

## Zero % Brokerage

Save up to 90% of your trading costs

**Trade in Equities , F&O,  
Commodities &  
Currency**

**₹9** per order

or

**₹999** per month

## Products By Incred Money Broking Ltd.

### Stock Plus

Get margin against collateral for intraday or positional trading. Pledge from a list of 4000+ scripts including stocks, mutual funds, bonds, ETFs and SGBs. Trade unlimited under the Rs.999 per month plan or opt for the Rs.9 per order plan.

### Equity Plus

Get 4X exposure on Deliver Trades, Example with 1 lac in your account you can buy delivery upto 4 lax across 550+ stocks



INCRED MONEY BROKING LIMITED.

SEBI Registration No. INZ000164738

NSE Member Code 09073, BSE Member Code 6329, NSDL : IN-DP-474-2020

Registered Office : 3rd Floor, Building No.5, Local Shopping Complex

Rishabh Vihar, Near Karkarduma Metro Station East Delhi - 110092

011-40409999, support@stocko.in

Disclaimer : Investment in securities market are subject to market risks, read all the related documents carefully before investing. Brokerage will not exceed the SEBI prescribed limit.



| S. N                                                                    | Name of the Document                                                | Brief Significance of the Document                                                                                                                                                                               | Page No  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b>        |                                                                     |                                                                                                                                                                                                                  |          |
| 1                                                                       | Account Opening Form                                                | A. KYC form - Document captures the basic information about the constituent and an instruction/check list.                                                                                                       | 5-6 & 27 |
|                                                                         |                                                                     | B. Document captures the additional information about the Constituent relevant to trading account and an instruction /check list.                                                                                | 7-9      |
| 2                                                                       | Rights and Obligations                                              | Document stating the Rights & Obligations of stock broker /trading member and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading). | Ann-1    |
| 3                                                                       | Risk Disclosure Document (RDD)                                      | Document detailing risks associated with dealing in the securities market.                                                                                                                                       | Ann-2    |
| 4                                                                       | Guidance note                                                       | Document detailing do's and don'ts for trading on exchange, for the education of the investors.                                                                                                                  | Ann-3    |
| 5                                                                       | Policies and Procedures                                             | Document describing significant policies and procedures of Stock Broker.                                                                                                                                         | Ann-4    |
| 6                                                                       | Tariff sheet                                                        | Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).                                                                                     | 10       |
| 7                                                                       | MITC                                                                | Most Important Terms & Condition                                                                                                                                                                                 | 4        |
| <b>VOLUNTARY AND OPTIONAL DOCUMENTS AS PROVIDED BY THE STOCK BROKER</b> |                                                                     |                                                                                                                                                                                                                  |          |
| 8                                                                       | Undertaking                                                         | Contains voluntary undertakings by the client with respect to Incred Money Broking Ltd. "s internal operations during the course of the relationship with Incred Money Broking Ltd.                              | 11-12    |
| 9                                                                       | Authorization for Electronic Contract Notes                         | Client consent letter for receiving the contract notes by Email.                                                                                                                                                 | 13       |
| 10                                                                      | Declaration & Authorization For Account Modification                | Client consent letter for receiving SMS from Incred Money Broking Ltd. and a client declaration stating that he is not a defaulter. Authorization for account detail modification                                | 13-14    |
| 11                                                                      | Running Account Authorization                                       | Letter of Authorization for maintaining a Running Account with Incred Money Broking Ltd.                                                                                                                         | 14       |
| 12                                                                      | Authorization for mobile number and email.                          | Declaration of an individual's contacting information for updating mobile number and email address.                                                                                                              | 15       |
| 13                                                                      | Voluntary Freezing/Blocking of Online Access to the Trading Account | Clients can freeze/block the online access of the trading platform in case of any suspicious activities by calling 011-40409999 (press 1) or emailing stoptrade@stocko.in                                        | 12       |

**Incred Money Broking Ltd.**

Regd. Office: - 3rd Floor , Building No. 5 , Local Shopping Complex , Rishabh Vihar, Near Karkarduma Metro Station . East Delhi – 110092

Phone: 011-40409999 website [www.incredstocko.in](http://www.incredstocko.in)

Correspondence address: same as above

SEBI Registration No. : INZ000164738

**Compliance officer Name:** R K Jain

**CEO Name:** Shrey Jain

**Phone No. & mail ID:** 011-40409999, [support@stocko.in](mailto:support@stocko.in)

011-47377200, [support@stocko.in](mailto:support@stocko.in)

For any grievance please contact Incred Money Broking Ltd. at the above address or email [complaints@stocko.in](mailto:complaints@stocko.in) and Phone no. 91-011-40409999

In case not satisfied with the response, please contact the concerned exchange at:

1. NSE: [ignse@nse.co.in](mailto:ignse@nse.co.in) or contact at 022-26598100

2. BSE: [is@bseindia.com](mailto:is@bseindia.com) or contact at 022-22728097

## INSTRUCTION/CHECKLIST FOR FILLING KYC FORM

### A. Important Points: -

1. Self attested copy of PAN card is mandatory for all clients, including Promoters /Partners/Karta /Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCICard 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.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks / Scheduled Co-Operative Bank / Multinational Foreign Banks / Gazetted Officer / Notary Public / Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII / sub account, Power of Attorney given by FII / sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

### D. Exemptions/clarifications to PAN (\*Sufficient documentary evidence in support of such claims to be collected.)

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

### E. List of people authorized to attest the documents:

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

### F. 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.

### G. 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.

### H. Demat master or recent holding statement issued by DP bearing name of the client.

#### For Individuals:

- a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
- b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

#### For non-individuals:

- a. Form need to be initialized by all the authorized signatories.
- b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/others & their specimen signatures

**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.

**A 1**

(Sole/First Holder`s Sign.)

**B 1**

(Second Holder`s Sign.)

**C 1**

(Third Holder`s Sign.)

