

## Account Opening Form - Individual Form Type



|  |  | DIV   | 1001   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
| I/we wish to open a new  Ordinary Resident   | ☐ Demat A/c  | ☐ Trading A/c   | Demat A/c with   | ISDL CDSL BSDA*  (*If not indicated will be treated as 'NO')   |  |  |  |  |
| 1. A/C HOLDER DETAILS  |  |   |  |  |  |  |  |  |
| 1st Holder Name:  2nd Holder Name:  3rd Holder Name:                                     | F   R   S   T   F   R   S   T   F   R   S   T  | NAME M<br>NAME M  | 1  | E LAST NAME  E LAST NAME  E LAST NAME  |  |  |  |  |
| 2. TRADING PREFERENCE  | E (Exchanges & Se  | gments) (Tick) (Segme   | nt not chosen should be stru   | ck off)  |  |  |  |  |
|  | ,  |   |  | ,  |  |  |  |  |
| NSE - Cash   | older Signature  | NSE-F&O*  | ≥ 1st Holder Signature   | SSE-Cash Z1st Holder Signature   |  |  |  |  |
| MCX - Commodity*   | older Signature  | NCDEX - Commodity*  | <b>≤</b> 1st Holder Signature  | NSE - Currency*   ## 1st Holder Signature  |  |  |  |  |
|  |  |   |  | derivative products please submit valid financial proofs   |  |  |  |  |
| 3. TARIFF PLAN (DEMAT  | & TRADING) I/We  | e have read & underst   | ood the terms & conditions a   | nd wish to avail the following plans   |  |  |  |  |
|  | kerage Plan (Tradi   |   | riff for Retail Oth  | er: Plan Code (Trading)  |  |  |  |  |
| 4. BANK A/C details for lin  | king with Demat a  | and Trading Account   |  |  |  |  |  |  |
| Name of Bank:  |  |   | Bank Account No:   |  |  |  |  |  |
| Type of Account:   | С  | ust ID*:  |  | MICR Code:   |  |  |  |  |
| IFSC Code:   |  | Branch Address:   | *No  | ote Customer ID for Axis Bank customer is mandatory*   |  |  |  |  |
| 5. DEMAT A/C DETAILS F   | OR LINKING WIT   | H TRADING ACCOU   | NT   |  |  |  |  |  |
| Name of DP:  |  | Den   | ository (NSDL/CDSL):   |  |  |  |  |  |
| DP ID:   |  | ·   | eficiary ID:   |  |  |  |  |  |
| 6. FATCA - CRS DECLARA   | TION   |   |  |  |  |  |  |  |
|  | country/ies in whi   | ch the entity is a resid  |  | f the country/ies mentioned in the table associated Tax ID Numbers below:  |  |  |  |  |
| Country# Tax Identification Number %   |  | fication Type<br>er, please specify)%                                     |  | Iress for Tax Purpose anent Please note the address below  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
| Date: DD MM Y  | Date: DD MM YYYY Place:  |   |  |  |  |  |  |  |
|  |  |   |  | where the individual is citizen/green card holder of USA   |  |  |  |  |
| the information requirement<br>complete and hereby accep<br>Declaration: I hereby declar | nt of this Form and<br>t the same.<br>The that the details for<br>the anges therein, imi | d hereby confirm that<br>furnished above are tr<br>mediately. In case any | t the information provided but<br>ue and correct to the best of<br>of the above information is f | CA-CRS Certification: I hereby understood y me/us on this form is true, correct and my/our knowledge and belief and I underound to be false or untrue or misleading or |  |  |  |  |





