



Application Kit

Client Name : _____
Client Code (UCC) : _____
DP Client ID : _____

Document Required

- PAN Card
- Address Proof
- Cancelled Cheque
- Income Proof

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. KYC form - Document captures the basic information about the constituent. B. Document captures the additional information about the constituent relevant to trading account.	A1 – A6
2.	Nomination Form	Nomination form for Demat and Trading Account.	A8
3.	Disclosure	Disclosure information for pro - account trading.	A8
4.	Tariff Sheet	Schedule of Demat charges – Document detailing the charges levied on the client for transacting in Demat account. Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).	A9
Rights & Obligations, Risk Disclosure Document (RDD), Guidance note, Policies & Procedures			
1.	Rights and obligations (Trading)	Document stating the Right & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet / wireless technology based trading).	B1 – B4
2.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	B5 – B7
3.	Guidance note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	B8 – B9
4.	Policies and Procedures	Document describing significant policies and procedures of the stock broker.	B10 – B13
5.	Rights and obligations (DP)	Rights & Obligations of Beneficial owner and Depository Participant as prescribed by SEBI and Depository	B14 – B15
Demat Account opening form and Voluntary Documents as provided by the Stock Broker			
1.	Demat Account Opening Form (CDSL)	Demat Account opening Form – Document captures the basic and additional information about the constituent(s).	A7
2.	Power of Attorney (POA)	Authority to operate demat account and other permissions for smooth operations.	A10 – A11
3.	Running A/c Authorisation	Authorisation by constituent to stock broker for maintaining fund and securities on running account basis.	A12
4.	Sanction of trading limit	Sanction of trading limit on the security of collaterals	A12
5.	Authority letter	1. Authorisation for adjustment of account between exchanges and segments. 2. Adjustment of balances between Group companies. 3. Pledge of monies / securities. 4. Authorisation to Debit Demat Account operating charges. 5. Consent and conditions for access to research analysis facility Research Analysis. 6. Authorisation by constituent to stock broker for communicating information on financial products. 7. Authorization for verification of information from independent agency(ies) 8. Authorization for not Providing Confirmation Slips :	A13
6.	Alert through SMS and / or E-mail	Consent for receiving trade alert through SMS and / or E-mail	A13
7.	Authority Letter to Send Documents Electronically	Authorisation to send Contract Note, Statement of funds & Securities, Client registration documents etc. electronically.	A14
8.	Intraday / High Multiplier Facility	Facility to Client allowing leverage for intra-day trading on available margin/security/collateral	A14
9.	Additional Rights & Obligations	Additional Rights & Obligations for Commodity Account	A15
10.	Consent for MTF	Client consent for availing Margin Trading facility (MTF)	A16
11.	Mutual Fund Service System Facility	Terms & Conditions for availing Mutual Fund services of BSE STAR / NSE MFSS facility.	A16
12.	FATCA & CRS Declaration	FATCA, CRS & Ultimate Beneficial Ownership (UBO) self certification form (Mandatory for Non-Individuals)	A17 -A18
13.	ECN Declaration	Declaration Electronic contract note [ECN]	A19
14.	Declaration	1. Declaration for not having Email-ID 2. Declaration for Providing SMS and E-mail Alerts to Investors by Stock Exchanges on Mobile and Email ID of Relative. 3. Declaration to be filled if the name on documents is different. 4. Declaration to be filled if client signature is mismatched from PAN Card and Bank	A20



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



For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<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	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Person of Indian Origin
	<input type="checkbox"/> Foreign National		
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 Categorized		

PHOTO

(1)

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
 Country of Jurisdiction of Residence*
 Tax Identification Number or equivalent (If issued by jurisdiction)*
 Place / City of Birth* Country of Birth*

3. PROOF OF IDENTITY (PoI)*

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

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

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS

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

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others please specify
 Simplified Measures Account - Document Type

Address

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

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City /Town / Village*

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

4.3 ADDRESS IN THE JURISDICTION DEATILS 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* Country

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

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

FAX - Email ID

6. DETAILS OF RELATED PERSON

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

Related Person Type* Guardian of Minor Assignee Authorized Representative

Prefix First Name Middle Name Last Name

Name*

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

PROOF OF IDENTITY [PoI] OF RELATED PERSON*

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 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 :



9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

INSTITUTION DETAILS & KYC VERIFICATION CARRIED OUT BY

Name **MONEYWISE FINVEST LIMITED** Code **IN2924**

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

IN-PERSON VERIFICATION (IPV)

DOCUMENTS VERIFIED WITH ORIGINALS

CLIENT INTERVIEWED BY

Date:

Employee/Sub-Broker/AP Details:

Name: _____

Code: _____

Designation: _____

Signature: _____



Know Your Client (KYC)
Application Form



Application No. :

Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. Identity Details (please see guidelines overleaf)

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

2. Date of Incorporation | d | d | / | m | m | / | y | y | y | y | Country of Incorporation | City of Incorporation :

3. Registration No. (e.g. CIN) | Date of commencement of business | d | d | / | m | m | / | y | y | y | y |

4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charities / NGOs
 FI FII HUF AOP Bank Government Body Non-Government Organisation
 Defence Establishment Body of Individuals Society LLP Others (Please specify)

5. Permanent Account Number (PAN) (MANDATORY) | Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence
 City / Town / Village | Postal Code
 State | Country

2. Contact Details
 Tel. (Off.) (ISD) (STD) | Tel. (Res.) (ISD) (STD)
 Mobile (ISD) (STD) | Fax (ISD) (STD)
 E-Mail Id.

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 | d | d | / | m | m | / | y | y | y | y |

4. Registered Address (If different from above)
 City / Town / Village | Postal 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 |

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors
 (Please use Annexure on next page 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.

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

(1)

(1)

Place: _____

Date: _____

FOR OFFICE USE ONLY

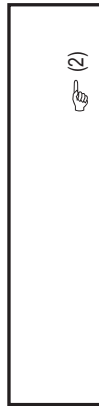
Intermediary name OR code
Moneywise Finvest Limited
 (Originals Verified) Self Certified Document copies received
 (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
 Staff Name
 Designation
 Name of the Organization
 Signature
 Date

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

Name of Applicant _____ PAN of the Applicant _____

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



 Name & Signature of the Authorised Signatory(ies)

Date / /



*PEP: Politically Exposed Person RPEP: Related to politically Exposed Person

TRADING & DEMAT ACCOUNT RELATED ADDITIONAL DETAILS

BANK ACCOUNT DETAILS

(Through which transactions will generally be routed)

Bank Name :

Account No. : Branch :

Address :

11 Digit RTGS / NEFT / IFS Code : 0 9 Digit MICR Code :

Account Type : Savings Current OTHERS : (Please Specify)

Pay-Out Option : As Per Group Cheque Online Transfer / NEFT / RTGS

Bank/MICR/IFSC proof submitted : Cancelled Cheque (with **Client Name** & A/c No. **pre-printed**)

Bank Passbook* (If hand written, then with stamp of Bank) Bank Verification Letter* (with Rubber Stamp & Sign of Bank Manager)

Bank Statement* (Either on Bank Stationary or with rubber stamp & sign of Bank Manager) *Documents should not be more than 3 months old

DEMAT ACCOUNT DETAILS

(Through which transactions will generally be routed)

1. Primary DP : DP ID : 1 2 0 1 9 1 0 0 BOID :

Name of Depository Participant : S M C G L O B A L S E C U R I T I E S L T D

2. Secondary DP : DP ID : BOID :

Name of Depository Participant :

Demat A/c Proof submitted : Client Master Transaction or Holding statement
(with Client Name, PAN, DP & Client ID)