**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**

Application Type\*

☐ New☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal☐ Simplified (for low risk customers)☐ Small☐ **1. PERSONAL DETAILS** (Please refer instruction A at the end)

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                      |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| Prefix                                            | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Middle Name          | Last Name            |
| <input type="checkbox"/> Name* (Same as ID proof) | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/> | <input type="text"/> |
| Maiden Name (If any*)                             | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/> | <input type="text"/> |
| Father / Spouse Name*                             | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/> | <input type="text"/> |
| Mother Name*                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/> | <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<br><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others<br><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<br><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 )<br><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)<br><input type="checkbox"/> B-Business<br><input type="checkbox"/> X- Not Categorised |                      |                      |

**PHOTO**

S **A 2** umb

☐ **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)(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

|                                                                                      |                      |                             |                      |
|--------------------------------------------------------------------------------------|----------------------|-----------------------------|----------------------|
| <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)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

|                   |                                                                           |                                          |                                        |                                            |                                      |
|-------------------|---------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------|
| 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*   | <input type="text"/> |                       |                      |
| Line 2    | <input type="text"/> |                       |                      |
| Line 3    | <input type="text"/> |                       |                      |
| District* | <input type="text"/> | Pin / Post Code*      | <input type="text"/> |
|           |                      | City / Town / Village | <input type="text"/> |
|           |                      | State / U.T Code*     | <input type="text"/> |

[illegible]

|                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                           |  |                                                                                |  |                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| <input type="checkbox"/> <b>6. DETAILS OF RELATED PERSON</b> (In case of additional related persons, please fill 'Annexure B1' ) (please refer instruction <b>G</b> at the end) |  |                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                           |  |                                                                                |  |                                                                          |  |
| <input type="checkbox"/> Addition of Related Person                                                                                                                             |  | <input type="checkbox"/> Deletion of Related Person                                                                                                                                                                                                                  |  | KYC Number of Related Person (if available*)                                                                                                                                                                                                                              |  |                                                                                |  | <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |
| Related Person Type*                                                                                                                                                            |  | <input type="checkbox"/> Guardian of Minor                                                                                                                                                                                                                           |  | <input type="checkbox"/> Assignee                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Authorized Representative                             |  |                                                                          |  |
| Name*                                                                                                                                                                           |  | <div style="display: flex; justify-content: space-between;"> <div>Prefix<br/><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div>First Name<br/><div style="border: 1px solid black; width: 120px; height: 20px;"></div></div> </div> |  | <div style="display: flex; justify-content: space-between;"> <div>Middle Name<br/><div style="border: 1px solid black; width: 120px; height: 20px;"></div></div> <div>Last Name<br/><div style="border: 1px solid black; width: 120px; height: 20px;"></div></div> </div> |  | (If KYC number and name are provided, below details of section 6 are optional) |  |                                                                          |  |

[illegible]

| 9. ATTESTATION / FOR OFFICE USE ONLY                                                                                                                                                                         |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Documents Received</b> <input type="checkbox"/> Certified Copies                                                                                                                                          |                                                                                                                    |
| KYC VERIFICATION CARRIED OUT BY                                                                                                                                                                              | INSTITUTION DETAILS                                                                                                |
| Date <span style="border: 1px solid #ccc; padding: 2px 5px;">DD</span> <span style="border: 1px solid #ccc; padding: 2px 5px;">MM</span> <span style="border: 1px solid #ccc; padding: 2px 5px;">YYYY</span> | Name <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>                      |
| Emp. Name <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>                                                                                                           | Code <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>                      |
| Emp. Code <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>                                                                                                           | <div style="border: 1px solid #ccc; width: 100%; height: 150px; margin: 0 auto;"></div> <p>[Institution Stamp]</p> |
| Emp. Designation <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>                                                                                                    |                                                                                                                    |
| Emp. Branch <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>                                                                                                         |                                                                                                                    |
| <div style="border: 1px solid #ccc; width: 100%; height: 60px; margin: 0 auto;"></div> <p>[Employee Signature]</p>                                                                                           |                                                                                                                    |

## 10. OTHER DETAILS

### 1. Gross Annual Income Details (please specify): Income Range per annum:

Below Rs 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ >25 Lacs ☐ or

Net-worth as on (date) \_\_\_\_\_ ( \_\_\_\_\_ ) (Net worth should not be older than 1 year)

### 2. Occupation (Please tick whichever is applicable)

Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐

Retired ☐ Housewife ☐ Student ☐ Self Employed ☐ Others (please specify) \_\_\_\_\_

Brief Details of Nature of Business/Service \_\_\_\_\_

### 3. Please tick, if applicable: Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐

## A. BANK ACCOUNT DETAILS

|                  | PRIMARY BANK ACCOUNT                                                                              | SECONDARY BANK ACCOUNT                                                                            |
|------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Bank Name        |                                                                                                   |                                                                                                   |
| Branch Address   |                                                                                                   |                                                                                                   |
| Bank Account No. |                                                                                                   |                                                                                                   |
| Account Type:    | Savings <input type="checkbox"/> Current <input type="checkbox"/> Others <input type="checkbox"/> | Savings <input type="checkbox"/> Current <input type="checkbox"/> Others <input type="checkbox"/> |
| MICR Number      |                                                                                                   |                                                                                                   |
| IFSC code        |                                                                                                   |                                                                                                   |

## B. DEPOSITORY ACCOUNT(S) DETAILS

i. Depository Participant Name: \_\_\_\_\_

ii. Depository Name: NSDL ☐ CDSL ☐

iii. Beneficiary Name: \_\_\_\_\_

iv. DP Id. \_\_\_\_\_ BO Id. \_\_\_\_\_

## C. 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

## D. 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: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Whether dealing with any other stock broker/sub-broker (if case dealing with multiple stock brokers/sub-brokers, provide details of all)

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: \_\_\_\_\_

Please sign in the relevant boxes where you wish to trade: NSE/BSE, F&O, CDS, and MCX. The segments not chosen should be struck off by the client.

|  | Cash                | F&O                 | Currency Derivatives | Commodity           |
|--|---------------------|---------------------|----------------------|---------------------|
|  | <b>A 4</b><br>(a) ➡ | <b>A 4</b><br>(b) ➡ | <b>A 4</b><br>(c) ➡  | <b>A 4</b><br>(d) ➡ |

# If, in future, the client wants to trade on any new segment, a separate authorization/letter should be taken from the client by the broker.

