



No: 35732

## IFCI FINANCIAL SERVICES LIMITED

(A Subsidiary of IFCI Ltd)

Member :NSE/BSE : SEBI Registration No : INZ000254231

Member : National Stock Exchange Of India Ltd.

Member : Bombay Stock Exchange Ltd.

DEPOSITORY PARTICIPANT : NSDL - DPID : ☐ IN301364 CDSL DPID : ☐ 12061100

REGISTRATION NO. IN-DP-648-2021

### CLIENT REGISTRATION FORM

INDIVIDUAL / Non - INDIVIDUAL

NSE : CASH / F & O / CURRENCY

BSE : CASH / F & O

Client Name : \_\_\_\_\_

Branch Code :

Client Code :

Demat ID

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#### Registered Office :

IFCI Towers, 61, Nehru Place, New Delhi - 110 019.

Tel : 91-011-2643 3207

#### Corporate Office :

'Continental Chambers', 3rd Floor, 142, Mahatma Gandhi Road, Nungambakkam, Chennai - 600 034.

Telephone No. : 044-2830 6600

E-mail : chennai@ifinltd.in; ig@ifinltd.in

Email for Investor Grievance : igdp@ifinltd.in

Website : www.ifinltd.in

CIN : U74899DL1995GOI064034



**PLEASE FILL THE FORM IN ENGLISH AND IN BLOCK LETTERS**

<b>RISK CATEGORY</b>		
<b>HIGH</b>	<b>MEDIUM</b>	<b>LOW</b>

for Office Use only

<b>INTRODUCER DETAILS</b>			
Particulars	Emp. Name	Emp. Code	Signature
Branch Manager			
Dealer			
Other Employee			

As a Financial Intermediary, it is incumbent on us to collect various documents including latest financial details as per the directives of the Government of India/ Regulators under the provisions of the Prevention of Money Laundering and Combating Financing of Terrorism Act. As a part of our initiative to make the investors aware of this Act, we have displayed a write up on our website. Customers are requested to go through the same (Website : [www.ifinonline.com](http://www.ifinonline.com)) and get themselves acquainted with the guidelines.

Kindly feel free to visit the websites....[www.fatf-gafi.org](http://www.fatf-gafi.org) and [www.fiuindia.gov.in](http://www.fiuindia.gov.in) for more information on the subject.

<b>MAKER</b>	
<b>CHECKER</b>	

## **INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM**

### **A. IMPORTANT POINTS:**

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/ Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his/her individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of Passport /PIO Card / OCI Card and Overseas Address Proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

### **B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:**

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

**C. Proof of Address (POA): - List of documents admissible as Proof of Address:**

*(\*Documents having an expiry date should be valid on the date of submission.)*

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence / Driving License / Flat Maintenance bill / Insurance Copy / UID (Aadhaar).
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook — Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

**D. Exemptions/clarifications to PAN**

*(\*Sufficient documentary evidence in support of such claims to be collected.)*

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

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

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

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

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



## INSTRUCTIONS/ CHECK LIST

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

Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income-Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.	Self declaration with relevant supporting documents.

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

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. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker / Authorized Person.
  - 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 signed 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.

### Notes :

1. All communication shall be sent at the address of the Sole/First holder only.
2. 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.
3. 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.
4. Incase 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.
5. Incase if 'first holder' is selected, the communicate will be sent as per the preference mentioned at Sr. No. 4, Incase 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
6. Strike off whichever is not applicable.

# IFCI FINANCIAL SERVICES LIMITED

## ACCOUNT OPENING KIT

### INDEX

S.No.	Name of the Document	Brief Significance of the Document	Page No
<b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b>			
1	Account Opening Form	A. KYC form - Document captures the basic information about the constituent and an instruction/check list.	1 - 8
		B. Document captures the additional information about the constituent relevant to trading account and an instruction/check list.	9 - 17
2	Rights and Obligations	Document stating the Rights & Obligations of DP stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	D1- D4 S1 - S6
3	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	S7 - S10
4	Guidance Note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	S11 - S12
5	Policies and Procedures	Document describing significant policies and procedures of the stock broker (to be added by the stock broker).	S13 - S14
6	Tariff Sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading & DP on the stock exchange(s) (to be added by the stock broker).	18 - 19
<b>VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER</b>			
7	Running A/c Authorisation	Documents giving authority for maintaining the a/c as Running A/c.	20
8	Letter for Operation / Client Defaulter Declaration.	Documents giving authority for various instructions on operation of a/c. / Client Defaulter Declaration.	21
9	Consent for Receipt of ECN & Other digital documents	Documents giving authority for receipt of ECN & Other digital documents	22
10	Form for Nomination and Declaration Form for opting out of nomination.	Documents giving Nomination / Out of Nomination	23-24

Name of stock broker/trading member/clearing member : IFCI FINANCIAL SERVICES LIMITED

SEBI Registration No. and date : INZ000254231 - April 11, 2019,  
NSE-(Cash, Future & Option and Currency Derivatives) / BSE (Cash, Future & Option) /  
Registered office address : IFCI TOWER, 61, NEHRU PLACE, NEW DELHI - 110 019.  
Ph : 011-26433207 Website : www.ifinltd.in  
Correspondence office address : CONTINENTAL CHAMBERS, 142, MAHATMA GANDHI ROAD,  
NUNGAMBAKKAM, CHENNAI - 600 034. Ph : 044-28306600  
Website : www.ifinltd.in

Compliance officer Name, : **Mr. YUVARAJAN. T**  
Phone No. & email id : 044 - 28306619; yuvarajan@ifinltd.in  
Director Name : **Smt. S. KARPAGAM**  
Phone No. & email id : 044 28306600; chennai@ifinltd.in

For any grievance/dispute please contact stock broker (IFCI Financial Services Limited) at the above address or email id - ig@ifinltd.in and Phone : 044-28306600. In case not satisfied with the response, please contact BSE : is@bseindia.com  
Phone: 022-22728097 NSE Mail : ignse@nse.co.in. Phone: 1800-266-0050 For dp related grievance/dispute please contact 044-28306600.  
In case not satisfied with the response please contact CDSL at : compliants@cdslindia.com, Phone : 1800-200-5533/022-23058563.  
NSDL at : relations@nsdl.co.in, Phone No : 022-24994200.

CLEARING MEMBER : NSE - CURRENCY SEGMENT : Stock Holding Corporation of India  
Regd. Office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.  
SEBI Registration No. : INZ 000241237 CM ID : C50010 / CM Code : 11330

### ACKNOWLEDGEMENT

I/We acknowledge receipt of the documents at serial nos. 2,3,4,5 & 6; I/We have read the contents of these and agree to abide by them. I/We further understand that the copies of rest of the document mentioned in the above index shall be provided to me/us after Verification / Acceptance / Execution by the broker.

