

Indus Shareshree Private Limited

CLIENT NAME CLIENT ID
CLIENT CODE APPLICATION FORM NO.
BRANCH CODE



APPLICATION FORM FOR OPENING BROKING & DEPOSITORY ACCOUNT

DEPOSITORY

GENERAL INSTRUCTIONS FOR DP A/C

1. All communications shall be sent at the correspondence address of the Sole/First holder only.
2. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. 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.
3. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India, must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
4. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise. Further "Transmission of Securities in joint demat accounts Removal of restriction of one year for deletion of name".
5. Strike off whichever is not applicable.
6. Instructions for Nomination :
 - a) 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, partnership firm and Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
 - b) 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.
 - c) Only individual / natural person(s) can be a nominee(s). The Nominee(s) shall not be artificial person created / dressed by the law or by a fiction such as trust, society, body corporate, partnership firm, Hindu Undivided Family, etc. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
 - d) Nomination in respect of the beneficiary owner account stands rescinded upon closure of beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
 - e) Transfer of securities in favour of Nominee(s) shall be valid discharge by the depository against the legal heir.
 - f) The cancellation of nomination can be made by individuals 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, partnership firm and 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.
 - g) 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).
 - h) Nomination can be made upto ten 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.
 - i) 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 Annexure - A (Nomination Form) at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
 - j) DP ID and client ID shall be provided where demat details is required to be provided.
7. In case of DDPI clients physical DIS booklets would be provided only on the basis of duly filled in and signed request submitted by the clients.
8. Stamp Paper of ` 100/- or higher value as applicable is to be attached with the Fax Indemnity Agreement. First page of the stamp paper is to be typed as under and to be signed by the DP and Client.

This Non Judicial Stamp Paper forms Part & Parcel of Enclosed Fax Indemnity Agreement Between INDUS SHARESHREE PRIVATE LTD. DP-NSDL / CDSL and its Client.

General Note :

✓ INDICATES THE PLACE TO BE SIGNED BY THE CLIENT.

Annexure - 1
ACCOUNT OPENING KIT
INDEX

S. No.	Name of the Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1.	Account Opening Form (A)	CKYC/KYC form Document captures the basic information about the constituent and an instruction/check list.	1-6
	(B)	DP KYC form - Document captures the basic information, charge structure etc.	7-18
	(C)	Document captures the additional information about the constituent relevant to trading account, Nomination form for DP and Trading Account and instruction/check list.	19-22
	Policies and Procedures (D)	Document describing significant policies and procedures of the stock broker (to be added by the stock broker).	23
2.	Standard Documents	Preference of client for Standard Documents.	24
3.	Tariff Sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s) (to be added by the stock broker).	24
VOLUNTARY DOCUMENTS AS PRESCRIBED BY THE STOCK BROKER			
4.	Standing instructions to Broker		25
5.	Electronic Communication etc.		26
6.	FATCA, Mobile and Email declaration and UCC Linking Delinking form.		27-29
7.	Aadhaar Declaration Form/MITC		30-31

CHECK LIST

1. (i) Date..... (ii) Place.....
2. AMOUNT - CHEQUE / CASH ₹.....
3. RECEIPT NO.-.....

Note: CDSL KYC form is in a separate booklet & available with the DP

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

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

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.) The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.

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

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

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

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification/reference number if Z- Others (any document notified by the central government) is ticked
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (5).

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

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

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

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

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

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

F Clarification / Guidelines on filling 'Contact details' section

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

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

- 1 Provide KYC number of related person if available

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

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

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

**Important Instructions:**

A) Fields marked with * are mandatory fields.

B) Please fill the form in English and in BLOCK letters.

C) Please fill the date in DD-MM-YYYY format.

D) Please read section wise detailed guidelines/instructions at the end.

E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

F) List of two character ISO 3166 country codes is available at the end.

G) KYC number of applicant is mandatory for update application.

H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	<input type="text"/>	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)
		<input type="checkbox"/> 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"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/ Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

PHOTO

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (If issued by jurisdiction)* Place / City of Birth* ISO 3166 Country Code of Birth* ☐ 3. PROOF OF IDENTITY (Pol)* (Please refer instruction C at the end)(Certified copy of any one of the following proof of Identity [Pol] 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 [Pol] 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*

Line 2

Line 3

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

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction E at the end)☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill Annexure A1)

Line 1*

Line 2

Line 3

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

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

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

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

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

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

☐ Addition of Related Person ☐ Deletion of related Person

KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Name*

Prefix

First Name

Middle Name

Last Name

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

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

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

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

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

Date :

Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

IPV Done By

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

Name
Code

[Employee Signature]

[Institution Stamp]

KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals

☐ NEW ☐ CHANGE REQUEST (Please tick ☒ thr appropriate)

Acknowledgement No.

Please fill this form in *ENGLISH* and in *BLOCK LETTERS*



A

IDENTITY DETAILS (please see guidelines overleaf)

1. Name of the Applicant (Please write complete name as per Certificate of Incorporation/Registration; leaving one box blank between 2 words. Please do not abbreviate the Name.)

[illegible]

2. Date of Incorporation DD / MM / YYYY **Place of Incorporation**

DD / MM / YYYY YYYY Place of Incorporation

3. Registration No. (e.g. CIN) Date of commencement of business / /

Date of commencement of business
 / /

4. **Status** Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust/Charities/NGOs ☐ HUF ☐ FI ☐ FII
☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOO ☐ Bank ☐ Government Body ☐ Non-Government Organization
☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Others (Please Specify) _____

5. Permanent Account Number (PAN) (MANDATORY)

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 Please enclose a duly attested copy of your PAN Card

[illegible]

B

ADDRESS DETAILS

1. Address for Correspondence	
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[illegible]

2. Contact Details

[illegible]

3. Proof of Address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

- ☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) (Please specify) _____

*Not more than 3 months old. **Validity/Expiry date of proof of address submitted** DD / MM / YYYY

4. Registered Address (If different from above)

City / Town / Village										Pin Code									
State					Country														

5. Proof of Address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

- ☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ * Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) (Please specify) _____

*Not more than 3 months old. **Validity/Expiry date of proof of address submitted**

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
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C

Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/Whole Time Directors
(Please use the Annexure to fill in the details)

2. Any other information:

DECLARATION

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

Place:

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Date:

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NAME & SIGNATURE(S)
OF AUTHORISED
PERSON(S)

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

- ☐ (Originals Verified) Self Certified Document copies received
- ☐ (Attested) True copies of document received

Seal/Stamp of the Intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

A. IMPORTANT POINTS

- Self attested copy of PAN Card is mandatory for all clients including Promoters/ Partners/Karta/Trustees and whole time directors and persons authorised to deal in securities on behalf of company/ firm/others.
- Copies of all documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorised for attesting the documents as per the below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted
- If correspondence & permanent address are different, then proofs of both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/ PIO Card/OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional, and in the absence of DIN No. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/ Mark Sheet issued by Higher Secondary Board/ Passport of Minor/ Birth Certificate must be provided.
- 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:

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

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.")