## 11. ADDITIONAL DETAILS

i. Whether you wish to receive (a) Physical contract note ☐ (b) Electronic Contract Note (ECN) ☐

If ECN specify your Email id: \_\_\_\_\_

ii. Whether you wish to avail of the facility of internet trading/ wireless technology/mobile trading YES ☐ NO ☐

iii. Number of years of Investment / Trading Experience: \_\_\_\_\_

## 12. INTRODUCER DETAILS (optional)

Name of the Introducer: \_\_\_\_\_

Status of the Introducer: Sub-broker/Remisier/Authorized Person/Existing Client: Client ID \_\_\_\_\_

Others, please specify \_\_\_\_\_

Address of the Introducer: \_\_\_\_\_

Phone no. of the Introducer: \_\_\_\_\_

Signature of the Introducer: \_\_\_\_\_



**A 5** Client Signature

### DECLARATION

1. 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.
2. 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.
3. 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.

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### FOR OFFICE USE ONLY

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 Authorized Signatory

Seal/Stamp of the stock broker

Date \_\_\_\_\_

## Incred Money Broking Ltd. TARIFF SHEET

To

**Incred Money Broking Ltd.**

3<sup>rd</sup> Floor, Building No. 5, Local Shopping Complex,  
Rishabh Vihar, Near Karkarduma Metro Station.  
East Delhi – 110092

Sub: Charges for Incred Money Broking Ltd. Trading Services

Dear Sir or Madam,

I would like to subscribe to the Incred Money Broking Ltd. plans and request Incred Money Broking Ltd. to apply any applicable tariff as per the terms and conditions of Incred Money Broking Ltd.

I hereby authorize Incred Money Broking Ltd. to debit my ledger for the subscription amount as per terms and conditions of Incred Money Broking Ltd. Rs. 999 for Equity or Rs.999 for Currency per month unlimited Plan or Rs. 9 per trade plan for Commodity, if I choose to subscribe to either plan.

### Rs. 9 Per executed order Plan

Rs. 9 Per executed order Plan: For no monthly fees, you will be allowed to trade CASH, F&O, CURRENCY and Commodity at Rs. 9 per executed order. For BSE Cash Intraday and NSE Cash Intraday you can trade at Rs. 9 per executed order or 0.01% whichever is lower. For BSE Cash Delivery and NSE Cash Delivery you can trade at Rs. 9 per executed order or 0.10% whichever is lower. For Currency you can trade at Rs. 9 per executed order or Rs. 0.99 per lot whichever is lower. For Commodity, you can trade at Rs. 9 per executed order.

### Rs. 999 Per Month unlimited Plan

You can do unlimited trading across NSE Cash, BSE Cash and NSE F&O and BSE F&O segments.

FOR NSE F&O, NSE CM, BSE CM - PLEASE SELECT ONLY ONE

Rs. 9 Per order traded Plan ☐

Rs. 999 per month unlimited Plan. ☐

FOR NSE CURRENCY - PLEASE SELECT

Rs. 9 Per order traded Plan ☐

FOR MCX - PLEASE SELECT

Rs. 9 Per order traded Plan ☐

\*Turnover for Options is calculated as (Strike + Premium)\*Lot Size

In addition to the brokerage charge the following charges will also be levied

Schedule of charges:

- |                               |                                        |
|-------------------------------|----------------------------------------|
| 1. Transaction Charges        | 4. Stamp Duty                          |
| 2. Securities Transaction Tax | 5. Education and Higher Education Cess |
| 3. GST                        | 6. SEBI Turnover Fees                  |

\*\*\*DP charges of Rs.15/- per script will be levied in client account in case of outgoing transaction eg. payin to exchange against sell obligation in equity cash segment or transfer of shares to 3rd party demat account.

Terms and Conditions can be subject to change.

The terms and conditions of the Incred Money Broking Ltd. plans has been read and understood by me. I wish to avail the plans below provided by Incred Money Broking Ltd. my trading account subject to the terms and conditions mentioned above



A 6

Client Signature

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

### **SUB : UNDERTAKING / AUTHORISATION**

With respect to Member-Constituent Relationship and Mandatory and Voluntary (optional) Documents executed between us, I / We do hereby authorize Incred Money Broking Ltd. to do the following:

#### **1. Order Placement Instructions**

I acknowledge that placing, modifying, or canceling orders typically requires written instructions. However, since it is not practical for me to give written instructions. In cases where online trading is unavailable due to internet issues or other reasons, I may need to place orders via call, email, or in person at the designated branch.

I hereby request you to kindly accept my, my authorized representative or mandate holder's verbal orders/instructions, in person or over phone and execute the same. I understand the risk associated with placement of verbal orders and accept the same. I shall not disown orders under the plea that the same were not placed by me provided I am sent ECN/Physical contract notes or trade confirmations through SMS and other modes. I indemnify Incred Money Broking Ltd. and its employees against all losses, damages, actions which you may suffer or face, as a consequence of adhering to and carrying out my instructions for orders placed verbally.

Additionally, I understand that Incred Money Broking Ltd. bears no liability for non-execution, lost opportunities, or any claims related to the GTT Feature, including failure to execute, cancellation, or non-placement of orders (Fully or partially).

#### **2. ERRORS AND OMISSIONS**

I understand and agree that inadvertent errors may occur, while executing orders placed by me. In such circumstances Incred Money Broking Ltd. shall make all reasonable efforts to rectify the same and ensure that I am not put to any monetary loss. I understand and agree that I shall not hold Incred Money Broking Ltd. responsible beyond this and claim additional damages/loss. I understand and agree that my request to modify or cancel the order shall not be deemed to have been executed unless and until the same is confirmed by Incred Money Broking Ltd.

#### **3. NO MARKET MANIPULATION**

I undertake not to execute transactions, either singly or in concert with other clients, which may be viewed as manipulative trades viz. artificially raising, depressing or maintaining the price, creation of artificial volume, synchronized trades, cross trades, self trades, etc or which could be termed as manipulative or fraudulent trades by SEBI/Exchanges. In case I am found to be indulging in such activities, Incred Money Broking Ltd. has every right to inform the Exchange/SEBI/other regulatory authority of the same and suspend/close my trading account.