Signature of the Applicant 



# Know Your Client (KYC)

## Application Form (For Individuals only)

(Please fill the form in English and in Block Letters)  
Fields marked with \* are mandatory fields

Application ☐ New

Type\* ☐ Update KYC Number\*

KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

### 1. Identity Details (Please refer instruction A at the end)

PAN

Please enclosed a duly attested copy of Your PAN Card

Name* (same as ID Proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (if any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	DD	MM	YYYY	
Gender*	<input type="checkbox"/> M - Male	<input type="checkbox"/> F - Female	<input type="checkbox"/> T - Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried		
Citizenship*	<input type="checkbox"/> IN - Indian	<input type="checkbox"/> Others -Country	Country Code	
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

Photograph

Please affix your recent passport size photograph

Signature Across Photograph

### 2. Proof of Identity (PoI)\* (for PAN exempt investor or if PAN card copy not provided)

(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	DD	MM	YYYY
<input type="checkbox"/> B - Voter ID Card	<input type="text"/>				
<input type="checkbox"/> C - PAN Card	<input type="text"/>				
<input type="checkbox"/> D - Driving Licence	<input type="text"/>	Driving Licence Expiry Date	DD	MM	YYYY
<input type="checkbox"/> E - Aadhaar Card	<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"/>		

### 3. Proof of Address (PoA)\*

#### 3.1 Current / Permanent / Overseas Address Details

##### Address

Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			
District*	<input type="text"/>	Zip / Post Code *	<input type="text"/>	City / Town / Village*
State/UT*	<input type="text"/>	State / UT Code	<input type="text"/>	as per Indian Motor Vehicle Act. 1988
		Country*	<input type="text"/>	Country Code <input type="text"/> as per ISO 3166
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified

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

##### Proof of Address\*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	DD	MM	YYYY
<input type="checkbox"/> Voter ID Card	<input type="text"/>				
<input type="checkbox"/> Driving Licence	<input type="text"/>	Driving Licence Expiry Date	DD	MM	YYYY
<input type="checkbox"/> Aadhaar Card	<input type="text"/>				
<input type="checkbox"/> NREGA Job Card	<input type="text"/>				
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>		

#### 3.2 Correspondence / Local Address Details\*

Same as Current/ Permanent / Overseas Address details (In case of multiple correspondence / local address, please fill "Annexure A1", Submit relevant documentary proof)

Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			
District*	<input type="text"/>	Zip / Post Code *	<input type="text"/>	City / Town / Village*
State/UT*	<input type="text"/>	State / UT Code	<input type="text"/>	as per Indian Motor Vehicle Act. 1988
		Country*	<input type="text"/>	Country Code <input type="text"/> as per ISO 3166



#### 4. Contact Details (All communications will be sent on provided Mobile no./ Email ID)

Email ID

Mobile  Tel. (Off)  Tel. (Res)

#### 5. FATCA/CRS Information (Tick if Applicable)

☐ Residence of Tax Purposes in Jurisdiction (s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (if issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address Line 1\*

Line 2

Line 3

District\*  Zip / Post Code\*  State / UT Code  as per Indian Motor Vehicle Act. 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

#### 6. Details of Related Person (Optional) (Please refer instruction C at the end) (in case of additional related persons, please fill Annexure B1)

☐ 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)

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

☐ A - Passport Number  Passport Expiry Date

☐ B - Voter ID Card

☐ C - PAN Card

☐ D - Driving Licence  Driving Licence Expiry Date

☐ E - Aadhaar Card

☐ F - NREGA Job Card

☐ Z - Others (any document notified by the central government)  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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/ directions issued by any governmental or statutory authority from time to time.

Date:  Place:



Signature / Thumb Impression of Applicant

#### 9. Attestation / For Office Use only

For Office Use only	
Sr.No.	Particulars
1	Originals verified and Self-Attested Document copies received
2	In-Person - Verification (IPV) Details:
	a) Name of the person doing IPV
	b) Employee Code
	c) Designation
	d) Name of Organization
	e) Signature
f) Date	<input type="text"/>
Name & Signature of the Authorised Signatory	
Seal/ Stamp of the Intermediary	
Date <input type="text"/>	

#### Institution Details

Name

Code

Emp. Branch

#### Institution Details

Name

Code

Emp. Branch

**Know Your Client (KYC)****Application Form (For Individuals only)**

(Please fill the form in English and in Block Letters)  
Fields marked with \* are mandatory fields

Application ☐ New

Type\*

☐ Update KYC Number\*

KYC Type\*

☐ Normal (PAN is mandatory)☐ PAN Exempt Investors (Refer instruction K)**1. Identity Details (Please refer instruction A at the end)**PAN 

Please enclosed a duly attested copy of Your PAN Card

	Prefix	First Name	Middle Name	Last Name
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 -Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign Naitonal	<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-NotCategoriseed		

**Photo**

Photograph

Please affix your recent passport size photograph

Signature Across Photograph

**2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided)**

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

☐ A - Passport Number☐ B - Voter ID Card☐ C - PAN Card☐ D - Driving Licence☐ E - Aadhaar Card☐ F - NREGA Job Card☐ Z - Others (any document notified by the central government)

Passport Expiry Date

Driving Licence Expiry Date

Identification Number

**3. Proof of Address (PoA)\*****3.1 Current / Permanent / Overseas Address Details****Address**

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Zip / Post Code *	<input type="text"/>
State / UT Code	<input type="text"/>
State/UT*	<input type="text"/>
Country*	<input type="text"/>
Country Code	<input type="text"/>
Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified

as per Indian Motor Vehicle Act. 1988

as per ISO 3166

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

**Proof of Address\***☐ Passport Number☐ Voter ID Card☐ Driving Licence☐ Aadhaar Card☐ NREGA Job Card☐ Others (any document notified by the central government)

Passport Expiry Date

Driving Licence Expiry Date

Identification Number

**3.2 Correspondence / Local Address Details\***

Same as Current/ Permanent / Overseas Address details (In case of multiple correspondence / local address, please fill "Annexure A1", Submit relevant documentary proof)

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Zip / Post Code *	<input type="text"/>
State / UT Code	<input type="text"/>
State/UT*	<input type="text"/>
Country*	<input type="text"/>
Country Code	<input type="text"/>

as per Indian Motor Vehicle Act. 1988

as per ISO 3166



**4. Contact Details (All communications will be sent on provided Mobile no./ Email ID.)**

Email ID

Mobile  Tel. (Off)  Tel. (Res)

**5. FATCA/CRS Information (Tick if Applicable)**

☐ Residence of Tax Purposes in Jurisdiction (s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence \*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (if issued by Jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address

Line 1\*

Line 2

Line 3

District\*  Zip / Post Code \*  State / UT Code  as per Indian Motor Vehicle Act. 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person (Optional) : (Please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')**

☐ 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 (Pol) of Related Person\* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity (Pol) needs to be submitted)

☐ A - Passport Number  Passport Expiry Date

☐ B - Voter ID Card

☐ C - PAN Card

☐ D - Driving Licence  Driving Licence Expiry Date

☐ E - Aadhaar Card

☐ F - NREGA Job Card

☐ Z - Others (any document notified by the central government)  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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/ directions issued by any governmental or statutory authority from time to time.

Date :  Place :



Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use only**

For Office Use only	
Sr.No.	Particulars
1	Originals verified and Self-Attested Document copies received
2	In-Person - Verification (IPV) Details:
	a) Name of the person doing IPV
	b) Employee Code
	c) Designation
	d) Name of Organization
	e) Signature
f) Date	
Name & Signature of the Authorised Signatory	
Seal/ Stamp of the Intermediary	
Date	

**Institution Details**

Name

Code

Emp. Branch

**Institution Details**

Name

Code

Emp. Branch

# ANNEXURE - K

## PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (for Non-individuals)

### IFCI FINANCIAL SERVICES LTD.

'Continental Chambers', 3rd Floor,  
142, Mahatma Gandhi Road,  
Nungambakkam, Chennai - 600 034.

Photograph

Please affix the recent passport size photograph  
and sign across it.