TRADING PREFERENCE

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

EXCHANGE	EQUITY CASH	EQUITY F&O*	CURRENCY*	COMMODITY F&O*
NSE	(3a) <input checked="" type="checkbox"/>	(3b) <input checked="" type="checkbox"/>	(3c) <input checked="" type="checkbox"/>	(3d) <input checked="" type="checkbox"/>
BSE	(3e) <input checked="" type="checkbox"/>	(3f) <input checked="" type="checkbox"/>	(3g) <input checked="" type="checkbox"/>	(3h) <input checked="" type="checkbox"/>
MCX				(3i) <input checked="" type="checkbox"/>

* If you wish to trade in derivatives (F&O/Currency) segments, submit **ANY ONE** of the following income proof (Mandatory)

Bank Statement/Passbook (For atleast 6 months period and last entry should not be older than 3 months) Latest Net worth Certificate by CA/CS

Demat A/c Holding Statement (with Value & duly stamped by DP) Self Declaration along with relevant Supporting documents

Latest ITR Acknowledgement Latest Annual Accounts

Latest Salary Slip/Copy of Form 16 Any Other relevant documents substantiating ownership of assets

FACILITIES

SMS and E-mail alerts from exchanges : SMS Alert E-mail Alert Both None

Please mention Mobile & E-mail ID in KYC form (Page A1 - Individual / A3 - Non-Individual)

Whether you wish to receive Contract Note: Electronic Physical[#]

Whether you wish to receive Standard documents*: Electronic Physical[#]

*Standard Documents –Rights & Obligations, Risk Disclosure Document, Guidance Note and Policies & Procedures [#]Chargeable

Please mention E-mail ID in KYC form (Page A1 - Individual / A3 - Non-Individual)

I/We wish to avail facility of internet trading / wireless technology : Yes No

INCOME, EDUCATION & OTHER DETAILSGross Annual Income Detail Below 1 Lac 1 - 5 Lac 5 - 10 Lac Rs. 10 - 25 Lac 25 Lac - 1 Crore > 1 Crore

Net-worth in ₹. (*Net worth should not be older than 1 year) _____ as on (date) |D|D|M|M|2|0|Y|Y| (Mandatory for Non-Individual Client)

Occupation Private Sector Service Public Sector Government Service Business Professional Agriculturist
 Retired Housewife Student Forex Dealer Other _____ (Please Specify)Educational Details : High School Graduate Post-Graduate Doctorate Professional Degree
 Under High School Illiterate Other _____ (Please Specify)Please tick, if applicable Politically Exposed Person Related to a Politically Exposed Person**Is the entity involved providing any of the following services**- For Foreign Exchange / Money Changer Services Yes No
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No
- Money Lending / Pawning Yes NoClient Category : Non-commercial participant (financial participant/ trader/ arbitrager)
(For Commodity Clients) Commercial participant (value chain participant/ exporter/importer/hedger)**TRADING HISTORY****Trading Experience / Number of Years of Investment** ___ Years in Equities ___ Years in Derivatives ___ Years in Commodities
 ___ Years in other Investment related fields No Prior ExperienceInvestment Profile : Nil < 5 Lac Rs. 5 - 25 Lac Rs. 25 - 50 Lac Rs. 50 - 1 Crore Above 1 Crore**If you are dealing with any other broker, please provide following detail**Name of the broker _____
Client Code (UCC) _____
Exchange NSE BSE MSEI NCDEX MCX ICEX

Details of disputes / dues pending from / to such Broker

☞ In case dealing with multiple brokers, please provide details of all. (Please Specify)

Past Actions**Details of any action / proceedings initiated / pending / taken by SEBI / Exchange / any other authority against the applicant / constituent or its patrons / promoters / whole time directors / authorised persons in charge of dealing in securities during last 3 years.**

(Please Specify)

GOODS & SERVICE TAX (GST) DETAILS (For Commodity, if applicable)

If you are registered for GST, kindly provide copy of registration certificate

GSTIN _____ Validity Date |D|D|M|M|2|0|Y|Y| State _____

LIST OF FAMILY MEMBERS**For HUF Only**

I, the Karta of HUF hereby declare that following are the members of the Hindu Undivided Family (HUF).

S.No.	Name of the Member	Relationship with Karta	Date of Birth	Signature
1				
2				
3				
4	Name of Minor			X X X
5	Name of Minor			X X X

Signature of Karta

DISCLOSURE

Dear Client, This is to inform you that we do client based trading and pro-account trading in Equity & Commodity Exchanges.

For **MONEYWISE FINVEST LIMITED**

Authorised Signatory

DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/We may be held liable for it.
- I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the broker and the tariff sheet.
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on broker's designated website, if any.
- I/We declare that Moneywise Finvest Limited, the brokers, has put me/us on notice that it is engaged in not only client based trading but also in pro-account trading.

	Sole / First Holder/ Authorised Signatory	Second Holder/ Authorised Signatory	Third Holder/ Authorised Signatory
Signature	(4)	(1) <input checked="" type="checkbox"/>	(1) <input checked="" type="checkbox"/>
Date : D D M M 2 0 Y Y	Place :		

Trading Account opening Charges

Individual	Non-Individual
500	1000

Equity Brokerage

Equity Delivery	Zero Brokerage
Equity Intraday	Rs. 15/- Flat
Equity Futures	Rs. 15/- Flat
Equity Options	Rs. 15/- Flat
Currency Future	Rs. 15/- Flat
Currency options	Rs. 15/- Flat
	0-75 Trades (Per Month) – Rs. 199 or 0.1% per order, whichever is lower
NRI - Equity Delivery and Future & Options	76-150 Trades (Per Month) – Rs. 149 or 0.1% per order, whichever is lower
	151 and above (Per Month) – Rs. 99 or 0.1% per order, whichever is lower
Clearing Charges - Equity Cash Segment	At Actual basis
Clearing Charges - Equity / Index / CDS Future (On Premium Value)	0.0004%
Clearing Charges - Equity / Index / CDS Options (On Premium Value)	0.0100%
Call & trade Services	Rs. 20/- per order placed through a dealer at STOKART

Commodity Brokerage

Commodity Futures	Rs. 15/- Flat
Commodity Options	Rs. 15/- Flat
Clearing Charges-Commodity Future (On Premium Value)	0.0010%
Clearing Charges-Commodity Options (On Premium Value)	0.0100%

Note: 1. Securities Transaction Tax (STT), Commodity Transaction Charges (CTT), Other Charges, GST, Stamp Duty & Other Statutory Charges will be levied separately as applicable from time to time. 2. Transaction charges will be levied extra as per Company policy as applicable from time to time. 3. The Company reserves the right to review brokerage, transaction charges and other charges after one year within limits set by SEBI, with sufficient prior notice. 4. Client opted to receive physical contract note will be charged Rs. 20/- per contract note plus courier charges in addition to the brokerage charged.

I/We have read the above given information and agree to pay the same. I/We authorize you to debit the trading account maintained with you for the account opening charges for trading account payable to you. Any such sum debited to my account shall be binding on me/us.

	Sole / First Holder/ Authorised Signatory	Second Holder/ Authorised Signatory	Third Holder/ Authorised Signatory
Signature	(5)	(2) <input checked="" type="checkbox"/>	(2) <input checked="" type="checkbox"/>

RUNNING ACCOUNT AUTHORISATION
(As per SEBI Guidelines vide circular MIRSD/ SE /Cir-19/2009 Dt. December 3, 2009)

I/We confirm that I/We am/are desirous of regularly dealing in CM, F&O, CDS and Commodity segments of the stock exchange(s). I/We request you to maintain the account for Funds, with you on a running account basis. I/we also request you to consider the balances in my/our running funds account for the purpose of margins/any other of my/our obligations due to you. I/We understand and agree that no interest will be payable to me/us on the amounts so retained by you.