#### **4. NOT TO ACT AS UNREGISTERED SUB BROKER**

I undertake not to act as unregistered Authorized Person and deal only for myself and not on behalf of other clients. In case I wish to deal for other clients also, I undertake to apply to SEBI through Incred Money Broking Ltd. to obtain a authorized person registration. In case Incred Money Broking Ltd. perceives that I am acting as an unregistered authorized person, Incred Money Broking Ltd. has the right to immediately suspend my trading account and close all open positions and adjust the credits (across all segments) against the dues owed by me to Incred Money Broking Ltd. without the requirement of any notice from Incred Money Broking Ltd. Further, Incred Money Broking Ltd. has the right to inform the concerned regulatory authorities about the same. In aforesaid eventuality, I agree and undertake to indemnify Incred Money Broking Ltd. from any loss/damage/claim arising out of such activity.

#### **5. NOT DEBARRED BY ANY REGULATOR**

I confirm and declare that there is no bar on me imposed by any Exchange or any Regulatory and/or Statutory authority to deal in securities directly or indirectly. I agree to inform Incred Money Broking Ltd. in writing, of any regulatory action taken by any Exchange or Regulatory/ Statutory authority on me in future. In case I fail to inform the same and Incred Money Broking Ltd. on its own comes to know of such action, Incred Money Broking Ltd. has the right to suspend/close my trading account and refuse to deal with me. Also, Incred Money Broking Ltd. can at its sole discretion, close all the open positions and liquidate collaterals to the extent of debit balances, without any notice to me.

#### **6. PMLA DECLARATION**

I declare that I have read and understood the contents and the provisions of the PMLA Act, 2002, which were also explained to me by Incred Money Broking Ltd. officials. I further declare that I shall adhere to all the provisions of PMLA Act, 2002.

I further undertake and confirm that;

- a. I do not have any links with any known criminal
- b. I am a genuine person and not involved or indulge knowingly or assisted, directly or indirectly, in any process or activity connected with the proceeds of crime nor I am a party to it. The investment money is derived from proper means and does not involve any black or Hawala money in any manner.

#### **7. INDEMNIFICATION**

I hereby indemnify and hold Incred Money Broking Ltd. its Directors and employees harmless from and against all claims, demands, actions, proceedings, losses, damages, liabilities, charges and/or expenses that are occasioned or may be occasioned to the Incred Money Broking Ltd. directly or indirectly, relating to bad delivery of shares/ securities and/ or third party delivery, whether authorized or unauthorized and fake/forged/stolen shares/ securities/transfer documents introduced or that may be introduced by or through me during the course of my dealings/ operations on the Exchange(s) and/ or proof of address, identity and other supporting/ documents provided by me at the time of registration and/or subsequently.

## **INDEMNITY OF JOINT HOLDINGS**

I hereby agree to indemnify and hold the Incred Money Broking Ltd. harmless from any claims, demands, actions, proceedings, losses, damages, liabilities, charges, and /or expenses arising from transactions in securities held jointly by me with any other person or persons, if any.

## **8. MUTUAL FUND SERVICE SYSTEM (MFSS) FACILITY**

I am interested in availing the MFSS facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the MFSS of the Exchange. For the purpose of availing the MFSS facility, I state that "Know Your Client" details as submitted by me for the opening of Trading Account may be considered for the purpose of MFSS and I/we further confirm that the details contained in same remain unchanged as on date. I am willing to abide by the terms and conditions as has been specified and as may be specified by the Exchange from time to time in this regard. I shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI). I shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I choose to subscribe/redeem. I further agree to abide by the terms and conditions, rules and regulations of the respective Mutual Fund Schemes subscribed by me.

## **9. VOLUNTARY FREEZING/BLOCKING THE ONLINE ACCESS OF THE TRADING ACCOUNT**

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

## **A. THIRD-PARTY PAYMENTS**

Incred Money Broking Ltd. shall have the prerogative to refuse payments received from any bank account where the client is not the first holder or which is not mentioned in the KYC or which the client has not got updated subsequently by submitting a written request along-with adequate proof thereof as per Performa prescribed by Incred Money Broking Ltd. Incred Money Broking Ltd. shall not be responsible for any loss or damage arising out of such refusal of acceptance of payments in the situations mentioned above.

However, due to oversight, if any such third-party payment has been accepted by Incred Money Broking Ltd. and the credit for the same has been given in the client's ledger, Incred Money Broking Ltd. shall have the right to immediately reverse such credit entries on noticing or becoming aware of the same. In such a case, Incred Money Broking Ltd. reserves the right to liquidate any of the open positions and/or any of the collaterals received/ held on behalf of the client. Incred Money Broking Ltd., its Directors and employees shall not be responsible for any consequential damages or losses.

## **B. NO DEALINGS IN CASH**

Incred Money Broking Ltd. as a policy neither accepts any funds for pay-in/margin in cash nor makes any payment or allows withdrawal of funds in cash. No claim will be entertained where the client states to have made any cash payment or deposited cash with any Branch/Sub-Broker/Remisier/Employee/Authorised Person of Incred Money Broking Ltd.

## **C. DISCLOSURE OF PROPRIETARY TRADING BY Incred Money Broking Ltd.**

Pursuant to SEBI Circular Number SEBI/MRD/SEC/Cir-42/2003 dated November 19, 2003, Incred Money Broking Ltd. discloses to its clients about its policies on proprietary trades. Incred Money Broking Ltd. does proprietary trades in the cash and derivatives segment at NSE, BSE, MCX.

## **D. DELIVERIES**

The client shall ensure that the shares are properly transferred to the designated demat account of Incred Money Broking Ltd., for effecting delivery to the Exchange against the sale position of the client. Such transfers shall be entered by the client within the time specified by SEBI/Exchanges/ Incred Money Broking Ltd. In case the client fails to transfer the shares on time to Incred Money Broking Ltd., Incred Money Broking Ltd. shall not be responsible for any loss/damages arising out of such delayed transfers.

## **E. SQUARING OFF OF POSITIONS & SALE /LIQUIDATION OF COLLATERAL MARGINS**

The client shall settle the transactions, within the Exchange specified settlement time, by making the requisite payment of funds and/or delivery of the shares. In case the client fails to settle the transactions within the settlement date, then Incred Money Broking Ltd. has the right to square off the open and/or unpaid positions, at an appropriate time, as it deems fit, without any notice to the client. The client shall not have any right or say to decide on the timing of closure of the open positions that needs to be closed. Incred Money Broking Ltd., its Directors and Employees shall not be responsible for any loss or damages arising out of such square offs. All such square off transactions shall have implied consent and authorization of the client in favor of Incred Money Broking Ltd. If there is any margin shortage in future position, then there will be no call from Incred Money Broking Ltd., your position may be squared off, please plan your trade in advance and make you that you have sufficient funds available in your account, further you can call on support desk for any margin related query.