- Passport/Voters Identity Card/Ration Card/Unique Identification Number (UID)/ Aadhaar Letter/Registered lease or Sale Agreement of Residence/Driving License/ Flat Maintenance Bill/Insurance Copy.

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

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

- Utility bills like Telephone Bill(only land line), Electricity Bill or Gas Bill-Not more than 3 months old.
- Bank Account Statement/Passbook-Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- 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
- 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, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members
- 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.
- 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.")

- 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
- Investors residing in the state of Sikkim
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto ₹ 50,000/- p.a.
- 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 authorised to attest the documents:

- 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)
- In case of NRIs, authorised 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.

Details of Promoters / Partners / Karta / Trutees and Whole Time Directors forming part of know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant

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

Name & Signature of the Authorised Signatory(ies) Date

D	D	M	M	Y	Y	Y	Y
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**INDUS SHARESHREE (P) LTD. - DP ID-IN 300940**

Member: NSE & BSE, (Depository Participant & RTA - NSDL - CDSL)

Corp. Off.: G-65, Bali Nagar, New Delhi - 110015, Tel. EPBX: 47671200 Ext.: 218/221, Direct: 011-47671221, 47671218

Fax: 011-47671222, Email : dp@indusinvest.com, Web.: www.indusinvest.com

NSDL -DP ACCOUNT OPENING FORM (FOR INDIVIDUAL AND NON INDIVIDUAL)

Sr. No. IND

Date	D	D	M	M	Y	Y	Y	Y	Client - ID (To be filled by participant)										
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)										Branch									
A) Details of Account Holder(s):																			
Name (First Holder):										PAN									
Father / Spouse Name :										Occupation:									
										PIN									
Date of Birth										D	D	M	M	Y	Y	Y	Y		
Name (Second Holder):										PAN									
Father / Spouse Name :										Occupation:									
Date of Birth										D	D	M	M	Y	Y	Y	Y		
Name (Third Holder):										PAN									
Father / Spouse Name :										Occupation:									
Phone/Fax :										Date of Birth		D	D	M	M	Y	Y	Y	Y
B) For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:																			
Name										PAN									
C) Type of Account :																			
<input type="checkbox"/> Ordinary Resident <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> CM <input type="checkbox"/> Promoter <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Foreign National <input type="checkbox"/> FLL <input type="checkbox"/> Others (Please Specify) _____ <input type="checkbox"/> Margin <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Body Corporate <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Mutual Fund <input type="checkbox"/> NRI- Non Repatriable																			
D) In case of NRI/Foreign Nationals																			
RBI Approval Reference No.																			
RBI Approval Date																			
E) Bank Details																			
1 Bank Account Type : <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please Specify) _____																			
2 Bank Account No.																			
3 Bank Name																			
4 Branch Address																			
										City/Town/Village				PIN Code					
										State				Country					
5 MICR Code																			
6 IFSC Code																			
F) Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)																			
G) Standing Instructions																			
1 I/We authorise you to receive credits automatically into my /our account.										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
2 Account to be operated through DDPI										<input type="checkbox"/> Yes <input type="checkbox"/> No									
3 SMS Alert Facility : [Mandatory if you are giving DDPI, Ensure that the mobile number is provided in the KYC Application Form]																			
Sr. No.		Holder										Yes				No			
1		Sole / First Holder																	
2		Second Holder																	
3		Third Holder																	

	4	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form									
			<input type="checkbox"/> Electronic Form [Please ensure that email ID is provided in KYC Application Form]									
H)	Guardian Details (Where sole holder is a minor) [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											
I)	Nomination Option <input type="checkbox"/> I/We wish to make a nomination.						<input type="checkbox"/> I wish to opted out of Nomination (seprate declaration)					
J)	Mode of Operations for Joint Accounts <input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the holder or survivor(s)											
k)	If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.											

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 compiled 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".

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

Authorised Signatories (I) Enclose a Board Resolution of Authorised Signatory in case of corporate.
(II) Detail and specimen Signature of karta in case of HUF.
(III) Detail and specimen Signature of individual in case of individual Account.

Sole / First Holder	Name	Signature(s)
<u>1st Holders</u>		
First Holder/Signatory/Karta Of HUF		✓
Second Holder/Signatory		✓
Third Holder/Signatory		✓
<u>Other Holders</u>		
Second Holder		✓
Third Holder		✓

Declaration by HUF

As our HUF firm wishes to open an account with your DP/Trading in the said name_____

it is informed further that Mr/Mrs. _____

is the karta of the joint family and the details of adult co-parceners of the said family are as under.

We further confirm that the business of the said joint family is carried on mainly by the said karta in the interest and for the benefit of the entire body of co-parceners of the joint family, We all undertake that the DP/Trading from the said family shall be recoverable personally from all or any of us and for the entire family the first signatory is the karta, including the share of minor.co-parceners.

In view of the fact that cors is not a fim governed by the Indian Partnership Act of 1952, we have not got our sald firm under the said Act. We hereby undertake to inform the DP and Trading of the death or birth of a co-parcener of any change occurring at any time in the membership of our joint family during the currency of the account.

LIST OF FAMILY MEMBERS/CO-PARCENERS

S.NO.	NAME OF CO-PARCENER/ MEMBER	GENDER	D.O.B.	RELATION WITH KARTA	WHETHER CO-PARCERER/ MEMBER	SIGNATURE OF ADULT CO- PARCENERS
1.						
2.						
3.						
4.						
5.						
6.						



Name and Signature of karta

Annexure - A

(SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650, dated January 10, 2025)

Nomination Form for Demat Accounts and Mutual Fund (MF) Folios

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Nomination Details								
	Mandatory Details						Additional Details ****	
	Name of nominee	Share of nominee (%)**	Relationship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								
Nominee 4								
Nominee 5								
Nominee 6								
Nominee 7								
Nominee 8								
Nominee 9								
Nominee 10								

*Joint Accounts:

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

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

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

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

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

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

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

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

4) Signature(s) – As per the mode of holding in demat account(s) / MF folio(s)

Name(s) of holder(s)	Signature(s) of holder/thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable)*
Sole / First Holder (Mr./Ms.)		1	1
Second Holder (Mr./Ms.)		2	2
Third Holder (Mr./Ms.)			