I/We agree and empower/authorize you

- a. To act in your discretion of merging balances kept under various accounts held with the you, such as CDSL / NSDL DP Account, CM Trading Account, F&O Trading Account, CDS Trading Account, Commodity Trading Account, Online IPO / MF Account and MFSS etc., to nullify the debit in any of my/our other account held with you without taking any further instructions from me/us;
- b. To debit my/our trading account towards depository charges payable by me/us to the designated depository participant and make onward payment to the designated depository participant upon receipt of intimation from the designated depository participant;

I/We have the liberty to revoke this authorization at any time in writing with prospective effect. While settling the account you will be sending me/us a 'statement of account', containing an extract from the client ledger for funds and an extract from the register of Securities/Commodities displaying all receipts/deliveries of funds/ Securities/Commodities. The statement shall also explain the retention of funds/ Securities/Commodities. Such periodic settlement of the running account shall not be necessary when (a) I start availing margin trading facility as per SEBI circulars; or (b) The margin provided by me to you is in the form of Bank Guarantee (BG)/Fixed Deposit Receipt (FDRs).

On actual settlement date you may retain the requisite funds/ Securities/Commodities towards any outstanding obligation and may also retain additional margin requirement on the day of settlement to take care of my margin obligation arising in the next 5 trading days, calculated in the manner specified by respective Exchanges.

I will bring any discrepancy or dispute arising from the Statement of account so issued by you or the settlement made by you to your notice preferably within 7 working days from the date of receipt of funds / Securities/Commodities or statement as the case may be. I/We understand that, unless otherwise required to meet my obligations for margin or on settlement you shall transfer the funds/stocks lying with you in credit of my/our account within one working day and those lying with the Clearing Member or Clearing Corporation within three working days of my request for transfer

I/We agree that MFL shall not be liable for any claim for loss, loss of profit, loss of interest or for any consequential, incidental, special or exemplary damages, caused by retention/settlement of such fund under aforesaid arrangement or otherwise.

My/Our preference for actual settlement of funds and stocks is at least:

Once in a Calendar Quarter Once in a Calendar Month

I/We further authorize you to retain an amount up to Rs. 10,000/- in Equity Segment and/or Rs 50000/- for Commodity Segment (net amount across segment and across stock exchanges) in order to avoid administrative/operational difficulties in settling my/our account. The same can be release on my/our specific request

Please score out whatever not accepted/ not agreed with.

(6) 
Signature of Client

Date :


SANCTION OF TRADING LIMIT ON THE SECURITY OF COLLATERALS

I/we wish to avail and enjoy from time to time trading limits against security of my/our shares and securities in my/our Demat Account(s) with your DP. I/we understand that the limit to be sanctioned to me/us will be based on the value of the securities after hair-cut as applicable from time to time and will be in the sole discretion of MFL.

I/we undertake not to withdraw or otherwise dispose off any of the securities on which limit is granted and you shall be fully entitled to ignore or reject my/our debit/payment instructions in whole or in part so as to first provide for the security cover to my/our trades allowed by you. You shall be fully authorized to adjust any sale proceeds of securities in my/our trading account to first reduce the limit before returning to me/us.

All the dues in the trading account including those in respect of trades utilizing the limits granted to me/us shall be my/our liability and you shall be further entitled to exercise the Power of Attorney separately granted to you with all the powers therein, in respect of my DP A/c and Bank A/c in relation to my/our trading account, for the purpose of pay-in obligations and/or to liquidate debit balance and/or to meet margin or losses in respect of the trades in the said trading account.

I/We declare that the security shall be a continuing security and will be operative even though limit is utilized in part or not utilized or nothing or part is due in the trading account, unless on my/our request and in view of the overall position of my/our obligations and funds and other security, if any, the limit is reduced or the securities are released for the purposes of limit.

(7) 
Signature of Client

POWER OF ATTORNEY

(As per SEBI Guidelines vide circular no. CIR/MRD/DMS/13/2010 Dt. April 23, 2010)

BY THIS POWER OF ATTORNEY I/WE the undersigned

(Sole / Ist Holder Name)

(IInd Holder Name)

(IIIRD Holder Name)

(hereinafter referred to as "client(s)" / "I" / "We") residing at

_____ wish to avail various services offered (hereinafter referred to as "services") by Moneywise Finvest Limited (hereinafter referred to as MFL) a company duly incorporated under the Companies Act, 1956 and having Registered Office at 106, Ocean Plaza, P-5, Sector-18 Noida Gautam Buddha Nagar, UP 201301 subject to the following recitals and terms and conditions.

WHEREAS MFL is providing various securities related services which inter alia include but not limited to transactions in connection with purchase or sale of securities, scrips, stocks, bonds, debentures, mutual fund units or any other financial instruments, or subscription to any offer or public issue of shares, mutual funds, including initial public offering (IPO) thereof, buyback of shares or any other such transactions relating to securities and financial instruments which has been mentioned in detail in the website www.stoxkart.com

WHEREAS I/We in this connection have Beneficiary Account No.

_____ /will open Beneficiary Account(s) with Depository Participant as will be specified in the Client Registration Form with MFL.

WHEREAS in order to avail the various services being offered by MFL, I/We have submitted Client Registration Form with MFL.

WHEREAS MFL has the following Demat accounts to receive securities from the clients in pool and keep them separate from its own securities and in any of which only the securities shall be received on my/our account when not credited to my aforesaid Beneficiary Account(s)

A/c No.	Account Type
120191000000093	BSE Principal CDSL
1201910000064202	CDSL Client Collateral Account
IN303655	10186677 NSDL Client Collateral Account
1201910000000171	NSE Pool CDSL
IN666909	BSE Pool NSDL
IN520567	NSE Pool NSDL

WHEREAS in order to facilitate MFL in properly executing the various transactions on my/our behalf, I am/we are appointing

MFL as my/our attorney for all acts, deeds and things in connection with my/our transactions with MFL.

NOW THESE PRESENTS WITNESSETH THAT I/We for availing various services and for completing the various securities related transactions do hereby jointly and severally nominate, constitute and appoint MFL, acting through its Director(s), employees or such other person as may be authorised by it for the aforesaid purposes as my/our true and lawful attorney to do, execute and perform severally the following acts, deeds, matters and things:

1. To operate the specified Beneficiary Account(s) and issue instructions relating to signing and execution of delivery instruction slips to effect transfer of shares / securities from my / our beneficiary account, to execute receipt instructions, and all such other instructions that may be required towards stock exchange related margin / delivery obligations arising out of trades executed by me/us on the stock exchange through MFL or to otherwise facilitate the transactions undertaken by me /us pursuant to the Member Client relation;
2. To instruct the Depository Participant to debit securities and /or to transfer securities from my Beneficiary Account(s) with MFL for the purpose of delivering the same to the clearing house of the recognized stock exchange toward any segment in respect of securities sold by me / us through them;
3. To do all such acts, deeds and things as may be required to ensure that all deliveries of securities arising out of transactions undertaken by me/us as client through MFL are duly and properly completed;
4. To apply for, subscribe to, and/or redeem various securities and instruments specified herein above including equity shares, mutual fund units or any other investment product(s) offered by MFL on my/our behalf on my/our instructions and to make payments for the same;
5. To facilitate MFL to credit the refund amount on account of non-allotment/part allotment received by MFL against my/our application in the designated bank account as specified in the Client Registration Form;
6. To charge / debit my / our account(s) towards charges / fees / amounts etc., payable to MFL / Depository Participant / Principal by virtue of my/our using any of the facilities/ services provided by MFL at my/our instance;
7. To send/receive communications, instructions, statements, requisitions, acknowledgments etc., in connection with the aforesaid instruments to various parties including, the company, issuer, registrar & transfer agent, asset management company, trustee, stock exchange, Government/statutory Authority etc.;
8. To execute, all documents, forms, deeds, bonds, redemption

requests etc., and to do all such acts or deeds in connection with the above;

9. To register this Power of Attorney with the Bank / Issuer / Registrar to an Issue, Depository Participant and or with any other party concerned;
10. To authorize the Stock Broker/Depository Participant to send consolidated summary of my / our scrip-wise buy and sell positions taken with average rates to me / us by way of SMS / email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.
11. To do all such other acts or deeds which MFL in its sole discretion considers necessary in this connection in order to complete the transaction(s); so, however, that nothing herein shall preclude me from operating the designated bank account and the Beneficiary Account, subject always to powers granted herein to MFL for the purposes of the Member Client relationship.