After such square off of open positions by Incred Money Broking Ltd., as mentioned in above clauses, if there is a debit balance, the client shall pay the same immediately. However, if the client does not clear off the debit balance, Incred Money Broking Ltd. shall have the right to liquidate the shares and other securities of the client (kept as collateral/margin) to the extent of the debit balance, without any intimation to the client. The client shall not have the right to decide on the timing of liquidation of shares and securities held in collateral/margin and the shares and securities that needs to be sold or liquidated. Incred Money Broking Ltd., its Directors and employees shall not be responsible for any loss or damages arising out of such selling



**A 7** Client Signature

**LETTER OF AUTHORIZATION FOR ELECTRONIC CONTRACT NOTES**

Date: \_\_\_\_\_

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 Electronic Contract Notes

I/We have been/shall be dealing through you as my/our broker on the Capital & Commodities Market and/or Futures & Options and/or Currency Derivatives and or Interest Rate Futures Segments. As my/our broker i.e. agent I/We direct and authorize you to carry out trading/dealings on my/our behalf as per instructions given below.

I/We understand that, I/We have the option to receive the contract notes in physical form or electronic form. In pursuance of the same, I/We hereby opt to receive contract notes in electronic form. I/We understand that for the above purpose, you are required to take from the client “an appropriate email account” for you to send the electronic contract notes. Accordingly, please take the following email account /email id on your record for sending the contract notes to me/us:

Enter Email ID

\_\_\_\_\_

I/We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email account / Email id.

I/We agree not to hold you responsible for late/non-receipt of contract notes sent in electronic form and any other communication for any reason including but not limited to failure of email services, loss of connectivity, email in transit etc.

I/We agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me/us on account of any non-receipt/delayed receipt for any reason whatsoever.

I/We understand that I am required to intimate any change in the email id/email account mentioned herein above needs to be communicated by me through a physical letter to you, provided however that if I/We am/are an internet client then in that event the request for change in email id/email account can be made by me/us through a secured access using client specific user id and password. Please treat this authorization as written ratification of my/our verbal directions/authorizations given and carried out by you earlier. I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above.

**MOBILE NUMBER DECLARATION**

I \_\_\_\_\_ having PAN \_\_\_\_\_ do hereby declare that my Mobile no. is \_\_\_\_\_. Further, I authorize Incred Money Broking Ltd. that the same may be used \_\_\_\_\_ for giving me any information/ alert/ SMS.

I further declare the above mentioned statement is true and correct.

Date: \_\_\_\_\_



**A 8** Client Signature

### DEFAULTER DECLARATION

I \_\_\_\_\_ having PAN \_\_\_\_\_ do hereby declare that I have not been involved in any terrorist activities and I have not been declared a defaulter or my name is not appearing in defaulter database as per SEBI/ Various Exchange/ Regulatory bodies, etc.

I further declare that the above mentioned declaration/ statement are true and correct.

Date: \_\_\_\_\_



**A9** Client Signature

### RUNNING ACCOUNT AUTHORIZATION

Date: \_\_\_\_\_

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

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/We instruct you otherwise.
2. I/We request you to settle my fund account.
  - Once in a calendar Month ☐
  - Once in every calendar Quarter ☐
3. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet margin obligation for next 5 trading days, calculated in the manner specified by the exchanges.
4. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 7 working days from the date of receipt of funds or statement of account or statement related to it, as the case may be at your registered office.
5. The running account authorization provided by me shall continue and remain valid until it is revoked by me anytime in writing.



**A10** Client Signature

### AUTHORIZATION FOR ACCOUNT MODIFICATION

If I/we were to add/modify/remove any of my account details including bank a/c, brokerage plans with Incred Money Broking Ltd. , I/we authorize you to carry it out based on my request sent through an email to support@stocko.in from my registered email address or intimation through an interface provided by you, where to I have been allowed secured access.

If you feel the need to do so, then at your own discretion, you may put in place appropriate mechanism to confirm the re- quest before or after its execution by way of a call from a recorded line, or otherwise, personal meeting, SMS or other such other mode as you may deem fit.



**A11** Client Signature

Date: \_\_\_\_\_

### AUTHORIZATION FOR MOBILE NO. & E-MAIL ID

I Name \_\_\_\_\_ do hereby authorize Incred Money Broking Ltd.; Member NSE/BSE/ MCX/NCDEX Depositor to map the mobile no. \_\_\_\_\_ and e-mail Id \_\_\_\_\_ of our family member; Mr./ Ms. \_\_\_\_\_; in my account no. \_\_\_\_\_ as my authorized representative/ attorney as I am unable to handle and excess the mobile phone and mail Id due to \_\_\_\_\_. I will be fully responsible for all the transactions done by him/ her on my behalf through this mobile no. and mail Id and all the communications received on this will mobile no. or mail Id will be treated as mine.



