ☐ No				
	2	Account to be operated through Power of Attorney (PoA)							☐ Yes ☐ No				
	3	SMS Alert facility											
		Sr. No.	Holder				Yes	No					
		1	Sole/First Holder				☐	☐					
		2	Second Holder				☐	☐					
		3	Third Holder				☐	☐					
	4	Mode of receiving Statement of Account [Tick any one]		☐ Physical Form ☐ Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].									
J)	List of family members (Separate Annexure maybe used in case number of members is higher)												
	Sr No.	Name of Coparcener/Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/Member (please specify)							

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory/Karta of HUF		F 5
Second Signatory		G 1
Third Signatory		H 1
Other Holders		
Second Holder		B 1
Third Holder		C 1

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)	
☐ Any one singly	
☐ Jointly by	
☐ As per resolution	
☐ Others (please specify)	

Notes:

- In case of additional signatures, separate annexures should be attached to the application form.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- Strike off whichever is not applicable.

=====

Acknowledgement

Incred Money Broking Ltd.

Regd. Off. : 3rd Floor , Building No. 5 , Local Shopping Complex ,
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Tel. No. 011-4040-9999 Fax No.-011-47377215

Email: Support @stocko.in, Website: www.incredstocko.in

Received the application from M/s_____as the sole/first holder alongwith
_____ and _____ as the second and third holders respectively for
opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all
your future correspondence.

Date:

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

Participant Stamp & Signature

Rights and Obligations of the Beneficial Owner and Depository Participant

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.

Statement of account

13. 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.
14. 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.
15. 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.
16. 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

17. 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.
18. 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

19. 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.
20. 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

21. 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

22. 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.
23. 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

24. 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

25. 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

26. 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.
27. 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.
28. 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.
29. 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.
30. 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.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, 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.
32. Clients can freeze/block the online access of the trading platforms in case any suspicious activities are noticed by calling at 011-40409999 (press 1) or mail us at stoptrade@stocko.in

F 6

(1st Signatory)

B 2

(2nd Signatory)

C 2

(3rd Signatory)

RATE SHEET

DP ID IN306122

SCHEDULE - A

CHARGES FOR THE DEPOSITORY SERVICE

I/We agree to pay the charges as per following charge structure for our Demat account with Incred Money Broking Ltd.

Client ID : _____

Effective: _____ / _____ / 20_____

Charge Head	Charges
Annual Maintenance charges	For Individuals Rs 200/-, For Non Individuals / Corporate Rs 1000/- per annum paid upfront at the time of account opening
Debit Transactions charges Market/Off Market.	*Market Transaction – Rs 15 per instruction * Off Market / Interdepository Transaction – Rs.30 per Instruction or 0.03% of Transaction Value whichever is higher
Dematerialization Charges	Rs.150 per Certificate + Courier Charges
SLB Charges	For Security Borrowing: Rs.25 plus Depository charges For Security Lending: Rs.25 plus Depository charges
Same day pay-in execution charges	Nil
(Pledge Charges) Creation /Invocation	Rs.50 per transaction (separate for creation & Invocation)
Rematerialization Charges	Rs.25 per certificate or 0.05% of the value of the transaction whichever is higher plus Depository charges at actual
Failed / Rejected Transactions	Rs.30 per transaction
Demat Rejection Charges	Rs.35 per rejection for every 500 gms
Margin Pledge Re-pledge Charges Creation / Closure	Rs 15 for per Transaction (Separate for creation & closure)

F 7

(Sole/First Holder`s Sign.)

B 3

(Second Holder`s Sign.)

C 3

(Third`s Sign.)