Subject only to the satisfaction of all amounts/ dues payable by me/us to MFL in respect of any services/facilities provided in connection with this Power of Attorney, the Member Client relationship or any other document(s) executed between the parties this Power of Attorney is revocable by me at any time without notice.

This Power of Attorney and authorisation shall not be affected by lapse of time. It shall continue in full force and effect until the attorney shall receive intimation of such revocation, or in the event of the termination thereof by my/our death until the attorney shall have received actual intimation thereof and such revocation or termination shall in no way affect the validity of this power of attorney, with reference to any transaction initiated by me/us or my/our attorney pursuant to this power of attorney shall not act on any instructions received subsequent to the intimation of such revocation; however, such revocation shall not be applicable for any outstanding settlement obligation arising out of the transaction carried out prior to receiving request for revocation of power of attorney.

Provided always that MFL would return to me/us the securities or fund that may have been received by it erroneously or those securities or fund that it was not entitled to receive from me/us.

I DO HEREBY for myself, my heirs, executors and administrators agree to ratify, confirm and validate all and whatsoever my said Attorney shall do or purport to do or cause to be done by virtue of these presents.

This Power of Attorney shall be subject to the jurisdiction of the Courts in Delhi.

In witness whereof I/We have executed this Power of Attorney on the day, date and year herein below mentioned.

CLIENT NAME & SIGNATURE				ACCEPTED FOR & BEHALF OF MFL	
	First / Sole Holder	Second Holder	Third Holder	Name	
Name				Sign of MFL Signatory	For MONEYWISE FINVEST LIMITED Authorised Signatory
Sign of Client	(8)	(3) <input checked="" type="checkbox"/>	(3) <input checked="" type="checkbox"/>		
Date :	Place :			Date :	Place :
WITNESS FOR CLIENT (Mandatory)				WITNESS FOR MFL	
Name				Name	
Address				Address	
Sign of Witness				Sign of Witness	

Signatures of all major co-parceners are required.

For HUF only (Mandatory)

	Name of major co-parceners	Signature
1.		
2.		
3.		
4.		
5.		

AUTHORITY LETTER

With respect to the client - member relationship with you, we authorize you to do the following:

- 1) **Adjustment of account between exchanges and segments** : I/we hereby inform you that I have executed/intend to execute member-client relationship with you for trading on various Exchanges & segments. I/We request you to transfer, make adjustments and/or set off a part or whole of the stocks placed as margin and/or any surplus funds in any of the accounts maintained with you against the outstanding dues payable if any, by me/us to any of my/our account(s) maintained with you. You will have lien on the credit balance in any of my/our account for meeting the debit or obligations in progress in any other of my/our account. Any entries passed by you in accordance with this authorization will be binding on me/us.
- 2) **Authorization to debit Demat Account operating charges** : I/We opened/ have a Beneficiary account with SMC Global Securities Ltd. and I/we have a trading account with you for investment and trading purpose. It will be very difficult for me/us to issue separate cheques against your depository bills. Hence, I authorize you to debit the trading account for the debit charges payable to SMC Global Securities Ltd. Depository Participant for providing depository services. Any such sum debited to my/our account shall be binding on me/us.
- 3) **Authorization For Communication Of Financial Products** : I/We have opened an account with you and am/are interested in knowing about other financial products. I/We authorize you, your group companies and associates to keep me/us informed with any financial product which MFL, its group companies and associates presently issue, deal in, or distribute or may, from time to time, launch, issue, deal in or distribute; through E-mail, SMS, telephone, print media or otherwise. This is without legal obligation on you, your group companies and associates to so inform and you or they may, in their discretion, discontinue sending such information.
- 4) **Authorization for verification of information from independent agency(ies)** : I/We, do hereby certify that the information provided by me/us in this account opening form is true and correct in all respects and MFL is entitled to verify this directly or through any third party agent. I/We further acknowledge the MFL's right to seek any information from any other source in this regard. I/We do understand that all the information will form the basis of any facility that MFL may decide to grant me/us at its sole discretion. I/We consent and authorize MFL to share or generate subsequently any report through CIBIL or authorized agency/bureau.

Please score out whatever not accepted/ not agreed with.

Signature of Client

(9) 

CONSENT FOR RECEIVING TRADE ALERT THROUGH SMS AND / OR E-MAIL

I/We am/are aware that Exchanges provides SMS/email alerts to the clients of its member for trades executed on its platform. I/We hereby provide and confirm my/our mobile number and/or email address as stated in KYC form as updated from time to time for the purpose of receipt of SMS/email alerts.

- I/We want to receive transaction alerts in SMS as well as Email
- I/We want to receive transaction alerts only in SMS
- I/We want to receive transaction alerts only in Email

I/We agree to the terms and condition specified by the Exchange vide circular No. MCX/T&S/165/2012 dated April 26, 2012 and circulars/ clarifications issued by Exchange from time to time in this regard. I/We are/am also aware that this is an additional facility provided by the exchange and I/we shall not solely rely or use such data for any purpose and, Exchange shall not be liable for any direct or indirect loss of any nature because of providing this additional facility.

Signature of Client

(10) 

AUTHORISATION TO SEND CONTRACT NOTE, STATEMENT OF FUNDS & SECURITIES ETC. ELECTRONICALLY

I/we authorise you to issue the contract notes, statement of funds & stocks, circulars, amendments, Client Registration Documents and such other documents in electronic mode in lieu of physical mode on my E-mail ID as given in KYC form and updated from time to time.

Any change in the E-mail ID shall be communicated by me / us in writing to your customer care department or through secured login available on your website.

Further, to my /our authority to you to issue Contract Notes in digital format I/we authorise you not to provide me/us Order Confirmation / Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We shall get the required details from the Contract Notes issued to us.

I/We authorize you to send periodic statements of funds and stocks & margin statement etc. in digital format at my Email address unless I/We request you in writing to send them in paper form.

I/We hereby acknowledge that all the documents as send above by MFL electronically will be considered as having delivered to me once the e-mail leaves the MFL e-mail server unless the same is rejected by client e-mail server and bounced mail notification is not received by MFL. I/We further agree that in the absence of communication from my/our end regarding non-receipt of documents through e-mail, or notification of any discrepancy within 2 days from the date of issuance of digital contract note through e-mail, MFL may construe that there is a deemed acknowledgement of the document(s) send to client electronically.

Signature of Client

(11) 

INTRADAY / HIGH MULTIPLIER FACILITY

I/We are registered / registering with you as a 'Client' for availing your services and have/are executing various documents such as KYC (Know Your Client Form) etc. which establish the relationship between us and determine the inter se rights and liabilities between you and me/us.

I/We desire to avail the Intraday/High Multiplier Facility from you. I/We agree that the Facility availed by me/us will always be subject to KYC Documents executed by me/us, which terms and conditions shall always be read as part and parcel of this application and its terms and conditions as specified hereunder.