**A12** Client Signature

Client's Name: \_\_\_\_\_

# 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 9 PART II – ACCOUNT OPENING FORM (FOR INDIVIDUALS)

|                                                                                                                                                                                                                                                                                |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------|---|---------------------------------------------------------|---|---|---|----------------------------------------------------|--|---------------------------------------------------------|--|---|---|---------------------------------------------|---|---------------------------------------------------------|---|---|---|---|--|---|--|
| <b>DP –ID</b>                                                                                                                                                                                                                                                                  |   |                                                        |   |                                                         |   |   |   | <b>Client –ID</b><br>(To be filled by Participant) |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| I                                                                                                                                                                                                                                                                              | N | 3                                                      | 0 | 6                                                       | 1 | 2 | 2 |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| I/We request you to open a depository account in my/our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)                                                                                                                               |   |                                                        |   |                                                         |   |   |   |                                                    |  | <b>Date</b>                                             |  | D | D | M                                           | M | Y                                                       | Y | Y | Y |   |  |   |  |
| A) Details of Account holder(s):                                                                                                                                                                                                                                               |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| Account holder(s)                                                                                                                                                                                                                                                              |   | Sole/ First Holder                                     |   |                                                         |   |   |   | Second Holder                                      |  |                                                         |  |   |   | Third Holder                                |   |                                                         |   |   |   |   |  |   |  |
| Name                                                                                                                                                                                                                                                                           |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| PAN                                                                                                                                                                                                                                                                            |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| Occupation<br>(please tick any one and give brief details)                                                                                                                                                                                                                     |   | <input type="checkbox"/> Private Sector                |   | <input type="checkbox"/> Agriculturist                  |   |   |   | <input type="checkbox"/> Private Sector            |  | <input type="checkbox"/> Agriculturist                  |  |   |   | <input type="checkbox"/> Private Sector     |   | <input type="checkbox"/> Agriculturist                  |   |   |   |   |  |   |  |
|                                                                                                                                                                                                                                                                                |   | <input type="checkbox"/> Public Sector                 |   | <input type="checkbox"/> Retired                        |   |   |   | <input type="checkbox"/> Public Sector             |  | <input type="checkbox"/> Retired                        |  |   |   | <input type="checkbox"/> Public Sector      |   | <input type="checkbox"/> Retired                        |   |   |   |   |  |   |  |
|                                                                                                                                                                                                                                                                                |   | <input type="checkbox"/> Government Service            |   | <input type="checkbox"/> Housewife                      |   |   |   | <input type="checkbox"/> Government Service        |  | <input type="checkbox"/> Housewife                      |  |   |   | <input type="checkbox"/> Government Service |   | <input type="checkbox"/> Housewife                      |   |   |   |   |  |   |  |
|                                                                                                                                                                                                                                                                                |   | <input type="checkbox"/> Business                      |   | <input type="checkbox"/> Student                        |   |   |   | <input type="checkbox"/> Business                  |  | <input type="checkbox"/> Student                        |  |   |   | <input type="checkbox"/> Business           |   | <input type="checkbox"/> Student                        |   |   |   |   |  |   |  |
|                                                                                                                                                                                                                                                                                |   | <input type="checkbox"/> Professional                  |   | <input type="checkbox"/> Others (Please specify; _____) |   |   |   | <input type="checkbox"/> Professional              |  | <input type="checkbox"/> Others (Please specify; _____) |  |   |   | <input type="checkbox"/> Professional       |   | <input type="checkbox"/> Others (Please specify; _____) |   |   |   |   |  |   |  |
|                                                                                                                                                                                                                                                                                |   | <input type="checkbox"/>                               |   | <input type="checkbox"/>                                |   |   |   | <input type="checkbox"/>                           |  | <input type="checkbox"/>                                |  |   |   | <input type="checkbox"/>                    |   | <input type="checkbox"/>                                |   |   |   |   |  |   |  |
| Brief details:                                                                                                                                                                                                                                                                 |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| B) For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below: |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| a) Name                                                                                                                                                                                                                                                                        |   |                                                        |   |                                                         |   |   |   | b) PAN                                             |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| C) <b>Type of account</b>                                                                                                                                                                                                                                                      |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| <input type="checkbox"/> Ordinary Resident                                                                                                                                                                                                                                     |   | <input type="checkbox"/> NRI-Repatriable               |   |                                                         |   |   |   | <input type="checkbox"/> NRI-Non Repatriable       |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| <input type="checkbox"/> Qualified Foreign Investor                                                                                                                                                                                                                            |   | <input type="checkbox"/> Foreign National              |   |                                                         |   |   |   | <input type="checkbox"/> Promoter                  |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| <input type="checkbox"/> Margin                                                                                                                                                                                                                                                |   | <input type="checkbox"/> Others (Please specify) _____ |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| D) <input type="checkbox"/> <b>Gross Annual Income Details</b> <input type="checkbox"/>                                                                                                                                                                                        |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| Income Range per annum (please tick any one)                                                                                                                                                                                                                                   |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| <input type="checkbox"/> Below ` 1 lac                                                                                                                                                                                                                                         |   |                                                        |   | <input type="checkbox"/> ` 1- 5 lac                     |   |   |   | <input type="checkbox"/> ` 5- 10 lac               |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| <input type="checkbox"/> ` 10- 25 lac                                                                                                                                                                                                                                          |   |                                                        |   | <input type="checkbox"/> More than ` 25 lac             |   |   |   | <input type="checkbox"/>                           |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| E) <input type="checkbox"/> <b>In case of NRIs/ Foreign Nationals</b> <input type="checkbox"/>                                                                                                                                                                                 |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| RBI Approval Reference Number                                                                                                                                                                                                                                                  |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |
| RBI Approval date                                                                                                                                                                                                                                                              |   |                                                        |   |                                                         |   |   |   | D                                                  |  | D                                                       |  | M |   | M                                           |   | Y                                                       |   | Y |   | Y |  | Y |  |
| F) <b>Bank details</b>                                                                                                                                                                                                                                                         |   |                                                        |   |                                                         |   |   |   |                                                    |  |                                                         |  |   |   |                                             |   |                                                         |   |   |   |   |  |   |  |