Please fill this form in ENGLISH and In BLOCK LETTERS

### A. IDENTITY DETAILS

1.	Name of the Applicant																
2.	Date of Incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation							
3.	Date of commencement of business									D	D	M	M	Y	Y	Y	Y
4.	a) PAN									b) Registration No (e.g CIN)							
5.	<b>Status (please tick any one):</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Private Limited Co.  <input type="checkbox"/> Public Ltd. Co.  <input type="checkbox"/> Body Corporate  <input type="checkbox"/> Trust  <input type="checkbox"/> Charities  <input type="checkbox"/> NGO's  <input type="checkbox"/> Others (please specify) _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Bank  <input type="checkbox"/> Government Body  <input type="checkbox"/> Non Government Organization  <input type="checkbox"/> Defense Establishment  <input type="checkbox"/> Society  <input type="checkbox"/> LLP </div> <div style="width: 33%;"> <input type="checkbox"/> Partnership  <input type="checkbox"/> FI  <input type="checkbox"/> FII  <input type="checkbox"/> HUF  <input type="checkbox"/> AOP  <input type="checkbox"/> BOI </div> </div>																

### B. ADDRESS DETAILS

1	Correspondence Address																	
		Cify / town / village					PIN Code											
		State					Country											
2	Specify the proof of address submitted for correspondence address																	
3	Contact Details	Tel. (off.)					Tel. (Res.)											
		Fax No.					Mobile No.											
		Email ID																
4	Registered Address (if different from above)																	
		Cify / town / village					PIN Code											
		State					Country											



**C. OTHER DETAILS**

1	Name, PAN, residential address and photographs of promoters Partnerx / Karta/Trustees and whole time directors:	If space is insufficient, enclose these details separately (illustrative format enclosed)
2	DIN of whole time directors :	
3	Aadhaar number of Promoters / Partners/ Karta	

**D. DECLARATION**

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

Name &amp; Signature of the Authorised Signatory(ies) \_\_\_\_\_

Date 

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

**FOR OFFICE USE ONLY**☐ Originals verified and Self-Attested Documents copies received

Name and Signature of the Authorised Signatory

Date

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

Seal / Stamp of the Intermediary

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

Sr. No.	Name	Relationship with Applicant (i.e promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors / Aadhaar number of Promoters / Partners/Karta	Photograph
1						
2						
3						
4						
5						

Name & Signature of the Authorised Signatory (ies)

Date

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



## PART II - ACCOUNT OPENING FORM (for Individuals)

## DP &amp; TRADING ACCOUNT RELATED DETAILS

<b>IFCI FINANCIAL SERVICES LTD.</b> 'Continental Chambers', 3rd Floor, 142, Mahatma Gandhi Road, Nungambakkam, Chennai - 600 034.		Client Id (To be filled by Participant) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> </div>	
I / We request you to open a Depository and / or Trading Account in my/our names as per the following details. (Please fill all the details in CAPITAL LETTERS only)			
<b>A. DETAILS OF ACCOUNT HOLDER(S)</b>			
Name		PAN	
Sole/First Holder			
Second Holder			
Third Holder			
For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below			
a. Name		b. PAN	
Type of Account :			
<input type="checkbox"/> Ordinary Resident <input type="checkbox"/> Margin		<input type="checkbox"/> NRI - Non Repatriable <input type="checkbox"/> NRI - Repatriable <input type="checkbox"/> Promoter <input type="checkbox"/> Foreign National <input type="checkbox"/> Others (Please Specify)	
<b>B. BANK ACCOUNT(S) DETAILS</b>			
Do you wish to receive dividend/interest directly into your bank account given below through ECS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Name (through which transaction will generally be routed. Details designated bank for payouts, dividends, redemption credits) & Branch Address		City/ Town/ Village :	
		State :	
		Country :      PIN Code	
BANK ACCOUNT NO.			
ACCOUNT TYPE <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others (Please Specify)			
MICR CODE*			
IFSC CODE*			
RBI Reference No. & Approval Date (In resp of NRI/FM)		<div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> </div>	
Alternate / Additional Bank Name & Branch Address (Only for Trading Account)			
		Pin Code :	
		City/Town /Village :      State :      County :	
BANK ACCOUNT NO.			
ACCOUNT TYPE <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others (Please Specify)			
MICR CODE*			
IFSC CODE*			
<b>C. OTHER DETAILS</b>			
	<b>FIRST HOLDER</b>	<b>SECOND HOLDER</b>	<b>THIRD HOLDER</b>
Gross Income Range Per Annum (Rs. in Lakhs)	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1Cr <input type="checkbox"/> >1Cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1Cr <input type="checkbox"/> >1Cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1Cr <input type="checkbox"/> >1Cr
	Net worth : (Should not be older than 1 Year) Amount (Rs) _____ As on Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> </div>	Amount (Rs) _____ As on Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> </div>	Amount (Rs) _____ As on Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">D</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">M</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">Y</div> </div>
Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Govt. Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student Others (Please Specify) _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Govt. Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student Others (Please Specify) _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Govt. Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student Others (Please Specify) _____
I/We would like to share the email ID with the RTA: YES <input type="checkbox"/> NO <input type="checkbox"/>			

# D. DEPOSITORY ACCOUNT DETAILS

1. DP NAME		<input type="checkbox"/> NSDL DP ID <input type="checkbox"/> I <input type="checkbox"/> N <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 4 BEN ID	
<input type="checkbox"/> CDSL 16 digit Beneficiary A/c No.		1 2 0 6 1 1 0 0	
2. Other DP NAME		<input type="checkbox"/> NSDL DP ID BEN ID	
<input type="checkbox"/> CDSL 16 digit Beneficiary A/c No			





\$ Second and Third holder details (if Depository Account is opened in joint names, separate KYC form also need to be filled)  
\* Please enclose copy of cheque leaf/cancelled cheque leaf.

## E. DP PREFERENCES

Depository	Selection(Please select anyone below)	Client Signature
NSDL	<input type="checkbox"/>	
CDSL	<input type="checkbox"/>	

## F. TRADING PREFERNECES

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

Exchanges	NSE, BSE			
All Segments	Cash / Mutual Fund	F&O	Currency	Debt.
				

If you do not wish to trade in any of segments / Mutal Fund, please mention here \_\_\_\_\_

## G. 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/Authorised persons in-charge of dealing in securities during the last 3 years

Please provide the Details

## H. DEALINGS THROUGH AUTHORISED PERSON AND OTHER STOCK BROKERS

If client is dealing through the Authorized person, provide the following details

Authorized Person Name				
Registered Office Address				
	PIN CODE		Phone	
	MOBILE		Website	Fax
SEBI Registration No.	NSE		BSE	

Name Signature of the Authorised Person X

## I. STANDING INSTRUCTIONS /OTHER DETAILS / E-MAIL-SMS ALERT / CONTRACT NOTE PREFERENCE

Contract Note / Holding & Transaction Statment	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical
Internet Trading / Wireless Technology	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I/we authorize you to receive credits authomatically into my/ our account in accordance with Regulation 42(b) of SEBI (D&P) Regulations (default if yes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Default is No for NRIs)
Receive Delivery Instruction Slip	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Standing Instruction Indicator for Auto Pledge Confirmation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Account to be operated through power of Attorney (PoA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SMS Alert facility : (mandatory if you are given power of Attorney (PoA) Ensure that the mobile number is provided in the KYC Application form

Mode of Receiving welcome letter	<input type="checkbox"/> Physical	<input type="checkbox"/> Email
Demat A/C to be opened in BSDA mode	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DP Account Statement	<input type="checkbox"/> Monthly <input type="checkbox"/> As per SEBI Regulation	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly

for Joint Accounts Communications to be sent to ☐ First Holder ☐ All Joint Account Holders

Signature of Applicant  ⑥  Signature of 1st Holder  Signature of 2nd Holder  Signature of 3rd Holder

Note : In case Client wish to avail the facility of Internet Trading / Wireless Technology, Email Id is mandatory and client should opt for ECN Facility SMS Alert facility Mandatory if Power of Attorney is given for Depository Account with IFIN