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

Rights, Entitlement and Obligation of the investor and nominee:

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

Transmission aspects

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- In case of a joint account / folio, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

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

Declaration Form for opting out of nomination
[Annexure B to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

To	Date							
INDUS SHARESHREE (P) LTD. G-65, Bali Nagar, New Delhi-110015								
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								
Name and Signature of Holder(s)*								
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> 1. _____ 2. _____ 3. _____ </div>								

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

Option for issuance of DIS booklet alongwith account opening

INDUS SHARESHREE (P) LTD. G-65, Bali Nagar, New Delhi-110015		DP ID	I	N	3	0	0	9	4	0
Name(s) of account holder(s)	Sole/ First holder									
	Second holder									
	Third holder									
Option for Issue of DIS booklet <i>(please tick any one)</i>										
Option 1 <input type="checkbox"/> I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.										
Option 2 <input type="checkbox"/> I/We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me/ us immediately on my/ our request at any later date.										
<u>Beneficial Owner</u>		<u>Name</u>				<u>Signature with date</u>				
Sole/ First Holder						X				
Second Holder						X				
Third Holder						X				

[For New Accounts]

Standing Instruction for Auto Pledge Confirmation by Pledgee

To,

Date:	D	D	M	M	Y	Y	Y	Y
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INDUS SHARESHREE (P) LTD.

DP ID IN300940

Address **G-65, Bali Nagar, New Delhi-110015**

With reference to my / our application for opening a depository account, I/ We request you to enable my / our depository account having DP ID _____ & Client ID _____ with Flag "**Standing Instruction for Auto Pledge Confirmation**".

I/We have read and understood the Securities and Exchange Board of India's guide lines on pledging of shares in dematerialised form as regulated by SEBI (Depositories and Participants) Regulations, 1996 and Depositories Act, 1996.

1. _____ 2. _____ 3. _____

Signature(s) of Account Holder(s)

PERSONAL DETAILS
First Holder: Age_____Date of Birth_____ Working in_____ _____ Designation_____ Qualification_____ <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional Annual Gross Income_____ Income Range-Individuals <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1 Lac to ₹ 5 Lacs <input type="checkbox"/> ₹ 5 Lac to ₹ 10 Lacs <input type="checkbox"/> ₹ 10 Lac to ₹ 25 Lacs <input type="checkbox"/> More than ₹ 25 Lacs Second Holder: Age_____Date of Birth_____ Working in_____ _____ Designation_____ Qualification_____ <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional Annual Gross Income_____ Income Range-Individuals <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1 Lac to ₹ 5 Lacs <input type="checkbox"/> ₹ 5 Lac to ₹ 10 Lacs <input type="checkbox"/> ₹ 10 Lac to ₹ 25 Lacs <input type="checkbox"/> More than ₹ 25 Lacs Third Holder: Age_____Date of Birth_____ Working in_____ _____ Designation_____ Qualification_____ <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional Annual Gross Income_____ Income Range-Individuals <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1 Lac to ₹ 5 Lacs <input type="checkbox"/> ₹ 5 Lac to ₹ 10 Lacs <input type="checkbox"/> ₹ 10 Lac to ₹ 25 Lacs <input type="checkbox"/> More than ₹ 25 Lacs

PERSONAL DETAILS
First Holder: EMPLOYED SELF-EMPLOYED OTHER <input type="checkbox"/> Govt. <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Pvt. <input type="checkbox"/> Corporate <input type="checkbox"/> Housewife <input type="checkbox"/> MNC <input type="checkbox"/> Proprietor <input type="checkbox"/> Student CONSULT ON INVESTMENT/LOAN MATTERS WITH MY <input type="checkbox"/> Auditor <input type="checkbox"/> Investment <input type="checkbox"/> Friends <input type="checkbox"/> Family Consultants & Relatives Members Second Holder: EMPLOYED SELF-EMPLOYED OTHER <input type="checkbox"/> Govt. <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Pvt. <input type="checkbox"/> Corporate <input type="checkbox"/> Housewife <input type="checkbox"/> MNC <input type="checkbox"/> Proprietor <input type="checkbox"/> Student CONSULT ON INVESTMENT/LOAN MATTERS WITH MY <input type="checkbox"/> Auditor <input type="checkbox"/> Investment <input type="checkbox"/> Friends <input type="checkbox"/> Family Consultants & Relatives Members Third Holder: EMPLOYED SELF-EMPLOYED OTHER <input type="checkbox"/> Govt. <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Pvt. <input type="checkbox"/> Corporate <input type="checkbox"/> Housewife <input type="checkbox"/> MNC <input type="checkbox"/> Proprietor <input type="checkbox"/> Student CONSULT ON INVESTMENT/LOAN MATTERS WITH MY <input type="checkbox"/> Auditor <input type="checkbox"/> Investment <input type="checkbox"/> Friends <input type="checkbox"/> Family Consultants & Relatives Members

PERSONAL DETAILS
First Holder: <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Property <input type="checkbox"/> Com. Deposit <input type="checkbox"/> NSC <input type="checkbox"/> Gold/Jewellery <input type="checkbox"/> Bonds/Deb. <input type="checkbox"/> Equity Shares <input type="checkbox"/> Insurance Preferred Tenure: <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> 3-5 Years <input type="checkbox"/> 5 Years and above MY INVESTMENT CRITERION IS <input type="checkbox"/> Safety <input type="checkbox"/> Liquidity <input type="checkbox"/> Returns <input type="checkbox"/> Tax Benefits <input type="checkbox"/> Capital Appreciation <input type="checkbox"/> Others (specify)_____ Second Holder: <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Property <input type="checkbox"/> Com. Deposit <input type="checkbox"/> NSC <input type="checkbox"/> Gold/Jewellery <input type="checkbox"/> Bonds/Deb. <input type="checkbox"/> Equity Shares <input type="checkbox"/> Insurance Preferred Tenure: <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> 3-5 Years <input type="checkbox"/> 5 Years and above MY INVESTMENT CRITERION IS <input type="checkbox"/> Safety <input type="checkbox"/> Liquidity <input type="checkbox"/> Returns <input type="checkbox"/> Tax Benefits <input type="checkbox"/> Capital Appreciation <input type="checkbox"/> Others (specify)_____ Third Holder: <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Property <input type="checkbox"/> Com. Deposit <input type="checkbox"/> NSC <input type="checkbox"/> Gold/Jewellery <input type="checkbox"/> Bonds/Deb. <input type="checkbox"/> Equity Shares <input type="checkbox"/> Insurance Preferred Tenure: <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> 3-5 Years <input type="checkbox"/> 5 Years and above MY INVESTMENT CRITERION IS <input type="checkbox"/> Safety <input type="checkbox"/> Liquidity <input type="checkbox"/> Returns <input type="checkbox"/> Tax Benefits <input type="checkbox"/> Capital Appreciation <input type="checkbox"/> Others (specify)_____

Acknowledgement

Sr. No.