|    |                                                                                                                                                                                                                      |                   |                                                                                                                                                                       |  |  |          |  |                          |                                                                                         |  |  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------|--|--------------------------|-----------------------------------------------------------------------------------------|--|--|--|
| 1  | Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> 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: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)                                                         |                   |                                                                                                                                                                       |  |  |          |  |                          |                                                                                         |  |  |  |
| H) | <b>Standing Instructions</b>                                                                                                                                                                                         |                   |                                                                                                                                                                       |  |  |          |  |                          |                                                                                         |  |  |  |
| 1  | I/We authorise you to receive credits automatically into my/our account.                                                                                                                                             |                   |                                                                                                                                                                       |  |  |          |  |                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                             |  |  |  |
| 2  | Account to be operated through Power of Attorney (PoA)                                                                                                                                                               |                   |                                                                                                                                                                       |  |  |          |  |                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> |  |  |  |
| 3  | <b>SMS Alert facility:</b> <i>[Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]</i>                                                       |                   |                                                                                                                                                                       |  |  |          |  |                          |                                                                                         |  |  |  |
|    | <b>Sr. No.</b>                                                                                                                                                                                                       | <b>Holder</b>     |                                                                                                                                                                       |  |  |          |  | <b>Yes</b>               | <b>No</b>                                                                               |  |  |  |
|    | 1                                                                                                                                                                                                                    | Sole/First Holder |                                                                                                                                                                       |  |  |          |  | <input type="checkbox"/> | <input type="checkbox"/>                                                                |  |  |  |
|    | 2                                                                                                                                                                                                                    | Second Holder     |                                                                                                                                                                       |  |  |          |  | <input type="checkbox"/> | <input type="checkbox"/>                                                                |  |  |  |
|    | 3                                                                                                                                                                                                                    | Third Holder      |                                                                                                                                                                       |  |  |          |  | <input type="checkbox"/> | <input type="checkbox"/>                                                                |  |  |  |
| 4  | Mode of receiving Statement of Account <i>[Tick any one]</i>                                                                                                                                                         |                   | <input type="checkbox"/> Physical Form<br><input type="checkbox"/> Electronic Form <i>[Read Note 3 and ensure that email ID is provided in KYC Application Form].</i> |  |  |          |  |                          |                                                                                         |  |  |  |
| I) | <b>Guardian Details</b> <i>(where sole holder is a minor):</i><br>[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor ( to be signed by guardian)] |                   |                                                                                                                                                                       |  |  |          |  |                          |                                                                                         |  |  |  |
|    | Guardian Name                                                                                                                                                                                                        |                   |                                                                                                                                                                       |  |  |          |  |                          |                                                                                         |  |  |  |
|    | PAN                                                                                                                                                                                                                  |                   |                                                                                                                                                                       |  |  |          |  |                          |                                                                                         |  |  |  |
|    | Relationship of guardian with minor                                                                                                                                                                                  |                   |                                                                                                                                                                       |  |  |          |  |                          |                                                                                         |  |  |  |

### Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant"

| Name(s) of holder(s)                                                           |  | Signature(s) of holder |
|--------------------------------------------------------------------------------|--|------------------------|
| Sole/ First Holder/<br>Guardian (in case<br>sole holder is minor)<br>(Mr./Ms.) |  | A13                    |
| Second Holder<br>(Mr./Ms.)                                                     |  | B 2                    |
| Third Holder<br>(Mr./Ms.)                                                      |  | C 2                    |

### Notes :

- All communication shall be sent at the address of the Sole/First holder only.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8<sup>th</sup> 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 ,  
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

Received the application from Mr/Ms \_\_\_\_\_ 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 in all your future correspondence.

Date:

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

Participant Stamp & Signature

|                                                                                                                                                                         |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------|---------------------|---------------------|-----------------------|-------------------------|------------------------|------------------------------------------------------------------------------------------|-----------------|---|---|--|--|--|--|---------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| Incred Money Broking Ltd. 3rd Floor, Building No 5<br>Local Shopping Complex<br>Rishabh Vihar, Delhi -110092                                                            |   |                          |                     |                     |                       |                         |                        | <b>FORM FOR NOMINATION</b><br>(To be filled in by individual applying singly or jointly) |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
| Date                                                                                                                                                                    | D | D                        | M                   | M                   | Y                     | Y                       | Y                      | Y                                                                                        | UCC/ DP ID      | I | N |  |  |  |  |                           | Client ID |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                         |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
| I/We wish to make a nomination. [As per details given below]                                                                                                            |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
| <b>Nomination Details</b>                                                                                                                                               |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
| I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                         |   | <b>Mandatory Details</b> |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  | <b>Additional Details</b> |           |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                         |   | <b>Name of Nominee</b>   | <b>% of Nominee</b> | <b>Relationship</b> | <b>Postal Address</b> | <b>Mobile and Email</b> | <b>Identity Number</b> | <b>DOB of Nominee</b>                                                                    | <b>Guardian</b> |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
| <b>Nominee 1</b>                                                                                                                                                        |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
| <b>Nominee 2</b>                                                                                                                                                        |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
| <b>Nominee 3</b>                                                                                                                                                        |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
| <b>Nominee 4</b>                                                                                                                                                        |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |
| <b>Nominee 5</b>                                                                                                                                                        |   |                          |                     |                     |                       |                         |                        |                                                                                          |                 |   |   |  |  |  |  |                           |           |  |  |  |  |  |  |  |  |  |  |

|                               |  |                             |  |  |  |  |                                |  |
|-------------------------------|--|-----------------------------|--|--|--|--|--------------------------------|--|
| <b>Nominee 6</b>              |  |                             |  |  |  |  |                                |  |
| <b>Nominee 7</b>              |  |                             |  |  |  |  |                                |  |
| <b>Nominee 8</b>              |  |                             |  |  |  |  |                                |  |
| <b>Nominee 9</b>              |  |                             |  |  |  |  |                                |  |
| <b>Nominee 10</b>             |  |                             |  |  |  |  |                                |  |
|                               |  | <b>Name(s) of holder(s)</b> |  |  |  |  | <b>Signature(s) of holder*</b> |  |
| Sole / First Holder (Mr./Ms.) |  |                             |  |  |  |  | <b>A14</b>                     |  |
| Second Holder (Mr./Ms.)       |  |                             |  |  |  |  | <b>B 3</b>                     |  |
| Third Holder (Mr./Ms.)        |  |                             |  |  |  |  | <b>C 3</b>                     |  |

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

**Note:**

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |   |   |   |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|
| To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date                                                                                                           | D | D | M | M | Y | Y | Y | Y |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Incred Money Broking Ltd.<br>3rd Floor, Building No 5, Local Shopping Complex<br>Rishabh Vihar, Delhi - 110092 |   |   |   |   |   |   |   |   |
| UCC/DP ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I                                                                                                              | N |   |   |   |   |   |   |   |
| Client ID (only for 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 trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account. |                                                                                                                |   |   |   |   |   |   |   |   |
| <p align="center"><b>Name and Signature of Holder(s)*</b></p><br><br><p>1. _____ 2. _____ 3. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |   |   |   |   |   |   |   |   |

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

## Notes:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where demat details is required to be provided.
13. All individual accounts will be open under the BSDA Flag, if client wants to opt-out please mail us. Accounts having holding upto 4 Lakh will be charged ZERO AMC. 4 Lakh to 10 Lakh AMC of Rs.100 will be applicable and for accounts above 10 Lakhs Rs.200 + 18% GST will be applicable.