<b>Guardian Details</b> (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			

	FIRST HOLDER	SECOND HOLDER	THIRD HOLDER
<b>Additional Details</b> if applicable (Please tick one or more as applicable)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not related to a Politically Exposed Person (PEP)
<b>Mobile Number Declaration</b> (Family to strictly include spouse, children and parents only Kindly tick relevant option)	I hereby declare that the Mobile number per KRA KYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family*(Specify relation) _____ Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby declare that the Mobile number per KRA KYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family*(Specify relation) _____ Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby declare that the Mobile number per KRA KYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family*(Specify relation) _____ Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Email ID Declaration</b> (Family to strictly include spouse, children and parents only Kindly tick relevant option)	I hereby declare that the Email ID as per KRA KYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family*(Specify relation) _____	I hereby declare that the Email ID as per KRA KYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family*(Specify relation) _____	I hereby declare that the Email ID as per KRA KYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family*(Specify relation) _____
Receive Annual Reports, AGM Notices and Other Communications from issuers & RTAs in	<input type="checkbox"/> Soft Copy <input type="checkbox"/> Hard Copy	<input type="checkbox"/> Soft Copy <input type="checkbox"/> Hard Copy	<input type="checkbox"/> Soft Copy <input type="checkbox"/> Hard Copy

<b>Rights &amp; Obligation</b>	<input type="checkbox"/> Soft Copy <input type="checkbox"/> Hard Copy
<input type="checkbox"/> I/We wish to Nominate (Please Refer Page No. 23)	<input type="checkbox"/> I/We do not wish to Nominate (Please Refer Page No. 24)
For Demat and Trading Account (Valid only if nomination at the end of the Application Form is duly filled in)	
Number of Years of Investment / Trading Experience	
<b>J. INTRODUCER DETAILS (Optional)</b>	
Name of the Introducer :	
Status of the Introducer : <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others Please Specify _____	
Address of the Introducer :	
Phone No.	Signature of the Introducer

**K. Mode of Operations for Joint Accounts.** ☐ Jointly ☐ Anyone of the Holder or Survivor

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.

<b>Easi (CDSL DP)</b> To register for easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	<b>Ideas (NSDL DP)</b> To register for ideas, please visit our website <a href="http://www.nsdl.co.in">www.nsdl.co.in</a> . Ideas allows a BO to view his ISIN balances, transactions and value of the portfolio online.
--	---

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 of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/We may be held liable for it. In case non-resident account, I/We also declare that I/We have complied and will continue to comply with FEMA regulations. (Non Residents and Foreign Nationals are allowed to trade subject to RBI and FEMA guidelines.)	
Name(s) of Holder(s)	Signature (s) of holder
Sole /First Holder / Guardian (Mr./Ms.)	X ⑦ <input type="checkbox"/>
Second Holder (Mr./Ms.)	X <input type="checkbox"/>
Third Holder (Mr./Ms.)	X <input type="checkbox"/>

**PART II - ACCOUNT OPENING FORM (for Non Individuals)**  
**DP & TRADING ACCOUNT RELATED DETAILS**

<b>IFCI FINANCIAL SERVICES LTD.</b> 'Continental Chambers', 3rd Floor, 142, Mahatma Gandhi Road, Nungambakkam, Chennai - 600 034.		Client Id (To be filled by Participant) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>D</span><span>D</span><span>M</span><span>M</span><span>Y</span><span>Y</span><span>Y</span><span>Y</span> </div> </div>	
I / We request you to open a Depository and / or Trading Account in my/our names as per the following details. (Please fill all the details in CAPITAL LETTERS only)			
<b>A. DETAILS OF ACCOUNT HOLDER(S)</b>			
Name of the Applicant			
Date of Incorporation			
Place of Incorporation			
PAN		Registration No. (e.g CIN )	
<b>Status (please tick any one):</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Private Limited Co.  <input type="checkbox"/> Public Ltd. Co.  <input type="checkbox"/> Body Corporate  <input type="checkbox"/> Others (please specify) _____         </div> <div style="width: 50%;"> <input type="checkbox"/> Trust  <input type="checkbox"/> Charities  <input type="checkbox"/> NGO's  <input type="checkbox"/> Bank  <input type="checkbox"/> Government Body  <input type="checkbox"/> Non Government Organization  <input type="checkbox"/> Defense Establishment  <input type="checkbox"/> Society  <input type="checkbox"/> LLP  <input type="checkbox"/> Partnership         </div> <div style="width: 50%;"> <input type="checkbox"/> FI  <input type="checkbox"/> FII  <input type="checkbox"/> HUF  <input type="checkbox"/> AOP  <input type="checkbox"/> BOI         </div> </div>			
<b>B. BANK ACCOUNT(S) DETAILS</b>			
Bank Name (through which transaction will generally be routed. Details designated bank for payouts, dividends, redemption credits) & Branch Address			
City/ Town/ Village :		State :	
Country :		PIN Code	
BANK ACCOUNT NO.			
ACCOUNT TYPE <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others (Please Specify) _____			
MICR CODE*			
IFSC CODE*			
RBI Reference No. & Approval Date (In rasp nf NRI/FM)			
Alternate / Additional Bank Name & Branch Address (Only for Trading Account)			
City/Town /Village :		Pin Code :	
State :		County :	
BANK ACCOUNT NO.			
ACCOUNT TYPE <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others (Please Specify) _____			
MICR CODE*			
IFSC CODE*			
<b>C. OTHER DETAILS</b>			
	<b>FIRST HOLDER</b>	<b>SECOND HOLDER</b>	<b>THIRD HOLDER</b>
Gross Income Range Per Annum (Rs. in Lakhs)	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1Cr <input type="checkbox"/> >1Cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1Cr <input type="checkbox"/> >1Cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1Cr <input type="checkbox"/> >1Cr
Net worth : (Should not be older than 1 Year)	Amount (Rs) _____ As on Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>D</span><span>D</span><span>M</span><span>M</span><span>Y</span><span>Y</span><span>Y</span><span>Y</span> </div> </div>	Amount (Rs) _____ As on Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>D</span><span>D</span><span>M</span><span>M</span><span>Y</span><span>Y</span><span>Y</span><span>Y</span> </div> </div>	Amount (Rs) _____ As on Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>D</span><span>D</span><span>M</span><span>M</span><span>Y</span><span>Y</span><span>Y</span><span>Y</span> </div> </div>
Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Govt. Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> 'Student Others (Please Specify) _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Govt. Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> 'Student Others (Please Specify) _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Govt. Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> 'Student Others (Please Specify) _____

**D. DEPOSITORY ACCOUNT DETAILS**

<b>1. DP NAME</b>																				
<input type="checkbox"/> NSDL	DP ID	I	N	3	0	1	3	6	4	BEN ID										
<input type="checkbox"/> CDSL	16 digit Beneficiary A/c No.									1	2	0	6	1	1	0	0			
<b>2. Other DP NAME</b>																				
<input type="checkbox"/> NSDL	DP ID									BEN ID										
<input type="checkbox"/> CDSL	16 digit Beneficiary A/c No																			

\$ Second and Third holder details (if Depository Account is opened in joint names, separate KYC form also need to be filled)  
 \* Please enclose copy of cheque leaf/cancelled cheque leaf.

**E. DP PREFERENCES**

Depository	Selection (Please select anyone below)	Client Signature
NSDL	<input type="checkbox"/>	
CDSL	<input type="checkbox"/>	

**F. TRADING PREFERENCECES**

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

Exchanges	NSE, BSE			
All Segments	Cash / Mutual Fund	F&O	Currency	Debt.