INDUS SHARESHREE (P) LTD.

Member: NSE & BSE, (Depository Participant & RTA - NSDL - CDSL)
Corp. Off.: G-65, Bali Nagar, New Delhi - 110015, Tel. EPBX: 47671200 Ext.: 218/221,
Direct: 011-47671221, 47671218, Fax: 011-47671222, Email : dp@indusinvest.com

Received the application from Mr./Ms. _____ as the sole/first holder along with
_____ 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:

Participant Stamp & Signature

**INDUS SHARESHREE (P) LTD.**

Member: NSE & BSE, (Depository Participant & RTA - NSDL - CDSL)

Corp. Off.: G-65, Bali Nagar, New Delhi - 110015, Tel. EPBX: 47671200 Ext.: 218/221, Direct: 011-47671221, 47671218

Fax: 011-47671222, Email : dp@indusinvest.com, Web.: www.indusinvest.com

Demat Debit and Pledge Instruction

Client Id - _____

DP ID - _____

Well authorize Indus Sharesree Pvt. Ltd. (stock broker and depository participant) to transfer and Pledge re-pledge securities from my demat account no. _____ for below mentioned purpose in following accounts.

National Stock Exchange - NSDL Pool Account bearing ID 10002946 DPID IN300940 CMBPID In555668

National Stock Exchange - CDSL Pool Account bearing ID 1202600000044013 CMBPID In555668

NSDL Margin pledge account bearing client ID 10415435 DPID In300940

CDSL Margin pledge account bearing client ID 1202600000043541

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.	
2.	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	
4.	Tendering shares in open offers through Stock Exchange platforms.	

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			



INDUS SHARESHREE (P) LTD.

Member: NSE & BSE, (Depository Participant & RTA - NSDL - CDSL)

Corp. Off.: G-65, Bali Nagar, New Delhi - 110015, Tel. EPBX: 47671200 Ext.: 218/221, Direct: 011-47671221, 47671218

Fax: 011-47671222, Email: dp@indusinvest.com, Web.: www.indusinvest.com

ELECTRONIC CLEARING SERVICES (DEBIT CLEARING MANDATE FORM)1.

1. DP. A/c No. : _____

2. Name(s) : _____

3. Bank Name : _____

A) Branch Address : _____

B) 9-digit MICR Code : _____

C) Account Type S,B, A/c (Code 10) Current A/c (Code 11) Cash Credit (Code 13)

D) Ledger No./Folio No.: _____

***Appearing on the MICR Cheque issued by the Bank (Please attach a blank cancelled cheque issued by your bank for verifying the accuracy of the Code Number)**

I, hereby, declare that the particulars given above are correct and complete, If the transaction is delayed or not affected at all for reasons of, incomplete or incorrect information, I would not hold the user institution responsible, I hereby agree to discharge the responsibility expected of me as a participant under the scheme.

✓ Signature

✓ Signature

✓ Signature

Date:

BANK CERTIFICATION (Not required if cancelled cheque is enclosed)

Certified that the particulars furnished above are correct as per our records.

Bank Stamp

Date

Signature of authorised Bank Officials

AUTHORISATION TO BANK FOR DEBITING THE ACCOUNT

The Branch Manager

Dear Sir,

I/we _____ residing at _____

_____ maintaining a _____

Account No. _____ with your branch.

I/We hereby authorise the Bank to debit all types of commission/fees (Service Charges) payable by me/us and charged by Indus Sharesree Pvt Ltd. Through the ECS (Debit Clearing) facility to my bank account with you. We undertake the sufficient balances shall be maintained by me/us so that the right of the Bank to debit the service charge is not impaired. I/We undertake not revoke this authority without the written approval from the Bank.

SIGNED at _____ (place) this _____ (day)

of _____ (month) _____ (Year)

Signature of First Applicant ✓ : _____ Name _____

Signature of Second Applicant ✓ : _____ Name _____

Signature of Other Applicant ✓ : _____ Name _____

A/c holder's Signature should be the same as in Bank a/c. In case of joint account both the holder must sign. The mandate form)

NOTE: APPLICABLE ONLY FOR DEPOSITORY CHARGES OF INDUS SHARESHREE PVT LTD.

[For New Accounts]

Declaration for Basic Services Demat Account (BSDA)

To,

Indus Sharesree (P) Ltd.

DP ID - IN300940

Address - G-65, Bali Nagar, New Delhi-110015

Date:

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

With reference to my / our application for opening a depository account, I/ We request you to open my / our depository account as per the following details:

	Name	PAN									
Sole/First Holder											
Second Holder											
Third Holder											

I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA.

I/We are aware that if I/we are eligible to open a depository account as a BSDA, the account shall be opened as a BSDA.

I/We also understand that in case, I/We at any point of time do not meet the eligibility criteria as a BSDA holder, my / our demat account is liable to be converted to regular account.

I/We also state that if at any time choose to opt out of BSDA i.e. avail the facility of regular account the same will be communicated to the Participant from Sole / First Holder registered email ID.

1 _____ 2 _____ 3 _____
Signature(s) of Account Holder(s)



INDUS SHARESHREE (P) LTD.