CLIENT ID: _____

E-Mail Statement	Period Bills and Transaction statement and other communication will be sent by email only. Terms and Condition for the same to be mandatorily executed. Request for physical statement will be charged Rs 100 for Courier & Printing/Stationery Charges.
Cheque Bounce Charges	Charges will be applied based on charges as determined by our bankers

Other Points:

1. All charges would attract the GST/levies and / or other such taxes as applicable from ~~time to time~~.
2. All payments have to be made favouring InCred Money Broking Ltd. You can pay by Cheques or Demand Draft payable at the local branch where the account is opened. Outstation cheques will not be accepted. Or else you can also avail facility of ECS or choose to pay online.
3. All the percentages in the above structure would be applied on the value of the transaction as computed by the depository.
4. Out of Pocket expenses uncured on the Dispatch of securities for Dematerialisation and communication charges incurred on out-station calls/faxes made specifically on request of the client will be charged on actual.
5. Charges quoted above are for the service listed. Any service not listed above will be charged separately.
6. Any advance payments over and above the normal amount due can also be made. Any such higher amount paid than the minimum amount payable at the time of account opening shall be adjusted against the bills raised from time to time.

Important Note:

1. DP bills should be paid on or before the due date. Interest shall be levied @ 18% per annum on outstanding amount for non-payment from bill due date. Pursuant to Clause 19 of rights and obligation, in case of non-payment of DP charges within the due date, DP reserves the right to discontinue operation of the demat account till such time that the payment is received.
2. For all purpose the Bill date shall be constructed as the date of demand and the bill will be considered as the **Bill cum Notice** for payment and, InCred Money Broking Ltd. reserves the right to "freeze depository account for debit transactions", in case of nonpayment of charges after two days from the Bill due date.
3. The renewal charges for resuming the depository operations will be Rs.150 per Account and the service will be resumed in minimum of two working days from the date of receipt of request at InCred Money Broking Ltd.
4. I / We understand that the above charges are subject to revision by InCred Money Broking Ltd. After providing a notice period of 30 days. Such revision will be notified by ordinary post/courier.

F 8

(Sole/First Holder`s Sign.)

B 4

(Second Holder`s Sign.)

C 4

(Third`s Sign.)

VOLUNTARY

Authorization to debit Demat account operating charges

To
Incred Money Broking Ltd.
3rd Floor , Building No. 5 , Local Shopping Complex,
Rishabh Vihar, Near Karkarduma Metro Station.
East Delhi – 110092

Dear Sir,

Sub: Authorisation for debit the Demat Account Charges

Ref: Client ID: _____

I/We have opened/have a NSDL beneficiary account with Incred Money Broking Ltd. depository participant, along with Incred Money Broking Ltd. trading account for investment and trading purposes.

I/We, hereby authorize Incred Money Broking Ltd., to debit from my trading account, the charges payable towards AMS, Transactions Charges & applicable statutory levies, levied by Incred Money Broking Ltd., in the above said demat account.

I/We are aware of the charges for operating the said demat account with Incred Money Broking Ltd. Any such sum debited to my trading account shall be binding on , me/us.

Thanking you,

Yours truly,

F 9

(Sole/First Holder`s Sign.)

B 5

(Second Holder`s Sign.)

C 5

(Third`s Sign.)

**InCred Money Broking Ltd.****FATCA SELF CERTIFICATION FORM**

For Non-Individual Applicants / Investors

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

DP ID	I	N	3	0	6	1	2	2
Client ID								
Date	d	d	m	m	y	y	y	y
Place								

Name of the entity**Type of address given at KRA**☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office**PAN****Date of incorporation**

D D / M M / Y Y Y Y

City of incorporation**Country of incorporation****ADDITIONAL KYC INFORMATION****Gross Annual Income(Rs.)(Please tick())**☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

OR

Net-worth

Rs. _____ as on DD MM YYYY (Not older than 1 year)

Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)

*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.

Non-Individual Investors involved/providing any of the mentioned services☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services
☐ Money Lending / Pawning ☐ None of the above**FATCA & CRS Declaration****Please tick the applicable tax resident declaration-**1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)**Sr.
No.****Country****Tax Identification Number*****Identification Type
(TIN or Other*, please specify)**

1.

2.

3.

* In case Tax identification Number is not available, kindly provide its functional equivalent.

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

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here**PART A (to be filled by Financial Institutions or Direct Reporting NFEs)**

1.