## 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.

**A15**

(Sole/First Holder's Sign.)

**B 4**

(Second Holder's Sign.)

**C 4**

(Third Holder's Sign.)

## 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<br>Market/Off Market. Interdepository | *Market Transaction – Rs 15 per instruction<br>*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<br>For Security Lending: Rs.25 plus Depository charges                                                       |
| Same day pay-in execution charges                                | Nil                                                                                                                                                                |
| (Pledge Charges)<br>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<br>Charges Creation / Closure            | Rs 15 for per Transaction ( Separate for creation & closure)                                                                                                       |

|                       |                                                                                                                                                                                                                                                          |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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:

- All charges would attract the GST/levies and / or other such taxes as applicable from time to time.
- 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.
- All the percentages in the above structure would be applied on the value of the transaction as computed by the depository.
- 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.
- Charges quoted above are for the service listed. Any service not listed above will be charged separately.
- 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:

- 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.
- 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.
- 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.
- 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.

**A16**

\_\_\_\_\_  
(Sole/First Holder`s Sign.)

**B 5**

\_\_\_\_\_  
(Second Holder`s Sign.)

**C 5**

\_\_\_\_\_  
(Third Holder`s Sign.)

## AUTHORIZATION TO DEBIT DEMAT ACCOUNT OPERATING CHARGES (VOLUNTARY)

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 AMC, 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.

**A17**

\_\_\_\_\_  
(Sole/First Holder's Sign.)

**B 6**

\_\_\_\_\_  
(Second Holder's Sign.)

**C 6**

\_\_\_\_\_  
(Third Holder's Sign.)

### FATCA & CRS DECLARATION (FOR INDIVIDUAL)

Do you have any non-Indian Country (ies) of Birth / Citizenship / Nationality and Tax Residency? ☒ Yes ☐ No

| Sole/First Holder/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                       | Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                       | Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                       |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Country of Birth                                                                    |                                                                                       | Country of Birth                                                       |                                                                                       | Country of Birth                                                      |                                                                                       |
| Country of Citizenship/                                                             |                                                                                       | Country of Citizenship/                                                |                                                                                       | Country of Citizenship/                                               |                                                                                       |
| Are you a US Specified Per son?                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please pr ovide Tax Payer | Are you a US Specified Per son?                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please pr ovide Tax Payer | Are you a US Specified Per son?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please pr ovide Tax Payer |
| Country of Tax Residency* (Other than India)                                        | Taxpayer Identification No.                                                           | Country of Tax Residency* (Other than India)                           | Taxpayer Identification No.                                                           | Country of Tax Residency* (Other than India)                          | Taxpayer Identification No.                                                           |
| 1.                                                                                  |                                                                                       | 1.                                                                     |                                                                                       | 1.                                                                    |                                                                                       |
| 2.                                                                                  |                                                                                       | 2.                                                                     |                                                                                       | 2.                                                                    |                                                                                       |
| Address                                                                             |                                                                                       | Address                                                                |                                                                                       | Address                                                               |                                                                                       |

\*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer identification number.

### FATCA - CRS Terms and Conditions

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

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

**Signatures** **A18**  
 \_\_\_\_\_  
 Sole/First Holder Signature

**B7**  
 \_\_\_\_\_  
 Second Holder Signature

**C7**  
 \_\_\_\_\_  
 Third Holder Signature

\*For detail terms & conditions please see Client Copy

**Incred Money Broking Ltd.**  
**3<sup>rd</sup> 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 | <b>Sole/ First Holder</b><br><b>A19</b><br><hr/> <b>Second Holder</b><br><b>B 8</b><br><hr/> <b>Third Holder</b><br><b>C 8</b><br><hr/> |
| 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.      | <b>Sole/ First Holder</b><br><b>A20</b><br><hr/> <b>Second Holder</b><br><b>B 9</b><br><hr/> <b>Third Holder</b><br><b>C 9</b><br><hr/> |
| 3.    | Mutual Fund transactions being executed on Stock Exchange order entry platforms                                                                                                                                                             | <b>Sole/ First Holder</b><br><b>A21</b><br><hr/> <b>Second Holder</b><br><b>B10</b><br><hr/> <b>Third Holder</b><br><b>C10</b><br><hr/> |
| 4.    | Tendering shares in open offers through Stock Exchange platforms                                                                                                                                                                            | <b>Sole/ First Holder</b><br><b>A22</b><br><hr/> <b>Second Holder</b><br><b>B11</b><br><hr/> <b>Third Holder</b><br><b>C11</b><br><hr/> |

To

**Incred Money Broking Ltd.**

3<sup>rd</sup> Floor , Building No. 5 , Local Shopping Complex,  
Rishabh Vihar, Near Karkarduma Metro Station.  
East Delhi – 110092

**Sub: Acknowledgement**

This is to acknowledge the receipt of following documents.

| S. No | Brief significance of the Document |
|-------|------------------------------------|
| 1.    | Rights and Obligations             |
| 2.    | Risk Disclosure document (RDD)     |
| 3.    | Guidance Note – do's and dont's    |
| 4.    | Policy and Procedure               |
| 5.    | Executed copy of KYC               |

I further state and confirm that I have read and understood all the clauses of aforesaid document.

I also confirm that I have received the relevant clarifications, if any, wherever required from the officials of Incred Money Broking Ltd.

Yours faithfully,



**A23** Client Signature

Date: \_\_\_\_\_

## **MCX OPTIONS ACTIVATION FORM**

To,

Date:- \_\_\_\_\_

**Incred Money Broking Ltd.**

3rd Floor, Building No. 5,

Rishabh Vihar,

East Delhi – 110092

Landmark : Near Karkarduma Metro Station

Local Shopping Complex,

Client Name \_\_\_\_\_ PAN No. \_\_\_\_\_ / Client Code \_\_\_\_\_

I / we want to activate Option trading in Commodity account with Incred Money Broking Ltd. and aware about risks involved with option trading.

**A24**

\_\_\_\_\_  
Client's Signature