Member: NSE & BSE, (Depository Participant & RTA - NSDL - CDSL)

Corp. Off.: G-65, Bali Nagar, New Delhi - 110015. Tel. EPBX: 47671200 Ext.: 218/221, Direct: 011-47671221, 47671218

Fax: 011-47671222, Email: dp@indusinvest.com, Web: www.indusinvest.com

ANNUAL SCHEME	"A"	LIFE TIME AMC FREE "B"	SCHEME "C"
1. Account Opening Charges	NIL	NIL	NIL
2. Annual Maintenance Charges	₹ 300/-p.a.	NIL	NIL
3. Life Time Maintenance Free Charges	NIL	₹ 500/-	₹ 500/-
4. All Types of Debit Transactions	₹ 25/-	₹ 25/-	₹ 20/-
5. Dematerialisation Charges: ₹ 100/- plus ₹ 10/- per certificate under all schemes.			
6. Rematerialisation Charges: A fee of ₹ 100/- for every hundred securities or part thereof, or a flat fee of 100/- per certificate, whichever is higher under all schemes.			
7. DIS Booklet - NSDL- ₹ 50/- +100/- Courier charges (if sent through courier)			
8. Pledge Charges - A - Creation - ₹ 100/- per transaction up to holding value ₹ 5 Lac and 0.02% incase of holding value more than 5 Lac. B - Closure/Invocation- ₹ 50/- per transaction.			
9. Margin Pledge ₹40/- and Margin Unpledge ₹ 30/- + GST per transaction.			
10. Modification Charges -			
A - Address- ₹ 100/-, B-Bank - ₹ 100/-, C - Email or Mobile or both - ₹ 50/-, POA/DDPI- ₹ 100/-, D-Nomination (addition or deletion) - ₹ 100/-			
E - Transmission - ₹ 500/-			
11. NDU Hold on charges ₹ 100 per ISIN or 0.02% of the value whichever is higher			

BSDA: Scheme - D	
Holding Value (₹)	AMC(₹)
1) 0-400,000	NIL
2) 400,000-10 Lac	₹100/-
3) >10 Lac	Normal AMC

N.B.

- Any other charges not specified above shall be charged extra.
- Rejection charges on failure of instruction ₹ 50/- per instruction.
- Non-execution of instructions due to any problem/error 50/- per communication/dispatch.
- Charges for delivery instruction accepted at client risk for last hour execution 100/-shall be charged from client.
- Charges/services standard are subject to revision at depository participants discretion by giving 30 days notice.
- In case of demat rejection postage shall be charged @100/- for dispatch to the client for removal of objection.
- In case of non payment of the bill within 30 days from the date of demand, interest @2% p.m will be charged.
- The depository services are liable to be discontinued on such default. The renewal charges will be ₹ 500/-.
- Mailing Charges for Non Periodic Statements/documents ₹ 100/-.
- GST or any other tax would be charged extra as per Government policy.
- DP reserves the right not to execute the delivery instructions in case the services charges are outstanding.
- Client will maintain minimum ₹ 100/- credit balance in the account as an advance payment which would be adjusted against bills.
- Corporate Account AMC Charges ₹ 1500/- + GST p.a.

HOLDER'S SIGNATURES

PLEASE PLACE MY/OUR ACCOUNT UNDER SCHEME
HOLDER'S SIGNATURES

A

B

C

D

1. ✓

(Sole/First Holder)

2. ✓

(Second Holder)

3. ✓

(Third Holder)

For **INDUS SHARESHREE (P) LTD.**
(Authorised Signature)

TRADING ACCOUNT OPENING FORM - MANDATORY
ANNEXURE-3
TRADING ACCOUNT RELATED DETAILS

FOR INDIVIDUALS & NON-INDIVIDUALS

A. BANK ACCOUNT(S) DETAILS

Bank Account No.: _____

Bank Name: _____

Branch Address: _____

Account Type (tick whichever is application):

Saving ☐ Current ☐ Others - In case of ☐ NRI ☐ NRE ☐ NRO ☐

MICR Number: _____ IFSC Code : _____

B. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name: _____

Depository Name (NSDL/CDSL): _____

Beneficiary Name: _____







DP ID: _____ Beneficiary ID (BO ID) : _____

B1. Whether DP Account is also to be opened with the same intermediary - Yes ☐ / No ☐

B2. Standing instructions to receive credits automatically into my BO Account - Yes ☐ / No ☐

C. TRADING PREFERENCES

* Please sign in the relevant boxes where you wish to trade The segment not chosen should be struck off by the client

Exchanges	Segments		
	Cash	F&O	Currency Derivative
National Stock Exchange			
Bombay Stock Exchange			

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

C 1. Gross Annual Income Details (Please specify):

Income Range (Per Annum): (Tick where applicable)*

Below Rs. 1,00,000 ☐ Rs. 1,00,000 to Rs. 5,00,000 ☐

Rs. 5,00,000 to Rs. 10,00,000 ☐ Rs. 10,00,000 to Rs. 25,00,000 ☐

Above Rs. 25,00,000 ☐
or

Net worth as on date ____/____/____ (.....) (Net worth should not be older than one year.)

C 2. Occupation: (Please tick any one and give brief details)

Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐
Agriculturist ☐ Housewife ☐ Student ☐ Other _____

C 3. Please tick if applicable:

Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (RPEP) ☐

D. 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: _____

E. 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: _____
Registration 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 broker/sub-broker: _____

F. ADDITIONAL DETAILS

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

Specify your Email id, if applicable: [_____]

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

Number of years of Investment/Trading Experience: _____

G. INTRODUCER DETAILS (optional)

Name of the Introducer: _____

(Surname) (Name) (Middle Name)

Status of the Introducer : Sub-broker/Remisier/ Authorized Person/Existing Client/Others, please specify:

Address of Introducer: _____

Signature of the Introducer: 

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.

Place: _____



Date: _____

Signature of Client/ (all) Authorized Signatory (ies)

FOR OFFICE USE ONLY

UCC Code allotted to the Client: _____

DP Name	NSDL/CDSL	Beneficiary Name	DP ID	BO ID

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

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

Stamp & Signature of the Authorised Signatory-Stock Broker/ Branch Manager/Sub-Broker	
---	--

Date:

IBT APPLICATION

To,

INDUS SHARESHREE (P) LTD.
G-65, Bali Nagar
New Delhi-110015

To Whomsoever It may concern

I, the undersigned, having client account in the name and style of _____ residing at _____ vide Client Code No. _____, hereby intend to opt Commodities/Securities trading using wireless technologies (Internet Trading/Mobile Trading) facility provided by the Company for doing trading through Internet.

Accordingly, I would request you to allow me to use "Internet Trading/Mobile Trading facility

Yours faithfully

Name of Client:-

Mobile No:-

Email:-

Signature:-

Mobile No:-

Email:-

INSTRUCTIONS/CHECK LIST

1. Additional documents in case of trading in derivatives segments illustrative list:

Copy of ITR Acknowledgement	Copy of Annual Accounts
Incase 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.