We are a,
Financial institution ☐or
Direct reporting NFE ☐
(Refer 3(vii) of Part C)
(please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity _____

GIIN not available (please tick as applicable)

☐ Applied for ☐ Not obtained – Non-participating FI
☐ Not required to apply for - please specify 2 digits sub-category _____ (Refer 1 A of Part C)**PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")**

1.

Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)

Yes ☐ (If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange _____

2.

Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)

Yes ☐ (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of listed company _____

Nature of relation: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company

Name of stock exchange _____

3.

Is the Entity an active NFE (Refer 2c of Part C)

Yes ☐

Nature of Business _____

Please specify the sub-category of Active NFE _____ (Mention code – refer 2c of Part C)

4.

Is the Entity a passive NFE (Refer 3(ii) of Part C)

Yes ☐

Nature of Business _____

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

Category (Please tick applicable category):

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

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

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

Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN			
Address	Zip _____ State: _____ Country: _____	Zip _____ State: _____ Country: _____	Zip _____ State: _____ Country: _____
Address Type	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office
Tax ID*			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	☐ Service ☐ Business ☐ Others _____	☐ Service ☐ Business ☐ Others _____	☐ Service ☐ Business ☐ Others _____
Nationality			
Father's Name			
Gender	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

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

*In case Tax Identification Number is not available, kindly provide functional equivalent

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

FATCA - CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank/Depository Participant/ Custodian to seek additional personal, tax and beneficial owner information and certain certification 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. It is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any question about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the 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.

Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) 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 FATCA & CRS Terms and Conditions below and hereby accept the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Name		Designation	
F10 Signature	B 6 Signature	C 6 Signature	

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATES

(This is required to be submitted on the Company's Letterhead.)

FOR DEMAT & TRADING ACCOUNT OPENING

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF M/s. XYZ LTD..... HELD ON. May, 2018 AT THE REGISTERED OFFICE OF THE COMPANY AT:

“Resolved that a Corporate Beneficiary Demat Account & Trading Account be opened with **Incred Money Broking Ltd.** (DP)/ Member of NSE & BSE having REGISTERED OFFICE OF THE COMPANY AT: **PLOT NO. 5, THIRD FLOOR, LOCAL SHOPPING COMPLEX, RISHABH VIHAR, DELHI- 110092.** ”

“Resolved further that **Mr. /Mrs.** and **Mr. /Mrs.** be and are hereby authorized to sign severally, execute instructions , submit all the necessary papers, letters, forms and other documents in connection with **Opening and operating the Demat Account & Trading Account** with Incred Money Broking Ltd. (NSDL DP, Member of National Stock exchanges & Bombay Stock exchanges) to carry out trading/dealing and investment activities in Securities.”

“Resolved further that, a copy of the above resolution duly certified as true by designated director / authorised signatory of the company be furnished **to Incred Money Broking Ltd.** (NSDL DP/ Member of NSE & BSE) and such other parties as may be required from time to time in connection with the above matter. “

The acts done and documents shall be binding on the company, until the same is withdrawn by giving written notice thereof.

Certified true copy

For XYZ LTD.

For XYZ LTD.

(DIRECTOR)

(DIRECTOR)

Specimen Signature of

Mr._____

Mr._____

**Attested by
Director**

Incred Money Broking Ltd.
3rd Floor, Building
No 5, Local Shopping
Complex Rishabh
Vihar
Delhi – 110092
A

Annexure-

**Demat Debit and Pledge
Instruction**

S. No	Purpose	Signature of Client
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	Sole/ First Holder F11 Second Holder B 7 Third Holder C 7
2.	Pledging / re-pledging of securities in favor 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.	Sole/ First Holder F12 Second Holder B 8 Third Holder C 8
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms	Sole/ First Holder F13 Second Holder B 9 Third Holder C 9
4.	Tendering shares in open offers through Stock Exchange platforms	Sole/ First Holder F14 Second Holder B10 Third Holder C10

Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

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.

F15

(Sole/First Holder`s Sign.)

B11

(Second Holder`s Sign.)

C11

(Third Holder`s Sign.)