If you do not wish to trade in any of segments / Mutual Fund, please mention here \_\_\_\_\_

**G. 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/Authorised persons in-charge of dealing in securities during the last 3 years	<b>Please provide the Details</b>

**H. DEALINGS THROUGH AUTHORIZED PERSON AND OTHER STOCK BROKERS**

If client is dealing through the Authorized person, provide the following details

Authorized person Name			
Registered Office Address			
	PIN CODE		Phone
	MOBILE	Website	Fax
SEBI Registration No.	NSE	BSE	
Name	Signature of the Authorised Person X		

**I. STANDING INSTRUCTIONS /OTHER DETAILS / E-MAIL-SMS ALERT / CONTRACT NOTE PREFERENCE**

Contract Note / Holding & Transaction Statment	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical
Internet Trading / Wireless Technology	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I/we authorize you to receive credits automatically into my/our account in accordance with Regulation 42(b) of SEBI (D&P) Regulations (default if yes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Default is No for NRIs)
Receive Delivery Instruction Slip	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Standing Instruction Indicator for Auto Pledge Confirmation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Receive Annual Reports, AGM Notices and Other Communications from issuers & RTAs in	<input type="checkbox"/> Soft Copy	<input type="checkbox"/> Hard Copy
Account to be operated through Demat Debit and Pledge Instruction (DDPI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Alert facility : (mandatory if you are given power of Attorney (PoA) Ensure that the mobile number is provided in the KYC Application form		
Mode of Receiving welcome letter	<input type="checkbox"/> Physical	<input type="checkbox"/> Email
Demat A/C to be opened in BSDA mode	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DP Account Statment	<input type="checkbox"/> Monthly <input type="checkbox"/> As per SEBI Regulation	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly

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

Note : In case Client wish to avail the facility of Internet Trading / Wireless Technology, Email Id is mandatory and client should opt for ECN Facility SMS Alert facility  
 Mandatory if Power of Attorney is given for Depository Account with IFIN



**PLEASE ATTACH RECENT PASSPORT SIZE  
PHOTOGRAPH IN THE SPACE PROVIDED BELOW :**

Affix recent colour passport size photograph duly signed across photograph	Affix recent colour passport size photograph duly signed across photograph	Affix recent colour passport size photograph duly signed across photograph	Affix recent colour passport size photograph duly signed across photograph	Affix recent colour passport size photograph duly signed across photograph
Name _____	Name _____	Name _____	Name _____	Name _____

Rights & Obligation	<input type="checkbox"/> Soft Copy	<input type="checkbox"/> Hard Copy
Number of Years of Investment / Trading Experience		
<b>J. INTRODUCER DETAILS (Optional)</b>		
Name of the Introducer :		
Status of the Introducer : <input type="checkbox"/> Authorized Person / Sitting Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others Please Specify _____		
Address of the Introducer :		
	Phone No.	Signature of the Introducer

**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 of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. (Non Residents and Foreign Nationals are allowed to trade subject to RBI and FEMA guidelines.)

**AUTHORISED SIGNATORIES (Enclose a Board Resolution for Authorised Signatories)**

NAME (s)	SIGNATURE (S) (BLACK INK ONLY)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

**MODE OF OPERATION FOR SOLE / FIRST HOLDER**

(in case of joint holdings, all the holders must sign)

☐ Anyone
 ☐ Jointly (as per resolution)
 ☐ Others (please specify)

**ANNEXURE**

(Personal Details of All Directors / Partners / Authorised Signatories)

In Connection with Client Registration Application submitted to you by \_\_\_\_\_ of which I am the / a director / partner / authorised signatory, I furnish you the following personal details relating to me.

Affix  
Photograph  
Please sign  
across the  
photograph

Name of Director / Partner / Authorised Signatory			
Sex : Male / Female			
Date of Birth			
Designation			
Office / Residence Address			
		Telephone No.	Fax No.
		Qualifications	Experience
Equity Stake, Share or other interest in the Company / Firm			
Income Tax PAN No.			
<b>Investment Experience</b>			
- Years in Stocks			
- Years in Derivatives			
- years in any other investment related field			
<b>Particulars of the Bank A/c.</b>			
- Name of the Bank			
- Bank account Number			
<b>Annual Income Range :</b>			
Below Rs.1,00,000			
Rs.1,00,000 to 5,00,000			
Rs.5,00,000 to 10,00,000			
Rs.10,00,000 to 25,00,000			
Above Rs.25,00,000			
Whether registered with any other Broker-Member(s)		Yes/No.	
If Yes, Name of Member			
Name of Exchange			
Client Code No.			
<b>Reference / Introducing Client / Member :</b>			
Name of Client / Member :			
Member / Client Code No.			

The information furnished above is true to the best of my knowledge and belief, and I undertake to immediately keep you informed in writing of any changes therein. I also declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, the above mentioned company / firm / ..... and I would be liable to be debarred from doing business both in the Derivatives and Cash segments. I also agree to furnish such further information as the member of the exchange may require from me and I agree that if I fail to give such information, the member shall have the right to cancel the above mentioned company / firm / ..... 's registration and the Exchange shall have the right to debar the above mentioned company / firm / ..... and me from doing business both in the Derivatives and Cash Segments.

Client Signature  .....

Client Name .....

Date.....

Note : If any information required to be given does not fit in the form, an annexure may be used.

To be filed by all the directors / partners / signatories authorised by resolution to act on behalf of the company.

Enclosures : (1) Copy of any one of the following for Identity : Pan No. / Passport / Voter ID / Driving Licence / Bank Pass Book / Rent Agreement / Ration Card / Flat Maintenance Bill / Telephone Bill / Electricity Bill / Insurance Policy.

### Aadhaar Consent - KYC ONLY

I hereby submit voluntarily at my own discretion, the physical copy of Aadhaar card, as issued by UIDAI (Aadhaar) to IFCI Financial Services Ltd for the purpose of establishing my address proof and voluntarily give my consent to open Demat /Trading Account in my name in individual capacity using my Aadhaar or as an authorized signatory in non-individual accounts.

I hereby declare that all the information voluntarily furnished by me is true, correct and complete. I will not hold IFCI Financial Services Limited or any of its officials responsible in case of any incorrect information provided by me.

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

Name of the Applicant ..... Name of the Applicant ..... Name of the Applicant .....



**IFCI FINANCIAL SERVICES LIMITED**  
**BROKERAGE SLABS FOR CASH & DERIVATIVES SEGMENTS**

**CASH SEGMENT**

Brokerage Slab	Slab %		Minimum	
	First Leg	Second Leg	First Leg	Second Leg
Delivery based		Not Applicable		Not Applicable
Daily Square up				

**EQUITY DERIVATIVES SEGMENT : SLAB % FOR FUTURES (STRIKE)**

Brokerage Slab	Futures %		Minimum	
	First Leg	Second Leg	First Leg	Second Leg
Daily Square up				
Settlement Square up		Same as above		Same as above
Index				


**EQUITY DERIVATIVES SEGMENT : SLAB % FOR OPTIONS (PREMIUM)**

Brokerage Slab	Option % (Maximum %)		Minimum per lot (Maximum Rs. /-)	
	First Leg	Second Leg	First Leg	Second Leg
Daily Square up				
Settlement Square up		Same as above		Same as above
Index				

**CURRENCY DERIVATIVES SEGMENT : SLAB % FOR FUTURES (STRIKE)**

Brokerage Slab	Futures %		Minimum Rs.25/-	
	First Leg	Second Leg	First Leg	Second Leg
Daily Square up				
Settlement Square up		Same as above		Same as above
Expiry				

Applicable SEBI Turnover Fees, STT, Goods and Service Tax (GST), Stamp Duty, Transaction Charges and Other Charges will be charged Extra.