TERMS AND CONDITIONS

- a) The details of the Facility as amended from time to time are / will be available on web site: www.stoxkart.com. I/We agree that MFL may impose additional terms other than those specified herein and/or change the existing terms of Facilities and/or withdraw the same (or the Facility) for one or more Clients without prior notice and for this no claim shall lie against MFL.
- b) The Facility may be allowed only for selective contracts as displayed on the website.
- c) In Intraday/High Multiplier Facility, the Client will be allowed leverage for intra-day trading on available margin/security/collateral. The leverage available shall be liable to change as per MFL's risk management policy.
- d) The Client can be put under square off mode for the day if once his MTM loss reaches or crosses stipulated margin percentage of available margin and all positions of Clients are liable to be automatically squared off at once even if it happens before Auto Square off Time (as defined by MFL). MFL may prescribe / change stipulated margin percentage depending upon exchanges / regulatory requirements and/or changes in the market conditions etc.
- e) Client has the sole responsibility to monitor his positions throughout the day and take necessary/ appropriate actions, for which responsibility cannot be transferred to MFL. All open positions of Client, not squared off by Client prior to designated time will be taken control off by trading system. This designated time shall generally be during the last hour of the trading hour(s) on the exchange. After taking over control trading system may attempt for Automatic Square off at market rates. This shall be done by first cancelling all unexecuted pending orders and thereafter square off the executed orders by putting counter orders at market rate. The time upon which this square off attempt may be started by the trading system shall be the "Auto Square off Time". However there is no surety that square off by trading system will be successful partially/fully. This can happen due to various factors such as market volatility or connectivity related issues etc. Therefore Client should not leave square off of open positions on the trading system but to square off open positions by their own efforts.

DECLARATION

I/We hereby declare that the decision to register / enroll under the Intraday/High Multiplier Facility and for making all trades thereby is/ shall be entirely mine/ours and I/we have neither been given nor have been in any way influenced by you/your officers with any financial or other advice regarding the suitability or profitability of availing the Intraday/High Multiplier Facility as stated above or making any trades thereby. I/We may suffer losses on account of square off/non-square off by MFL within or at the end of the day and I agree to bear such losses without protest or claim against MFL.

I/We have read and accepted all terms and conditions specified herein above including those in paragraphs 1 to 5, their sub-paragraphs above and further declare that by clicking on submit button I / we agree to be bound by all of them.

Signature of Client

(12) 

ADDITIONAL RIGHTS & OBLIGATIONS (COMMODITY)

1. The Member may set off outstanding in any of the Client's accounts against credits available or arising in any other accounts maintained with the Member irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange and/or against the value of cash margin or collateral shares provided to the Member by the Client.
2. The Member may keep all the securities / commodities which the Client may give to the Member in margin including the payout of commodities received, to use the commodities for meeting margin / other obligation in the exchanges in whatever manner which may include pledging of shares in favour of bank and / or taking loan against the same for meeting margin/ pay - in obligation on Client's behalf or for giving the same as margin to the Exchange.
3. Unless otherwise instructed the Member may retain Commodities in its Demat account for Client's margin/future obligations at the Exchanges.
4. Where the Client has relationship with the Member on more than one Commodity Exchange the Member will treat the relationship in all the commodity exchanges as co-extensive and may make transfer, make adjustments and/or set off a part or whole of the securities / Commodities placed as margin and/or any surplus funds in any of the account of the Client for any of the commodities exchanges against the outstanding dues payable, if any, by the Client in any of his account/(s) maintained with Member. The Member shall have right of lien on the credit balance in any of account of the Client for dues against any other account of the Client. Any entries passed by the Member in accordance with this provision shall be binding on the Client.
5. Unless otherwise instructed in writing the Member may consider Client's telephonic instructions for order placing/order modification/order cancellation as a written instruction and give to the Client all the confirmation on telephone.
6. Trading of Commodities is in Electronic Mode, based on VSAT, leased line, ISDN, Modem and VPN, combination of technologies and computer systems to place and route orders. The Client understands that there exists a possibility of communication failure or system problems or slow or delayed response from system or trading halt, of any such other problem/glitch whereby not being able to establish access to the trading system/ network, which may be beyond your control and may result in delay in processing or note processing buy or sell Orders either in part or in full. The Client shall bear all consequences of such problems/ glitch and and shall not hold the Member responsible for it.
7. The Client confirms he will never sublet the trading terminal on any term of connectivity, from my place to any other place without the Member's prior written approval.
8. The Client agrees that if he fails to meet his funds pay-in obligation in respect of any one or more commodities purchased by him before the scheduled pay-in date, the Member shall be at liberty to sell the commodities received in pay-out, in proportion to the amount not received, after taking into account any amount lying to the Client's credit, by selling equivalent commodities at any time after the scheduled Pay-in time on the Exchange. If the Member does not sell the commodities within five trading days after the date of Pay-in for any reason whatsoever, such commodities shall be deemed to have been closed out at closing price declared by the exchange for the fifth trading day. The Client agrees that the loss, if any, on account of the close out shall be to his account.
9. The Client further agrees that if he fails to deliver any one or more commodities to the Member's pool account in respect of the commodities sold the Client before the pay-in date notified by the Exchange from time to time, such undischarged obligation(s) in relation to delivering any one or more commodities shall be deemed to have been closed out at the auction price or closing price, as may be debited to him in respect of the commodity for the respective settlement, to the extent traceable to him on his failure to deliver; otherwise the closing price on the date of pay-out in respect of the relevant commodities, declared by the Exchange. The Client acknowledges that the loss, if any, on account of the close out shall be debited to his account. The Client further agrees that if for any reason, schedule of pay-out is modified, the aforesaid shall be made applicable reckoning the actual date of pay-in and /or pay-out, as the case may be.
10. The Client agrees that if he fails to meet his funds pay-in obligation in respect of any one or more contracts purchased by him before the scheduled pay-in date, the Member shall be at liberty to square off any open position in the Client's account in proportion to the amount not received, after taking into account any amount lying to his credit, at any time after the scheduled Pay-in time on the Exchange. The Client agrees that the loss, if any, on account of the said squaring off shall be to the account of the Client. The Client acknowledges that the Member will make available the delivery against the Client's purchases only if there are no dues against the Client.

Any change in any of the above voluntary/non-mandatory clauses will have to be preceded by a notice of 15 days.

The Member and the Client understand that none of the above voluntary/non-mandatory clause is in contravention with the Rules/Business Rules/Notices/Circulars of Exchanges or SEBI. If any of the above clauses or part thereof is found to be or becomes in such contravention, it shall be of no effect to the extent of contravention.

Signature of Client

(13) 

CONSENT FOR AVAILING MARGIN TRADING FACILITY (MTF)

I/We wish to avail the Margin Trading Facility (MTF) on the platform of National Stock Exchange of India Limited and BSE Limited as per the framework prescribed by SEBI vide its' circular No. CIR/MRD/DP/54/2017 dated Jun 13, 2017.

Further, I/We have read and understood "Rights and Obligation of Stock Brokers & Client for Margin Trading Facility (MTF)" as prescribed by NSE vide its Circular No. NSE/COMP/35260 dated June 30, 2017 and BSE vide its Circular No. 20170619-26 dated June 19, 2017.

I/We have read & understood the "Policies & Procedures for MTF" as specified by Moneywise Finvest Limited regarding terms and conditions of Margin Trading Facility, method of communication for confirmation of orders/trades, margin calls and calls for liquidation of collateral/security/positions etc and agreed to abide by the clauses mentioned therein all the times. Further, I/we will refer to MFL website from time to time for any updation w.r.t policies & procedures.

Signature of Client (14) 

MUTUAL FUND SERVICE SYSTEM FACILITY

I/We am/are registered as your client and have entered in the Trading Member and Client Relationship for the purpose of trading in the Capital Market segment of Bombay Stock Exchange Ltd./ National Stock Exchange of India Ltd. (Exchange).