2. 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.
3. Demat master or recent holding statement issued by DP bearing name of the client.

4. **For Individuals**

- a. As per SEBI circular Number CIRIMIRSD/22/2011 Dated October 25, 2011 Stock broker can carry out In-Person verification (IPV) of its clients at its branch office/ sub broker's/ AP's office and the same would be deemed as done by the stock broker.
- 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.

5. **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/firm/others and their specimen signatures.

MANDATORY POLICIES & PROCEDURE

- a) **Penny Stocks** -The Company does not offer trading platform for Penny Stocks Penny Stocks are defined as illiquid securities as advised by the Exchange from time to time.
- b) **Exposure Limit**-Exposure Limit is a system designed to ensure that the client's trading continues to maintain certain relationship with the margin deposited by way of cash/Liquid securities. In brief the exposure is allowed to the extent of margin including liquid securities subject to haircut within the above broad frame work. The exposure Limit however varies from client to client depending upon his standing in the financial market & turnover he achieves and the margin available.
- c) **Rate of Brokerage**-The Company charges brokerage as tariff sheet rate which varies from client to client with the client's turnover having a weightage However the rate of brokerage in no case shall exceed 2.5% as laid down by the SEBI.
- d) **Penalty/delayed payment charges**- in the rolling settlement environment it is imperative that pay-in/Pay-out is made within the fixed time limit. In case of delayed Pay-in as required, a client will be charged Pay-in charges at 18% p.a. for the period of delay, not exceeding 30 days. Delayed pay-in beyond 30 days would result in suspension of trading without notice.

Any penalty levied by the Exchange/SEBI for any misconduct related to the trading activity including in payment of short margin of a client shall be recovered from him on actual basis. Further his trading account may be suspended at the discretion of the company, keeping in view the gravity of the misconduct.

- e) **Right to sell client Securities**- The Company shall have the right to sell client's securities and or close client's positions without giving notice to the client in case of non payment of dues. This right will be exercised to the extent of debits in client's account &/or to make up the shortfall in margin obligation.
- f) In case of internal netting of trades between the internal clients any shortages in obligation shall be debited & recovered from the client responsible for short at the auction rate. No notice will be issued to the client for making up of such short obligation.
- g) A client may close the existing position to make up the margin to cover/reduce risk.
- h)
 - 1. A client account may be temporarily deactivated when he fails to meet his financial obligation within 5 working days from the date of pay-in.
 - 2. The company may resort to selling of stock bought after 5 working days from the date of pay in in case of failure to make up "pay in" within the timeline fixed.
 - 3. Client account may also be de-activated in case he fails to update his KYC data periodically as prescribed by SEBI in accordance with the PMLA Act etc., within 30 days from the date of the first request by the Company for updating KYC etc., is made.
- I)
 - 1. A client trading account shall be termed "inactive account" when no trades are carried out since last 24 months across all Exchanges.
 - 2. The inactive clients may be allowed to trade only after
 - i. He has given a written request to re-activate his code/ and has carried out sufficient due diligence (including IPV). Effectively the client will have to go through the Company's procedures of opening a trading account afresh.
 - ii. Simultaneously updated correct status of the client code will be uploaded in the UCC database of Exchange prior to execution of the trade.
 - 3. The account of an "inactive client" will be settled on monthly or quarterly basis as per his preference in the manner prescribed by the Exchange.
 - 4. Where inactive client account is not amenable to settlement due to non availability of Bank account and demat account details of the client, all efforts will be made to trace out clients duly maintaining "audit trail"
 - 5. Where such efforts fail, the client's funds and Securities will be transferred to the client Bank/ collateral demat account, as the case may be.
 - 6. UCC wise client funds transferred to/from such Bank account and UCC wise/BO ID wise and fund/ securities informations will be furnished to the Exchange on quarterly basis in the format, as may be prescribed by the Exchange.

j) Mode of Payment to and from the clients

- a) Stock Ilroker doesn't deal with its Client vis-a-vis their trading by way of cash, accordingly all payments are made or received by them only through banking channels. Further the Client must make payment to the Stock Broker his designated (as mentioned in the KYC) bank account only.
- b) Stock Broker, does not deal with its client vis-a-vis their trading by way of third party cheques. Accordingly, if any payment is made otherwise, then it is not credited to the client account and is held in suspense account.

I would like to receive following standard documents

- Rights and obligations of Stock Brokers, Sub-Brokers and Clients.
- Risk disclosure documents (for all segments/Exchanges)
- Do's and don'ts guidance note (listing do's and don'ts for trading on Exchanges)
- Detailed Policies and Procedure documents supplementing the mandatory policies & procedure on company website
- Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.

☐ ELECTRONICALLY

or

☐ Hard Copy

(Tick where applicable)

Note The above documents are also available on our website www.indusinvest.com

TARIFF SHEET BROKING										
	Cash		Derivatives				Currency Derivatives			
			Futures		Options		Futures		Options	
	%Age	Min	%Age	Min	%Age	Min	%Age	Min	%Age	Min
Delivery										
Sett. Sq up										
Auction										

(A) Exposure Allowed :times of net available margin

(B) Rate of Penalty/ delayed :%P.A.

2. Preference for settlement of funds & securities (Please tick your preference)

1. Monthly ☐

2. Quarterly ☐

NOTE : The above preference shall remain operative till revoked in writing by the client.

3 For Option contract

Brokerage for option contracts shall not exceed 100/- (per lot) single side or such other rates as may be provided by the Exchange/SEBI.

4. KRA Charges of 50/- will be charged, in case not registered.

5. Fund Payout NEFT charges 10+ GST and Securities payin from pool a/c 12+GST.

Signature of the Applicant

TRADING ACCOUNT OPENING FORM NON-MANDATORY

STANDING INSTRUCTION

To,

Indus ShareShree Pvt Ltd
G-65 Bali Nagar,
New Delhi-110015

Dear Sir,

This is with reference to my/our trading account with you. I/We wish to place following standing instructions for operations of my/our account.

1. I/We understand that you require written instructions for receiving/modifying or cancelling orders. However since it is not practicable to give written instruction for every order. I/We hereby authorized you to kindly accept my/our order on telephone and execute the same.
2. I/We request you to maintain running balance in my account and retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other obligations in any segments of any or all the Exchanges/clearing corporation as may be permissible under SEBI guidelines.
3. I/We understand that all the above provisions shall be regulated within the settlement framework prescribed by SEBI.
4. I/We confirm you that I/We will bring to your notice any dispute arising from the statement of accounts or settlement so made in writing within 7 working days from the date of receipt of funds/securities or statement of accounts or statement related to it, as the case may be at your registered office.
5. The above running account authorization provided by me shall continue to remain valid until it is revoked by me in writing.