Place	Client Signature 
Date	Name Client Code

For **IFCI FINANCIAL SERVICES LIMITED**

Authorised Signatory

**IFCI FINANCIAL SERVICES LIMITED**

Continental Chambers - 3rd Floor, 142, Mahatma Gandhi Road, Nungambakkam, Chennai - 600034

**SCHEDULE 'A' - CHARGES FOR DEPOSITORY SERVICES NSDL/CDSL****(For Individual / Non-Individuals Accounts)**

Particulars	For BSDA Accounts	For Individuals Accounts / HUF	For Non-Individuals/FN/NRI Accounts
<b>1. Annual Maintenance Charges</b>	For Basic Service Demat Account (BSDA) - Nil for holding below Rs. 50,000/-, Holding from Rs. 50,001/- to Rs. 200,000/- AMC of Rs. 100/- p.a., Holding above Rs. 200,000/- will be charge as applicable to Normal Demat Account.	Scheme 1.Rs.500 Scheme 2.Lifetime free AMC – Rs.2500/- Onetime Non-refundable fee	Scheme 1.Rs.2000 for corporate Scheme 2.Lifetime free AMC – Rs.10000/- Onetime Non-refundable fee
<b>2. Transaction Fee: Market/Off Market Sell (Debits) Inter Depository transfer : Sell (Debits)</b>	0.03% of transaction value subject to a minimum of Rs.75/- per transaction	IFIN POA registered accounts : 0.03% of transaction value subject to a minimum of Rs.20. per transaction, For all other transaction 0.03% of transaction value subject to a minimum of Rs.50.	IFIN POA registered accounts : 0.03% of transaction value subject to a minimum of Rs.20. per transaction, For all other transaction 0.03% of transaction value subject to a minimum of Rs.50.
<b>3. Demat Charges</b>	Rs.25/- per certificate plus Rs.50/- courier charges or actuals whichever is higher.	Rs.15 /- per certificate. Rs.50/- per DRF as courier charges or actuals whichever is higher.	Rs.15 /- per certificate. Rs.50/- per DRF as courier charges or actuals whichever is higher.
<b>4. Remat Charges</b>	A flat fee of Rs.25/- per certificate or Rs.25/- for every hundred securities or part thereof, whichever is higher plus Rs.50/- courier charges or actuals whichever is higher.	A flat fee of Rs.25/- per certificate or Rs.25/- for every hundred securities or part thereof, whichever is higher plus Rs.50/- courier charges or actuals whichever is higher.	A flat fee of Rs.25/- per certificate or Rs.25/- for every hundred securities or part thereof, whichever is higher plus Rs.50/- courier charges or actuals whichever is higher.
<b>5.Redemption of MF units through Participants</b>	Rs.25/- per transaction	Rs.10 per instruction	Rs.10 per instruction
<b>6.Reconversion of MF units in to SOA</b>	Rs.25/- per transaction plus Courier Charges of Rs.50/- or actuals whichever is higher.	Rs.25 per instruction Plus Rs.50 as courier charges or actuals whichever is higher.	Rs.25 per instruction Plus Rs.50 as courier charges or actuals whichever is higher.
<b>7. Pledge Creation / Confirmation / Pledge Closure / Closure Confirmation / Pledge Invocation</b>	0.04% of value of the pledge. Minimum Charge Rs.100/- per transaction plus	0.04% of value of the pledge. Minimum Charge Rs.50/- per transaction	0.04% of value of the pledge. Minimum Charge Rs.50/- per transaction
<b>Margin Pledge Creation / Closure :</b>	Rs.50/- per transaction	Rs.50/- per transaction	Rs.50/- per transaction
<b>8. Failed Instructions</b>	Rs.25/- per transaction	Rs.10/- per transaction	Rs.10/- per transaction
<b>9.Delivery Instruction book-let with 10 leaves, Delivery Instruction book-let with 50 leaves</b>	Rs.50/- for re-issuance of DIS Booklet. plus Rs.50 as courier charges (10 leaves)	Rs.25 for re-issuance of DIS Booklet. plus Rs.50 as courier charges (10 leaves)	Rs.25 for re-issuance of DIS Booklet. plus Rs.50 as courier charges (10 leaves)
<b>10.NDU Charges-Creation/Confirmation</b>	0.05% (minimum Rs.35/- )	0.05% (minimum Rs.35/- )	0.05% (minimum Rs.35/- )
<b>11. Client Account updation</b>	Rs.75/ per updation	Rs.50/ per updation	Rs.50/ per updation
<b>12. Demat Rejection</b>	Demat Rejections - Rs.150/- per request.	Rs.100 per rejection	Rs.100 per rejection
<b>13. CAS</b>	Rs.0.75 for cas and Rs.8 for physical @ actuals of Depository	Rs.0.75 for cas and Rs.8 for physical @ actuals of Depository	Rs.0.75 for cas and Rs.8 for physical @ actuals of Depository

**Note:**

- I Depository charges at actuals will be added for the services & charges listed above.
- I Charges quoted above and Any service not quoted above will be charged separately.
- I Depository Charges of Broking Clients will be debited to their subsequent Trading accounts.
- I Cheque return charges would be Rs.200 and GST applicable. GST and other statutory charges as applicable will be levied.
- I IFIN reserves the right to revise the rate structure from time to time giving 30 days notice.
- I Annual maintenance charges collected upfront on annual basis shall be refunded to the BO for the balance of the quarter if a/c gets closed.
- I Value of the transaction will be in accordance with rates provided by Depository.
- I Where the bill has not been paid with in the due date, interest @ 19% p.a. will be charged on the outstanding bill amount.

I/We have read and understood the "Schedule of Charges" prescribed above and agree to abide by the same.

Signature of account holders.

Signature of 1st Holder

Signature of 2nd Holder

Signature of 3rd Holder

**AUTHORITY LETTER FOR MAINTAINING RUNNING ACCOUNT****IFCI FINANCIAL SERVICES LTD.**

'Continental Chambers', 3rd Floor,  
142, Mahatma Gandhi Road,  
Nungambakkam, Chennai - 600 034.

Client Code : \_\_\_\_\_

Dear Sir,

**Sub: Authority Letter for Maintaining Running Account**

Please refer to the Trading Account opened with you, in my/our name for the purpose of dealing in CM / F&O / Currency Derivatives Segments on the Stock Exchanges.

I/We hereby confirm that I am/we are desirous of regularly dealing in CM / F&O / Currency Derivatives Segments. For the purpose of operational convenience, I/We hereby give my/our consent to maintain my/our account for funds, on running account basis without settling the account on settlement of each transaction. Further, I/We authorize you to retain excess securities given as collateral towards margin for any exchange/segment and use the same to meet my/our margin or pay-in obligations that may arise from time to time. In case there is a debit balance in my/our account, you are authorized to sell at any point of time the securities held by me/us or held on my/our behalf, at your sole discretion. Any profit or loss made on such transactions will be to my/our account as it would have occurred on normal purchase/sale made by me/us. I/We also agree to pay the balance amount, if any, after deducting credit of sale of securities. However, such excess securities available in client collateral/collateral account may be released to my/our demat account as per periodic preference selected by me/us after making necessary retention as may be permitted by the Exchanges / Regulators from time to time.

Further, I/We authorize you to deposit any and all the securities kept as collateral by me/us, from time to time, with the Exchanges / Clearing Corporation / Clearing House / Clearing Members towards margin, as permitted from time to time.

I/We further authorized you to retain securities and funds as may be permitted by Stock Exchanges / SEBI from time to time while settling my/our account.

I/We authorize you to actually settle my/our account with you once in a 30 days / once in a 90 days or such period as may be permitted by the Exchanges / Regulators from time to time.

Further, I understand that I/We can request for the release of pay-out any time after adjusting all dues towards IFCI Financial Services Limited.

I am / we are aware that this authorization can be revoked by me/us any time I/we deem fit.

Thanking you,

Yours truly,

Client Signature :  \_\_\_\_\_

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

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_



**LETTER FOR OPERATION OF ACCOUNT**

To

**IFCI Financial Services Ltd.**

'Continental Chambers', 3rd Floor,  
142, Mahatma Gandhi Road,  
Nungambakkam, Chennai - 600 034.