I/We am/are interested in availing the BSE StAR MF/MFSS facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE StAR MF/ MFSS of the Exchange.

For the purpose of availing the BSE StAR MF/ MFSS facility, I/we state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE StAR MF/ MFSS and I/we further confirm that the details contained in same remain unchanged as on date.

I/We are willing to abide by the terms and conditions as mentioned in the Circular dated 24, November 2009 & 2, December, 2009 for NSE & BSE Respectively and as may be specified by the Exchanges from time to time in this regard.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).

I/We shall read and understand the contents of the of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/we choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/We therefore request you to register me/us as your client for participating in the MFSS/ BSE StAR MF.

Details of terms & conditions for the Investor / Client for using New BSE StAR MF / MFSS facility

1. Pre-requisites for becoming Investor / Client for the BSE StAR MF/MFSS facility

- 1.1. The client who is desirous of investing in units of mutual fund schemes through the New BSE StAR MF/MFSS.
- 1.2. The Client intends to execute his instruction for the subscription/redemption of units of Mutual Fund Schemes through the Participant of the New BSE StAR MF/MFSS.
- 1.3. The client has satisfied itself of the capacity of the Participant to deal in Mutual Fund units and wishes to execute its instruction through the Participant and the client shall from time to time continue to satisfy itself of such capability of the Participant before executing transacting through the Participant.
- 1.4. The Client has approached to the Participant with the application for availing the New BSE StAR MF/MFSS facility.
- 1.5. The client has submitted relevant KYC (Know Your Client) details to the Participants

2. Terms and Conditions

- 2.1. The client shall be bound by circulars issued by BSE/NSEIL, Rules, Regulations and circulars issued there under by SEBI and relevant notifications of Government authorities as may be in force from time to time.
- 2.2. The client shall notify the Participant in writing if there is any change in the information in the 'client registration form' provided by the client to the Participant at the time registering as a client for participating in the New BSE StAR MF/MFSS or at any time thereafter.

- 2.3. The client shall submit to the Participant a completed application form in the manner prescribed format for the purpose of placing a subscription order with the Participant.
- 2.4. The client has read and understood the risks involved in investing in Mutual Fund Schemes.
- 2.5. The client shall be wholly responsible for all his investment decisions and instruction.
- 2.6. The client shall ensure continuous compliance with the requirements of the BSE, NSEIL, SEBI and AMFI.
- 2.7. The Client shall pay to the Participant fees and statutory levies as are prevailing from time to time and as they apply to the Client's account, transactions and to the services that Participant renders to the Client.
- 2.8. The client will furnish information to the Participant in writing, if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation which may have material bearing on his capacity has been filed against him.
- 2.9. In the event of non-performance of the obligation by the Participant, the client is not entitled to claim any compensation either from the Investor Protection Fund or from any fund of BSE or BOISL / NSEIL or NSCCL.
- 2.10. In case of any dispute between the Participants and the investors arising out of the BSE StAR MF Fund / MFSS facility, BSE and /or BOISL and NSEIL and / or NSCCL agrees to extend the necessary support for the speedy redressal of the disputes.

Signature of Client (15) 

UMRN¹ _____ Date² DD MM YYYY

(tick ✓)⁷ Sponsor Bank Code³ Y E S B 0 0 0 0 0 0 1 Utility Code⁴ N A C H 0 0 0 0 0 0 0 0 2 2 0 9 2

CREATE I/We hereby authorize⁵ Moneywise Finvest Limited to debit (tick ✓)⁶ SB/CA/CC/SB-NRE/SB-NRO/Other

MODIFY

CANCEL Bank Account Number⁸ _____

With Bank⁹ _____ IFSC¹⁰ _____ or MICR¹¹ _____

an amount of Rupees¹² _____ (Name of Customers Bank) _____ ₹¹³ _____

14 FREQUENCY Mthly Qtly H-Yrly Yrly as & when presented 15 DEBIT TYPE Fixed Amount Maximum Amount

Reference-1¹⁶ _____ Phone No¹⁸ _____

Reference-2¹⁷ _____ Email ID¹⁹ _____

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

20 PERIOD

From _____ (16) Signature of the account holder (4) Signature of the account holder (4) Signature of the account holder

To (17) Signature of the account holder (5) Signature of the account holder (5) Signature of the account holder

Until Cancelled _____ Name of the account holder _____ Name of the account holder _____ Name of the account holder _____

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

MANDATE INSTRUCTION (Refer Instruction over leaf before filling)

UMRN¹ _____ Date² DD MM YYYY

(tick ✓)⁷ Sponsor Bank Code³ Y E S B 0 0 0 0 0 0 1 Utility Code⁴ Y E S B 0 0 1 7 1 0 0 0 0 0 5 5 0 4

CREATE I/We hereby authorize⁵ SMC Global Securities Limited to debit (tick ✓)⁶ SB/CA/CC/SB-NRE/SB-NRO/Other

MODIFY

CANCEL Bank Account Number⁸ _____

With Bank⁹ _____ IFSC¹⁰ _____ or MICR¹¹ _____

an amount of Rupees¹² _____ (Name of Customers Bank) _____ ₹¹³ _____

14 FREQUENCY Mthly Qtly H-Yrly Yrly as & when presented 15 DEBIT TYPE Fixed Amount Maximum Amount

Reference-1¹⁶ _____ Phone No¹⁸ _____

Reference-2¹⁷ _____ Email ID¹⁹ _____

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

20 PERIOD

From _____ (17) Signature of the account holder (5) Signature of the account holder (5) Signature of the account holder

To (17) Signature of the account holder (5) Signature of the account holder (5) Signature of the account holder

Until Cancelled _____ Name of the account holder _____ Name of the account holder _____ Name of the account holder _____

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

MANDATE INSTRUCTION (Refer Instruction over leaf before filling)

UMRN¹ _____ Date² DD MM YYYY

(tick ✓)⁷ Sponsor Bank Code³ H D F C 0 0 0 0 0 0 6 0 Utility Code⁴ Y E S B 0 0 7 0 9 0 0 0 0 2 8 6 6 1

CREATE I/We hereby authorize⁵ BSE Limited to debit (tick ✓)⁶ SB/CA/CC/SB-NRE/SB-NRO/Other

MODIFY

CANCEL Bank Account Number⁸ _____

With Bank⁹ _____ IFSC¹⁰ _____ or MICR¹¹ _____

an amount of Rupees¹² _____ (Name of Customers Bank) _____ ₹¹³ _____

14 FREQUENCY Mthly Qtly H-Yrly Yrly as & when presented 15 DEBIT TYPE Fixed Amount Maximum Amount

Reference-1¹⁶ _____ Phone No¹⁸ _____

Reference-2¹⁷ _____ Email ID¹⁹ _____

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

20 PERIOD

From _____ (18) Signature of the account holder (6) Signature of the account holder (6) Signature of the account holder

To (18) Signature of the account holder (6) Signature of the account holder (6) Signature of the account holder

Until Cancelled _____ Name of the account holder _____ Name of the account holder _____ Name of the account holder _____

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

MANDATE INSTRUCTION (Refer Instruction over leaf before filling)

Instructions to fill Mandate:

- | | |
|---|--|
| 1. UMRN-To be left blank | 12. Amount in words |
| 2. Date in DD/MM/YYYY format | 13. Amount in figures |
| 3. Sponsor Bank IFSC code - YES80000001 - already printed | 14. Frequency at which the debit should happen |
| 4. Utility Code: Unique code of the entity to whom mandate is being given - To be provided by the entity. | 15. Whether the amount is fixed or variable |
| 5. Name of the entity to whom the mandate is being given | 16. Reference-1 : Any details requested by the entity to whom mandate is being given |
| 6. Account type - SB /CA/ CC / SB-NRE / SB-NRO / OTHER | 17. Reference - 2 : Any details requested by the entity to whom mandate is being given |
| 7. Tick - Select your appropriate Action | 18. Your phone number |
| a. Create - For New Mandate | 19. Your email id |
| b. Modify - For Changes/Amendment on existing mandate | 20. Period for which the debit mandate is valid |
| c. Cancel - For cancelling the existing registered Mandate | a. Start date |
| 8. Your Bank Account Number for debiting the amount | b. End Date |
| 9. Name of your bank and branch | c. Or until cancelled |
| 10. Your Bank branch IFSC code OR | 21. Signatures of the account holder |
| 11. Your Bank branch MICR code | 22. Name of the account holder |
-

Instructions to fill Mandate:

- | | |
|---|--|
| 1. UMRN-To be left blank | 12. Amount in words |
| 2. Date in DD/MM/YYYY format | 13. Amount in figures |
| 3. Sponsor Bank IFSC code - YES80000001 - already printed | 14. Frequency at which the debit should happen |
| 4. Utility Code: Unique code of the entity to whom mandate is being given - To be provided by the entity. | 15. Whether the amount is fixed or variable |
| 5. Name of the entity to whom the mandate is being given | 16. Reference-1 : Any details requested by the entity to whom mandate is being given |
| 6. Account type - SB /CA/ CC / SB-NRE / SB-NRO / OTHER | 17. Reference - 2 : Any details requested by the entity to whom mandate is being given |
| 7. Tick - Select your appropriate Action | 18. Your phone number |
| a. Create - For New Mandate | 19. Your email id |
| b. Modify - For Changes/Amendment on existing mandate | 20. Period for which the debit mandate is valid |
| c. Cancel - For cancelling the existing registered Mandate | a. Start date |
| 8. Your Bank Account Number for debiting the amount | b. End Date |
| 9. Name of your bank and branch | c. Or until cancelled |
| 10. Your Bank branch IFSC code OR | 21. Signatures of the account holder |
| 11. Your Bank branch MICR code | 22. Name of the account holder |
-

Instructions to fill Mandate:

- | | |
|---|--|
| 1. UMRN-To be left blank | 12. Amount in words |
| 2. Date in DD/MM/YYYY format | 13. Amount in figures |
| 3. Sponsor Bank IFSC code - YES80000001 - already printed | 14. Frequency at which the debit should happen |
| 4. Utility Code: Unique code of the entity to whom mandate is being given - To be provided by the entity. | 15. Whether the amount is fixed or variable |
| 5. Name of the entity to whom the mandate is being given | 16. Reference-1 : Any details requested by the entity to whom mandate is being given |
| 6. Account type - SB /CA/ CC / SB-NRE / SB-NRO / OTHER | 17. Reference - 2 : Any details requested by the entity to whom mandate is being given |
| 7. Tick - Select your appropriate Action | 18. Your phone number |
| a. Create - For New Mandate | 19. Your email id |
| b. Modify - For Changes/Amendment on existing mandate | 20. Period for which the debit mandate is valid |
| c. Cancel - For cancelling the existing registered Mandate | a. Start date |
| 8. Your Bank Account Number for debiting the amount | b. End Date |
| 9. Name of your bank and branch | c. Or until cancelled |
| 10. Your Bank branch IFSC code OR | 21. Signatures of the account holder |
| 11. Your Bank branch MICR code | 22. Name of the account holder |
-

FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

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

FATCA & CRS Declaration

Please tick the applicable tax resident declaration -

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

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

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

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

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

1. We are a, Financial institution <input type="checkbox"/> (Refer Instruction 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer Instruction 3(vii) of Part C) (please tick as appropriate)	GIIN <input style="width: 80%;" type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width: 30px;" type="text"/> (Refer Instruction 1 A of Part C)

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

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

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

Category (Please tick applicable category):

<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Others (please specify _____)	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details (Refer 3(vi) of Part C)

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

* To include US, where controlling person is a US citizen or green card holder
 #If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.
 %In case Tax Identification Number is not available, kindly provide functional equivalent
 \$Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

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

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

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform MFL for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

	First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Designation			
Signature	(19)	(7)	(7)

MONEYWISE FINVEST LIMITED

11/6B, Shanti Chamber, Pusa Road,
New Delhi-110005

Dear Sir,

I, _____ a client with M/s. Moneywise Finvest Limited member of MCX Exchange undertake as follows:

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

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

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

Name of Client : _____


PAN : _____

Unique Client Code : _____

Signature of Client (20) 

Date :

Place : _____

For MFL use	
Verification of the client Signature done by	
Name	
Signature	
Date	

DECLARATION FOR NOT HAVING EMAIL-ID

This is with reference my request for opening the trading account, I hereby confirm and declare that currently I do not have any Email ID.



I further undertake to inform you of any changes therein, immediately.


Signature of Client

DECLARATION FOR PROVIDING SMS AND E-MAIL ALERTS TO RELATIVE

I hereby declare that the Mobile Number and/or Email ID given in the account opening form are of my relative. He / She already has a trading account with Moneywise Finvest Limited under the below mentioned PAN or UCC.

I request you to please accept their Mobile number and/or E-mail ID for the purpose of sending SMS and/or E-mail alerts by the Stock Exchange / Depository to me.

	First / Sole Holder	Second Holder	Third Holder
Relationship with the person whose Mobile /E-mail Id is provided	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Dependent child	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Dependent child	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Dependent child
PAN/UCC/Demat of relative			
Signature of Client		<input checked="" type="checkbox"/>	

DECLARATION FOR NAME MISMATCH (To be filled if the name on documents is different)

This is to bring to your notice that my name is spelt differently in my Identity proof, Address proof and Bank proof. Please find below the names as spelt in respective proofs:

Name as per PAN CARD _____

Name as per Address Proof _____

Name as per Bank Proof _____

I hereby confirm that all the said names belong to me. I hereby state and confirm that what is stated above is true and correct information.

I agree to indemnify and keep MFL indemnified at all times from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and/or incurred by MFL for any act done or omitted to be done on the above declaration.


Signature of Client

DECLARATION FOR SIGNATURE MISMATCH (To be filled if client's signature is mismatched from PAN Card and Bank)

This is to bring into your notice that my signature on PAN Card / Bank and account opening form are as follows:

Signature as per Bank

Signature as per Account Opening Form

Signature as per PAN Card

I hereby confirm that all the above signatures are mine. I hereby state and confirm that what is stated above is true and correct information.

I agree to indemnify and keep MFL indemnified at all times from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and/or incurred by MFL for any act done or omitted to be done on the above declaration.

Name of the Applicant : _____

DEMAT ACCOUNT OPENING FORM - CDSL

SMC Global Securities Limited

9B, Netaji Subhash Marg, Daryaganj, New Delhi – 110 002

DPID - 12019100 SEBI Registration - IN-DP-130-2015

TYPE OF ACCOUNT (Please ✓ whichever is applicable)

STATUS	SUB-STATUS			
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Minor	<input type="checkbox"/> Other _____ (Please Specify)
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depository Receipts		
<input type="checkbox"/> Non - Individual	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Trust	<input type="checkbox"/> OCB	<input type="checkbox"/> Bank <input type="checkbox"/> Other (Please Specify) To be filled by the DP

In case of Sole Proprietor / Partnership Firm / Unregistered Trust, Demat account should be opened in the name of Proprietor / Partners / Trustees.

ACCOUNT HOLDERS DETAILS

Name of sole/1st Holder (Mr. / Ms. / M/s.) : _____

_____ PAN : _____

Name of 2nd Holder (Mr. / Ms. / M/s.) : _____

_____ PAN : _____

Name of 3rd Holder (Mr. / Ms. / M/s.) : _____

_____ PAN : _____

Provide KYC Application Form for all Joint Holders (Download additional KYC form from www.smctradeonline.com/download.aspx)

Name* : _____

*Name of the Sole Proprietor / Partnership Firm / Unregistered Trust should be mentioned above.