Signature of client:

Client name:

Client Code:

Date:

AUTHORITY FOR OPERATION OF ACCOUNT NON MANDATORY

INDUS SHARESHREE (P) LTD.

G-65, Bali Nagar,
New Delhi-110015

Subject: Operation of Account Code _____

Dear Sir,

I/We have opened the above trading account with you in the name of _____ my wife/husband/son/daughter. I/We hereby authorize my wife/ husband/son/daughter Mr./Ms. _____ to operate the above account, as and when required. _____

His/her signature is appended below:-'

Thanking You,

Your faithfully



Date: _____

ACKNOWLEDGEMENT

I/WE have received copy of Account Opening form, Le KYC, Rights & Obligation, Trading Account related details, Risk Disclosure Document/Guidance Note/ Tariff Sheet/ Policy and procedure along with Non-Mandatory documents as executed by me/us.



Signature of Client

Client Code: _____

Client Name: _____

COMMUNICATION IN ELECTRONIC FORM-NON MANDATORY

Indus Shareshree (P) Ltd.,

G-65, Bali Nagar,

New Delhi-110015

Subject: Communication In Electronic Form

Dear Sir,

I/We would like to receive the following communication at the email address given below:-

Daily 1) Margin status 2) STT details 3) Bill Summary 4)ECN
Quarterly 1) Account statement 2) Stock statement
Other Any additional Statement prescribed by SEBI/Exchange

I/We agree that non-receipt of bounced mail notification by the stock broker shall amount to delivery at my/our email id and I/We agree that I/We shall intimate any change in the email id/mobile number mentioned herein above through a duly signed request letter in original 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.

Your faithfully,



Signature of Client

Client Code: _____

Client Name: _____

OPTION FOR SMS/EMAIL ALERT

In accordance with SEBI circular ref no. CIR/MIRSD/15/2011 dated August 02, 2011 and NSE/INVG/19135 dated October 14, 2011 regarding SMS and email alerts to investor by Stock Exchanges I would like to Receive SMS/E-Mail Alert on my Mobile Number or E-Mail Id providing details of transactions executed by me on daily basis.

Mobile Number : _____

OR/AND

Email Id : _____



Signature of Client

Client Code: _____

Client Name: _____

ON-LINE VIEWING FACILITY

View your daily trading reports/financial ledger/ D.P. holdings as per link below:

For Trading Reports/Financial Ledger

1. Go to www.indusbackoffice.com
2. Click client login
3. Enter user name (Back Office Code)
4. Enter Password (PAN)

For D.P. Transaction/Holdings

1. Go to www.indusbackoffice.com
2. Click NSDL/CDSL
3. Enter user name (je. NSDL/CDSL Client ID)
4. Enter Password (PAN)

Note:

1. USER NAME & PASSWORD WILL BE IN UPPER CASE (CAPITAL LETTER)
2. Please change the password after the first log-in for privacy and security of your account.

List of documents required for account opening for individuals:-

1. Self Attested Copy of PAN Card
2. Self Attested Copy of Address proof
3. Copy of DP proof
4. One photograph cons signed
5. One cancelled leaf of cheque with name prated on it or copy of bank pass book

**INDUS SHARESHREE (P) LTD. - DP ID-IN 300940**

Member: NSE & BSE, (Depository Participant & RTA - NSDL - CDSL)

Corp. Off.: G-65, Bali Nagar, New Delhi - 110015, Tel. EPBX: 47671200 Ext.: 218/221, Direct: 011-47671221, 47671218

Fax: 011-47671222, Email : dp@indusinvest.com, Web.: www.indusinvest.com

DECLARATION

(To be given by clients buying/owning shares of NSE and or BSE Ltd.)

I am making this declaration as required in terms of SECC regulations 19 & 20 of the Regulations.

a) I, _____ declare that ;

I) I have generally a good reputation and record of fairness and integrity, in my dealings.

ii) I have financial integrity, good reputation, character and known to be honest.

b) I further declare that I have not incurred any of the following disqualifications :-

i) Conviction by a Court for any offence involving moral turpitude or any economic offence, or any offence against the securities laws;

ii) An order for winding up of business;

iii) Declared insolvent,

iv) Restrained, debarred or prohibited or defaulted from dealing in securities or accessing the securities market by SEBI or any other regulatory authority during the period of last three years from the date of this declaration;

v) Found to be unsound mind by a court of competent jurisdiction,

vi) Financially not sound.

vii) Any other order against the undersigned, having bearing on the securities market

Signature of Client :

Name : _____

Date : _____

Client Code : _____

To Whomsoever it may concern

I, _____ S/o _____ R/o _____

_____ do hereby solemnly affirm and declare as under :-

1. That I am the permanent resident of above noted address.

2. That _____ and _____ is the same person.

3. That I am known by all the names mentioned above.

4. That my PAN No. is _____.

5. That the above particulars pertain to me and if it is found to be false at any stage, I shall be liable.

Debarient

VERIFICATION

I do hereby declare that the above facts are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Debarient

Place :

Dated :

INDUS SHARESHREE (P) LTD. - DP ID-IN 300940

Member: NSE & BSE, (Depository Participant & RTA - NSDL - CDSL)

Corp. Off.: G-65, Bali Nagar, New Delhi - 110015, **Tel. EPBX:** 47671200 **Ext.:** 218/221, **Direct:** 011-47671221, 47671218

Fax: 011-47671222, **Email :** dp@indusinvest.com, **Web.:** www.indusinvest.com

FATCA-CRS Declaration - Self certification

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

PAN										AADHAR																			
DP ID																				TRADING CODE :									
Client ID																													
NAME																													
Address Type (for KYC Address)										Residential <input type="checkbox"/> Residential/Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>																			
Gender										Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>										Date of Birth									
																				D D / M M / Y Y Y Y									
Place Of Birth																				Country of Birth									
Gross Annual Income / Net Worth Detail (in INR Lacs)										Below 1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 0-25 <input type="checkbox"/> 25-1 Cr <input type="checkbox"/> >1 Cr <input type="checkbox"/> (Net worth as on Date.....)																			
Occupation Details [Please tick any one (✓)]										<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer Other (Pls. specify) _____ Brief detail of Occupation/Business :																			
Politically Exposed Person										Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable <input type="checkbox"/>																			

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

If Yes please specify the details of all countries in which you resident for tax purpose and its Tax identification Number & type

S.No.	Country of Tax Residency#	Tax Payer Identification Number/ Functional Equivalent	Identification Type (TIN or other, please specify)
1			
2			
3			

(to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries specially of USA)

DECLARATION

I hereby declare and confirm that the information provided by me as above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I am liable for it I further undertake to keep you updated of any change in the above specified information, from time to time, as and when such a thing takes place.