Dear Sir,

**Sub : Our Dealings in the Capital Market / Derivatives / Currency Segments of the  
NSE/BSE**

With reference to the captioned subject I/we request you to kindly note the following points for smooth conduct of business operations:

1. You are requested to kindly note that the orders placed/modified/cancelled by me/us should NOT be noted in the order book, as the same is a time consuming process and may lead to loss due to non-execution of the order in time due to the formalities involved.
2. I/we hereby authorise you to accept verbal instructions for placement/modification/cancellation of orders and I/we expressly agree that once the trade confirmation is sent by you and/or contract note is accepted by me/us that shall be final as far as execution/non execution/inappropriate execution of any of my/our orders for a particular trading day.
3. You are free to adjust debits/credits in between my/our various accounts, viz. (a) F&O initial margin account (b) F&O MTM a/c (c) Capital Market a/c (d) Capital Market Margin a/c or (e) Any other account maintained by me/us in any name or form with yourselves. These adjustments mentioned in the accounts (a) to (e) above may be done by passing a Journal Entry, Bank Entry or any other manner or fashion that you deem fit without my/our specific confirmation. I/We am / are aware that any amounts, which are overdue to the Members, will attract delayed payment charges at the rate of 24% per annum.
4. I/We shall not indulge in any sub-broking activities nor issue bill/contracts/confirmation notes to anyone else for the trades done on the NSE/BSE
5. My/our funds lying with you in the margin account may be used for the purpose of placing FDRs with Banks to be submitted to NSE/BSE and / or as margin FDRs for obtaining Bank Guarantee in favour of NSE/BSE and NSE/BSE Clearing House for which we hereby give consent.
6. I/we hereby authorise you to debit my/our Trading Account No. \_\_\_\_\_ for all the charges relating to my/our demat account No. \_\_\_\_\_.

Client Signature  : \_\_\_\_\_


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

Name of Client : \_\_\_\_\_

Place: \_\_\_\_\_

**CLIENT DEFAULTER DECLARATION**

I, \_\_\_\_\_ having PAN No. \_\_\_\_\_  
do hereby declare that I have not been involved in any terrorist activity and I have not been declared as defaulter or my name is not appearing in defaulter database as per SEBI/Various Exchanges / Regulatory bodies / CIBIL (Credit Information Bureau of India Ltd. ) etc.  
I further declare that the above mentioned declaration / statement is true and correct.

Client Signature  : \_\_\_\_\_

To  
**IFCI FINANCIAL SERVICES LTD.**  
'Continental Chambers', 3rd Floor,  
142, Mahatma Gandhi Road,  
Nungambakkam,  
Chennai - 600 034.

**Sub: Consent for Receipt of ECN & other digital documents**

[illegible]

I/we hereby undertake to intimate you of any change in my email id through a physical letter immediately.

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

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( 22 )

## FORM FOR NOMINATION

Annexure A to SEBI circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2022/23 dated February 24, 2022 on Nomination for Eligible Trading and Demat Accounts

<b>TM / DP</b> <b>IFCI FINANCIAL SERVICES LTD.</b>	<b>FORM FOR NOMINATION</b> (To be filled in by individual applying singly or jointly)																								
Date	D	D	M	M	Y	Y	Y	Y	UCC / DP ID							Client ID									
<input type="checkbox"/> I/We wish to make a nomination. [As per details given below]																									
<b>Nomination Details</b>																									
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.																									
<b>Nomination can be made upto three nominees in the account</b>										<b>Details of 1<sup>st</sup> Nominee</b>				<b>Details of 2<sup>nd</sup> Nominee</b>				<b>Details of 3<sup>rd</sup> Nominee</b>							
1.	Name of the nominee(s) (Mr./Ms.)																								
2.	Shares of each	Equity									%				%				%						
	Nominee	(If not equality please specify percentage)									Any odd lot after division shall be transferred to the first nominee mentioned in the form														
3.	Relationship with the Applicant (if any)																								
4.	Address of Nominee																								
	PIN Code																								
5.	Mobile / Telephone Number 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 No.																								
<b>Sr. Nos.8-14 should be filled only if nominee(s) is a minor</b>																									
8.	Date of Birth (in case of minor nominee(s))																								
9.	Name of Guardian (Mr./Ms.) in case of minor nominee (s)																								
10.	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 No.																								

Name of holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms.)	
Second Holder (Mr./Ms.)	
Third Holder (Mr./Ms.)	

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

# Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

Note:

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

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

**Name and Signature of Holder(s)\***

1. _____	2. _____	3. _____
----------	----------	----------

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



## 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
<b>IFCI FINANCIAL SERVICES LTD.,</b> <b>CHENNAI</b>	
UCC	
*DP ID (NSDL)	
Client ID	
*DP ID (CDSL)	
Client ID	
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)\*

	First / Sole Holder	Second Holder	Third Holder
* Name			
* Signature			

\* Signature of witness, along with name and address are required.

(Applicable only if the account holder affixes thumb impression, instead of signature on Nomination Form)

Name of Witness	
Address of Witness	
Signature of Witness	
Relation of Client with Witness	

In case of multiple demat accounts, Kindly provide separate nomination form for each demat account

## **ANNEXURE - 'A'**

### **Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL**

#### **Definitions:**

**In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:**

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

#### **Availability:**

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

#### **Receiving Alerts:**

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaints@cdslindia.com](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

**Fees:**

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

**Disclaimer:**

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warrant the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

**Liability and Indemnity:**

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

**Amendments:**

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

**Governing Law and Jurisdiction:**

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

BOID	1	2	0	6	1	1	0	0									
	(Please write your 8 digit DPID)								(Please write your 8 digit Client ID)								

Sole / First Holder's Name : \_\_\_\_\_

Second Holder's Name : \_\_\_\_\_

Third Holder's Name : \_\_\_\_\_

Mobile Number on which  
messages are to be sent

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

(Please write only the mobile number without prefixing country code or

zero)

The mobile number is registered in the name of: \_\_\_\_\_

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

Signatures

Sole / First Holder

Second holder

Third Holder

Place: \_\_\_\_\_

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



# DECLARATION BY KARTA & ALL CO-PARCENERS IN CASE OF HUF ACCOUNT

(This Declaration is to be submitted only if the client is a HUF)

Date:.....

## IFCI Financial Services Ltd.

'Continental Chambers', 3rd Floor,  
142, Mahatma Gandhi Road,  
Nungambakkam, Chennai-600034.

Dear Sirs,

We, the Co-Parceners of \_\_\_\_\_ (HUF) have decided to open a trading account with M/s.**IFCI Financial Services Limited** for dealing on Cash/F&O/Currency segments of NSE/BSE

Mr. \_\_\_\_\_ is the Karta / Manager of the above Hindu Undivided Family (HUF) and is authorized to open and operate singly the trading account with M/s.IFCI Financial Services Limited, in the name of the HUF for the purpose of making use of the broking, trading and other services offered by you and sign all forms and documents for and on behalf of the HUF.

We declare and state that the Karta is authorized to sell, purchase, transfer, endorse, negotiate, execute, open account where necessary, place orders, receive / acknowledge contract notes/ledgers, receive/make payments and / or otherwise deal through IFCI Financial Services Limited on behalf of the HUF. IFCI Financial Services Limited is hereby authorized to honour instructions, oral or written, given on behalf of the HUF and has full unrestricted authority to bind all members of the HUF, however constituted from time to time. The specimen signatures of all the co-parceners are given below.

We are, however, jointly and severally responsible for all liabilities of the said HUF to the Member and agree and confirm that any claim due to the Member from the said HUF shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parcener of the said joint family, including the share of the minor co-parceners, if any.

We undertake to advise the Member in writing of any change that may occur in the Kartaship or in the constitution of the said joint family or of said HUF firm and until receipt of such notice by the Member which shall be binding of the said joint family and the said HUF firm and on our respective estates. We shall, however, continue to be liable jointly and severally to the Member for all dues, obligations of the said HUF firm in the Member's book on the date of receipt of such notice by the Member and until all such dues and obligations shall have been liquidated and discharged.