Nationality : Indian Other _____ (Please Specify)

DETAILS OF GUARDIAN

In case the account holder is minor

Name of Guardian (Mr. / Mrs / Ms.) : _____

Relationship : _____ PAN : _____ P

BANK ACCOUNT DETAILS

(Through which transactions will generally be routed)

Bank Name : _____

Account No. : _____ Branch : _____

Address : _____

11 Digit RTGS / NEFT / IFS Code : _____ 0 _____ 9 Digit MICR Code : _____

Account Type : Savings Current OTHERS : _____ (Please Specify)

Pay-Out Option : As Per Group Cheque Online Transfer / NEFT / RTGS

Bank/MICR/IFSC proof submitted : Cancelled Cheque (with **Client Name** & A/c No. **pre-printed**)

Bank Passbook* (If hand written, then with stamp of Bank) Bank Verification Letter* (with Rubber Stamp & Sign of Bank Manager)

Bank Statement* (Either on Bank Stationary or with rubber stamp & sign of Bank Manager) *Documents should not be more than 3 months old

ADDITIONAL DETAILS

Account statement requirement As per SEBI Regulation Monthly Fortnightly Weekly Daily

I/We instruct the DP to receive each and every credit in my / our account Yes No

I/We wish to receive dividend/interest directly into my/our Bank A/c through ECS Yes No
(If not marked, the default option would be 'Yes'. ECS is mandatory for locations notified by SEBI from time to time.)

I/We request you to send Electronic Transaction-Cum-Holding Statement through E-mail Yes No

Please mention E-mail ID in KYC form (Page A1-Individual / A3-Non-Individual)

SMS Alert Facility on Mobile Number as given in KYC Form Yes No

Refer to T&C given in Annexure 'CDSL SMS Alert facility' on our website under download section.
(Mandatory, If you have given PoA. If POA is not granted and you do not wish to avail of this facility, cancel this option)

I/We would like to instruct the DP to accept all the Pledge instructions in my / our account without any other further instruction from my / our end. (If not marked, default option will be 'No')

Yes

No

I/We would like to share the E-mail ID with the RTA.

Yes

No

I/We would like to receive the annual report (If not marked, default option will be 'Physical')

Physical

Electronic

Both

To register for easi, please visit website www.cdslindia.com [easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.]

Option for DIS Booklet

OPTION 1: I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I / we have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with Moneywise Finvest Limited (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

Or

OPTION 2: I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA / executed PMS agreement in favour of / with Moneywise Finvest Limited (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

NOMINATION FORM

FOR INDIVIDUAL ONLY

I/We do not wish to make nomination.

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

For Office Use


Nomination Regn. No. _____

Date _____

Nomination can be made upto three nominees in the account.		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee Equally <input type="checkbox"/> [If not equally, specify %]	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>				
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s) PIN Code			
5	Mobile/Telephone No. of nominee(s)			
6	Email ID of nominee(s)			
7	Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:				
8	Date of Birth (if nominee is minor)			
10	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
9	Address of Guardian(s) PIN Code			
11	Mobile/Telephone no. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with nominee			
14	Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

DECLARATION

I/We have received and read the Rights & Obligations document and Terms & Conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me / us above are true and to the best of my / our knowledge as on the date of making this application. I / We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I / We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. I/ We request to open a Depository Account in my / our name as per the above details.


CLIENT SIGNATURE				WITNESS FOR CLIENT									
	First / Sole Holder	Second Holder	Third Holder	Name									
Sign of Client	(21) 	(8) <input checked="" type="checkbox"/>	(8) <input checked="" type="checkbox"/>	Address									
Date : <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	2	0	Y	Y	Place :				
D	D	M	M	2	0	Y	Y						
				Sign of Witness									

Charges for Depository Services

Annual Maintenance Charges (Individual)	Rs. 300/-
Annual Maintenance Charges (Non-Individual)	Rs. 1000/-
Transaction Charges (Market)	Rs. 10/- per transaction plus Depository Charges Rs. 5/-
Transaction Charges (Off market/Inter depository)	0.03% or Rs. 25/- whichever is higher
Pledge Charges (Creation/closer/Confirmation)	Rs. 20/- per transaction plus Depository Charges at actual
Pledge Invocation charges	Rs. 20/- per transaction
Dematerialisation Charges	Rs. 150/- per certificate
Rematerialisation Charges	Rs. 150/- per certificate plus depository charges at actual
Repurchase/Redemption Charges	Rs. 25/- per transaction plus depository charges at actual
Demat Rejection charges	Rs. 35/- per certificate
Securities Lending & Borrowing Charges	Rs. 25/- per transaction plus depository charges
Failed / Rejected Transaction Charges	Rs. 50/- per transaction
Adhoc / Non-periodic statement charges	Rs. 50/- per request plus courier charges at actual. Rs. 500/- for foreign address
DIS Booklet Charges	Rs. 50/- (for 5 Leaf Booklet)
Modification Charges	Rs. 50/- per modification
Cheque Bounce Charges	At actual

Note: 1.GST will be levied separately as applicable from time to time. 2.The Company reserves the right to review charges after one year with sufficient prior notice.

I/We have read the above given Tariff Sheet and agree to pay the same.

CLIENT SIGNATURE			
	First / Sole Holder	Second Holder	Third Holder
Sign of Client	(22) 	(9) <input checked="" type="checkbox"/>	(9) <input checked="" type="checkbox"/>

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FOR OFFICE USE ONLYUCC :

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

FOR & ON BEHALF OF MONEYWISE FINVEST LIMITEDName : Signature : Date : (Seal / Stamp of Moneywise Finvest Limited)**FOR BRANCH PURPOSE ONLY**

	Name	Employee/BDR Code	Signature
Introducer / BDR			
Relationship Manager			
Dealer			

BROKERAGE APPROVAL (if required)Name of Approving Officer : Designation : Branch / Location : Date : **CHEQUE DETAILS**

	Towards	Amount	Cheque No.	Date	Bank Name and Branch
<input type="checkbox"/> Y <input type="checkbox"/> N	Account opening Fee (For Trading Account)				
<input type="checkbox"/> Y <input type="checkbox"/> N	Margin Amount				

<input type="checkbox"/> CVL	<input type="checkbox"/> NDML	<input type="checkbox"/> DOTEX	<input type="checkbox"/> CAMS	<input type="checkbox"/> KARVY	VERIFICATION CALL TO CLIENT		
					Date	Time	Remarks
<input type="checkbox"/> NEW KRA KYC							
<input type="checkbox"/> MODIFY KRA KYC WITH DOCUMENTS							
<input type="checkbox"/> MODIFY KRA KYC WITHOUT DOCUMENTS							

Activity	Name
Form Verified by	
Data punched by (2520)	
Data punched by (2522)	
Code generated by (378)	
DP Verified by	
Brokerage punched by	



MONEYWISE FINVEST LIMITED (CIN : U67100UP2009FLC088874)

Corporate Office: 11/6B, Shanti Chamber, Pusa Road, New Delhi - 110005

• Tel +91-11-30111000. Email: stoxkart@stoxkart.com

Registered Office: 106, OCEAN PLAZA, P-5, SECTOR-18 NOIDA Gautam Buddha Nagar UP 201301

Moneywise Finvest Limited: NSE: EQ, FO, CDS, COM, DEBT (Member ID 90161) | BSE: EQ, FO, CDS, COM, DEBT (Member ID 6690 | MCX: COM (Member ID 56325) | SEBI Reg. No. INZ000196835