Date: ____/____/____



Signature

Place: _____

Note: Please submit this Form with self attested copies of PAN & AADHAR.

Mobile & Email Declaration

To,
INDUS SHARESHREE PVT. LTD.
G-65, BALI NAGAR,
NEW DELHI - 110015

[Please tick (✓) wherever applicable]

DP ID		Client ID		Date	

Name of 1st Holder				
	Details	Relationship with the person whose Mobile number / E - mail Id is provided (Tick (✓) wherever applicable)		
Mobile Number		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents
E-mail ID		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents

Name of 2nd Holder				
	Details	Relationship with the person whose Mobile number / E - mail Id is provided (Tick (✓) wherever applicable)		
Mobile Number		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents
E-mail ID		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents

Name of 3rd Holder				
	Details	Relationship with the person whose Mobile number / E - mail Id is provided (Tick (✓) wherever applicable)		
Mobile Number		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents
E-mail ID		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents

I wish to receive ECN/ e-statement ☐ Yes ☐ No

Signature of 1st Holder	X
Signature of 2nd Holder	X
Signature of 3rd Holder	X

Aadhar Declaration and KYC downloading consent form

TO,
INDUS SHARESHREE PVT. LTD.
G-65 BALI NAGAR
NEW DELHI-110015

Date-
Client Id-
Trading Code.....
Client Name.....

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

I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA only for the specific purpose of validating / maintaining / sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record.

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

I /We hereby consent to Indus Shareshree Pvt Ltd. to download my\our KYC detail from the CKYC Registry and KRA for KYC purpose.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Aadhaar No.....

Name as per Aadhaar.....



Signature.....

TRADING PREFERENCES

To

Date:_____

Indus Shareshree Pvt Ltd
G-65 Bali Nagar,
New Delhi-110015

Kindly active my trading segments as opted below.

Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.					
Exchanges	NSE, BSE				MCX
All Segments	Cash /Mutual Fund	F&O	Currency	Debt	Commodity Derivatives
If you do not wish to trade in any of segments / Mutual Fund, please mention here					

Client Name: _____

Client Code: _____



Client Signature.....

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 (eg. 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.

Client Code:-.....

Client Name:.....



Client Signature:

INDUS SHARESHREE PRIVATE LTD.

SEBI Registration Details :-

Exchange		Single Registration No.	Date
CASH] NSE	INZ000170031	March 23, 2018
DERIVATIVES			
CURRENCY DERIVATIVES			
CASH] BSE	IN-DP-659-2021	PERMANENTLY REGD. WEF. DECEMBER 20,2021
DERIVATIVES			
DEPOSITORY PARTICIPANT]	NSDL		
DEPOSITORY PARTICIPANT]	CDSL		

Regd. Office Address: 1st Floor, Gopal Complex, Civil Road, Rohtak (Haryana), India-124001

Corporate Office: G-65, Bali Nagar, New Delhi - 110015

CIN U67120HR1992PTC034972

Ph.: 91-011-47671200 Fax: 011-47671222 Website: www.indusinvest.com, accountopening@indusinvest.com

Details of Compliance Officer - Broking

Name : Mr. D.K. Kataria
Phone No. : 9810141859
E-mail Id : d.kataria@indusinvest.com

Details of Compliance Officer - DP

Name : Mr. Girija Shanker Verma
Phone No. : 8010088783
E-mail Id : girija.s@indusinvest.com

Details of CEO

Name : Mr. Kulbir Singh
Phone No. : 011-47671200
E-mail Id : kulbirsingh@indusinvest.com

Grievance/dispute redressal

For any grievance/dispute please contact stock broker / DP at the above address or email id: crm@indusinvest.com, Ippl@indusinvest.com and Phone No. 91-011-47671200 and 91-011-47671240. In case not satisfied with the response, please contact the NSE Exchange at www.nseindia.com and Phone No. (022)265987-8114, BSE Exchange at www.bseindia.com and Phone No. (022)22721233/4, and SEBI at www.sebi.gov.in and Phone No. (022)26449950.

For DP related complaint

National Securities Depository Ltd.: 011-23353815/817

Central Depository Services (1) Ltd.: 011-25782116/117

For easy and quick filing of complaints on SCORES Website - Scores Portal Link : scores.sebi.gov.in

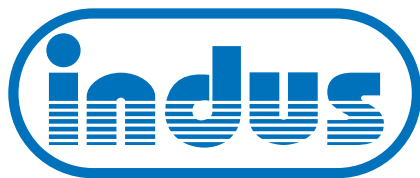
DISCLOSURE BY TRADING MEMBER FOR PROPRIETORY TRADING

in pursuance of SEBI Circular no.SEBI/MRD/SE/Cir-42/2003 dated November 19,2003 with a view to increase the transparency in the dealing between a trading member and their clients, all trading members are required to disclose to his clients whether they do client based business or Proprietary trading as well. Accordingly you may kindly note that:-

Indus Shareshree Private Limited are doing Proprietary trading in PRO Account as per the Regulations of the Exchange besides, client based business.

Filing Complaints on Scores Easy & quick

- Register on Scores Portal.
 - Mandatory details for filling complaint on SCORES
 - Name, PAN, Address, Mobile Number, E-mail ID
 - Benefits:
 - Effective Communication
 - Speedy redressal of the grievances
- Scores Portal Link : scores.sebi.gov.in



Indus Shareshree Private Limited

G-65, Bali Nagar, New Delhi - 110015

Tel. EPBX: 47671200,

FOR DP ACCOUNT OPENING : 011-47671221

FOR TRADING ACCOUNT OPENING : 011-47671210

FOR PAY IN/PAY OUT : 011-47671241

FOR ACCOUNTS : 011-47671222

BACK OFFICES : 011-47671223,227

FOR GRIEVANCES : 011-47671209

FOR REGISTRAR & SHARE TRANSFER AGENT : 011-47671214

Email: dp@indusinvest.com, **Web.:** www.indusinvest.com