Sl.No.	Name	Male / Female	PAN No.	Date of Birth	Relationship with Karta

We have received and read a copy of the Member's rules and regulations for the conduct of Share Trading Accounts and we agree to comply with and be bound by the said rules now in force or any changes that may be made therein from time to time.

Yours truly,

Signature of Karta    1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Signature of Co-Parceners

(with rubber stamp)

(F1)

## FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATES

(To be obtained on the pre-printed Letter head of the Firm)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_ AND HAVING ITS REGISTERED OFFICE AT \_\_\_\_\_ HELD ON \_\_\_\_\_ DAY OF \_\_\_\_\_ 202\_\_ AT \_\_\_\_\_

Resolved that the Company is empowered to deal in Capital Market / Futures & Options / Currency Derivatives / Debt Market Segment/s or any others segment that may be introduced by NSE/BSE and in pursuance of the same enter into agreement with IFCI Financial Services Limited Depository Participant of NSDL/CDSL Member of National Stock Exchange of India Ltd. (NSE) Bombay Stock Exchange Ltd. (BSE) / the said Depository Participant / Trading Member be and hereby authorized to open demat / trading A/c honour instructions, oral or written, given on behalf of the Company by any of the under noted authorized signatories.

Sr.No.	Name	Designation
--------	------	-------------

1.	_____	_____
2.	_____	_____
3.	_____	_____

Who is/are authorized to dematerialize, rematerialize sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through IFCI Financial Services Limited on behalf of the Company.

Resolved further that Mr. \_\_\_\_\_ and/or Mr. \_\_\_\_\_ and/or Mr. \_\_\_\_\_ Authorized Signatory of the Company be and hereby authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this resolution.

Resolved further that the Common Seal of the Company be affixed, wherever necessary, in the presence of any Directors or of any one Director and Company Secretary, who shall sign the same in token of their presence.

For \_\_\_\_\_ Director / Company Secretary  
(Signature to be verified by the Banker)

### SPECIMEN SIGNATURES OF THE AUTHORIZED PERSONS

Sr.No.	Name	Specimen Signatures
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1.	_____	 _____
2.	_____	 _____
3.	_____	 _____

The above signatures to be attested by the person signing the resolution for account opening behalf of the Company.

(F2)

## **AUTHORITY LETTER IN FAVOUR OF MANAGING PARTNER/S**

**(To be obtained on the pre-printed Letter head of the Firm)**

We, the partners of M/s \_\_\_\_\_ a partnership firm, having its office at \_\_\_\_\_ (office address)

City \_\_\_\_\_ State \_\_\_\_\_ hereby authorize Mr./Ms. \_\_\_\_\_

and Mr./Ms. \_\_\_\_\_ to open Securities Trading Account in Capital Market / F&O / Currency Derivatives / Retail Debt Market segment on behalf of the firm M/s. \_\_\_\_\_

with the Trading Member M/s. IFCI Financial Services Limited for sale and purchase of shares / debentures / derivative instruments in Capital Market (CM) and/or Futures & Options (F&O) and/or Currency Derivatives and/or Retail Debt Market (RDM) Segment/s or any other segment that may be introduced by NSE/BSE in future. He/She/They is/are authorized on behalf of the firm to deal in equities, derivatives, debentures, debt products and the said Trading Member is hereby authorized to honour all instructions oral or written, given on behalf of the firm by him/her/them.

Mr./Ms. \_\_\_\_\_ and/or Mr./Ms. \_\_\_\_\_

is/are authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through IFCI Financial Services Limited on behalf of the firm M/s. \_\_\_\_\_

He / She / They is/are also authorized to sign, execute and submit such applications, undertakings, agreement and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. However any partner / authorized signatory(ies) can issue cheques from bank account(s) in favour of IFCI Financial Services Limited, for credit to share trading account of the firm with IFCI Financial Services Limited even though his/their signatures may not be available on the records of IFCI Financial Services Limited. These cheques may either be from the account of partnership firm or from individual account, the said amount so given shall be solely / exclusively for the account of the firm maintained with IFCI Financial Services Limited.

Further, we recognize that a beneficiary account cannot be opened with a Depository Participant in the name of the partnership firm as per regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the securities transfer obligations, pursuant to the trading operations, we authorize you to recognize the beneficiary account No. \_\_\_\_\_ with DP \_\_\_\_\_ having DPID \_\_\_\_\_ opened as a single/joint account in the name of the Managing Partner/partners of the firm.

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

Signature :

(Instructions : Should be signed by all the partners of the firm)



## **Provisions of Prevention of Money Laundering Act. 2002**

Prevention of Money Laundering Act, 2002 (PMLA) forms the core of legal framework put in place by India to combat money laundering and related crimes. PMLA and the Rules notified there under came into force from 1st July, 2005. Under PMLA, all the entities registered with SEBI are required to furnish information of all the suspicious transactions whether or not made in cash to FIU-IND. Under Section 3 of PMLA, projecting proceeds of crime as untainted property is an offence of money laundering liable to be punishment under section 4 of the PMLA.

Money Laundering involves disguising financial assets so that they can be used without detection of the illegal activity that produced them. Through money laundering, the launderer transforms the monetary proceeds derived from criminal activity into funds with an apparently legal source.

Financial Intelligence Unit-India (FIU-IND) is the central national agency of India responsible for receiving, processing, analyzing and disseminating information of suspect financial transactions. FIU-IND is also responsible for coordinating and strengthening efforts of national and international intelligence, investigation and enforcement agencies in combating money laundering and related crimes.

Section 2 (1) (g) of PMLA Rules defines suspicious transaction as transaction whether or not made in cash which, to a person acting in good faith:

- (a) gives rise to a reasonable ground of suspicion that it may involve the proceeds of crime : or
- (b) appears to be made in circumstances of unusual or unjustified complexity; or
- (c) appears to have no economic rationale or bonafide purpose; or
- (d) gives rise to a reasonable ground of suspicion that it may involve financing of the activities relating to

terrorism

Some examples of suspicious transactions reported to FIU-IND are as under

<b>Category</b>	<b>Examples of Suspicious transactions</b>
Identity of Clients	<ul style="list-style-type: none"><li>● Identification documents were found to be forged</li><li>● Address details given by the account holder were found to be false</li><li>● Doubt over the real beneficiary of the account</li></ul>
Suspicious Background	<ul style="list-style-type: none"><li>● Positive match of name and date of births with person on various lists</li><li>● Account of publicly known criminals</li></ul>
Multiple Accounts	<ul style="list-style-type: none"><li>● Large number of accounts having a common account holder, introducer or authorised Signatory with no rational or bona fide purpose</li><li>● Unexplained transfers between multiple accounts with no rationale</li></ul>
Activity in Accounts	<ul style="list-style-type: none"><li>● Unexplained activity in dormant accounts</li><li>● Unexplained activity in account inconsistent with what would be expected from declared Business</li></ul>
Nature of Transactions	<ul style="list-style-type: none"><li>● Doubtful sources of Funds</li><li>● Doubtful overseas fund transfer</li><li>● Doubtful foreign remittance to non relatives</li><li>● Doubtful cash deposits in a bank account at multiple locations</li><li>● Suspicious use of ATM/Credit card</li><li>● Doubtful foreclosure of loan account in cash</li><li>● Suspicious off-market transactions in demat accounts</li></ul>
Value of transactions	<ul style="list-style-type: none"><li>● Multiple transactions of value just under the reporting threshold amount in an apparent attempt to avoid reporting</li><li>● Unexplained large value transaction inconsistent with the client's apparent financial Standing</li></ul>

All the clients are therefore requested to make a note of the same and get familiarise with the provisions of the PMLA.