| KNOW YOUR CLIENT (KYC)   |  |  |  |  |
|--|--|--|--|--|
| (Please fill the form in ENGLISH and in BLOCK LETTERS)  A) IDENTITY DETAILS  |  |  |  |  |
|  |  |  |  |  |
| 1. Name of the Applicant   |  |  |  |  |
| 2. Father's / Husband's Name   |  |  |  |  |
| 3. a. Gender Male Female Transgender 3 b. Marital status Single Married  |  |  |  |  |
| 3. c. Date of Birth DD MM YYYYY  |  |  |  |  |
| 4. a. Nationality  |  |  |  |  |
| 4. b. Status Resident Individual Non-Resident Foreign National   |  |  |  |  |
| 5 b. Aadhaar Number, if any  |  |  |  |  |
| 6. Specify the proof of the Identity submitted Pan Card Any Others (Please specify)  |  |  |  |  |
| B) OCCUPATION & INCOME (PLEASE TICK)   |  |  |  |  |
| <ul> <li>□ Private Sector</li> <li>□ Public Sector</li> <li>□ Govt. Service</li> <li>□ Business</li> <li>□ Professional</li> <li>□ Agriculturist</li> <li>□ Retired</li> <li>□ House-Wife</li> <li>□ Student</li> <li>□ Other</li> </ul>   |  |  |  |  |
| Income per annum: Rs. <a></a> < 1 Lac <a></a> 1 to 5 Lac <a></a> 5 to 10 Lac <a></a> <a></a> 10 to 25 Lac <a></a> <a></a> More than 25 Lac <a></a> OR  |  |  |  |  |
| Net worth is Rs (Should not be older than 1 year)  |  |  |  |  |
| C) ADDRESS DETAILS   |  |  |  |  |
| 1. Residence / Correspondence Address Correspondence Address Residence Address   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| City / Town / Village PIN Code   |  |  |  |  |
| State Country Country  |  |  |  |  |
| 2. Specify the Proof of address submitted for Residence / Correspondence Address:  |  |  |  |  |
| 3. Contact Details: Tel (Off.)   |  |  |  |  |
| Mobile No. Fax No. Fax No.   |  |  |  |  |
| Email ID   |  |  |  |  |
| 4. Permanent Address (If different from above, Mandatory for Non-Resident Applicant to specify overseas address)   |  |  |  |  |
|  |  |  |  |  |
| City (Taylor (VGII) and City ( |  |  |  |  |
| City / Town / Village PIN Code   |  |  |  |  |
| State Country Country  |  |  |  |  |
| D) 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.  |  |  |  |  |
| Date: □□□ MM YYYY Place:    ## Signature of the Applicant  |  |  |  |  |
| OFFICE USE ONLY  |  |  |  |  |
| ☐ Originals verified and Self-Attested Document copies received  |  |  |  |  |
| ☐ In-Person-Verification (IPV) Done:   |  |  |  |  |
| a. Name of the Person  |  |  |  |  |
| b. Designation   |  |  |  |  |
| c. Name of Organisation  |  |  |  |  |
| Date: DD MM YYYYY  |  |  |  |  |



CUSTOMER DECLARATION

| A) OTHER DETAILS  |  |
|---|--|
| a) Are you a politically exposed person (PEP): $\Box$ Yes $\Box$  | □No  |
| b) Are you related to any PEP:  Yes  No   |  |
| -   | entation through a SEBI registrered intermediary  Yes  No extronic Contract Note (Default) Mention Email same as mentioned in KYC Form   |
| e) I wish to avail the facility of internet trading 'wireless t   |  |
| f) Details of past actions/proceedings initiated/pending/   | (taken by SEBI/stock exchange/any other authority against the applicant/constituent ed person in charge of dealing in securities during last 3 years Yes No  |
| If Yes: Provide Details:  |  |
| g) Number of years of investment / trading / commodity i  | market experience Any other Information  |
| h) I wish to nominate $\Box$ (Please fill up attached nominati  | ion form) $\square$ I do not wish to nominate  |
| Below Declaration is applicable for Demat Account only:   | :  |
| i) Mode of receiving Demat Account Statement and Annu   | ual Report: Electronic Both (Physical & Electronic)  |
| Account statement frequency: $\square$ As per SEBI Regulation   | on Daily Weekly Fortnightly Monthly  |
| j) I/We request you to send electronic transaction cum ho   | olding statement at the email ID <b>Yes</b> No   |
| k) Share the email ID with RTA <b>Yes</b> No  |  |
| I) DP account to be operated through Power of Attorney  | ☐ Yes ☐ No   |
| m) I/we authorize you to receive credit automatically into  | o my A/c 🔲 <b>Yes</b> No   |
| n) I/we want to receive the Delivery Instruction Slip book  | klet (DIS) Yes No (If not indicated, will be treated as 'No')  |
| Account opening form) for dividend purpose, recovery this authorization as irrevocable till further instruction   | per details mentioned in Bank and demat details in Section 4& 5 (Demat & Trading of Demat related charges and linking to my Axis Securities Trading A/c. Please treat from my/our side is received in writing & duly acknowledged by you |
| from my or our end. (If not marked the default option w   | edge instructions in my/our account without any other further instruction vould be "No") Yes <b>\backsigm\ No</b>  |
| q) I/We hereby state: I do not have GST Number I h  |  |
| r) SMS alert facility(Mandatory if POA is given) Mobile Nu  | umber: +91   |
| s) I wish to avail the TRUST (Transaction Using Secured Te<br>I have read and understood the T&C prescribed by CD | exting) facility using the mobile number registered for SMS alert facility. SSL for the same $\ \square$ Yes $\ \square$ No  |
| To register for easi, please visit website www.cdslindia.co portfolio online)                                     | om (Easi allows a BO to view his ISIN balances, transations and value of the   |
| B) DEALING THROUGH AUTHORISED PERSON  |  |
| Whether client is dealing through Authorised Person,  | Yes No (pl. tick). If Yes, provide the following details:  |
| Authorised Person's Name:   | SEBI Reg. No:Phone:  |
| Registered off. Add:  | Fax:Website:   |
| Whether dealing with any other Stock Broker/Authorised  | d Person (in case dealing with multiple Stock Brokers/Authorised Person) $\square$ Yes $\ \square$ No  |
| (If Yes, provide details of all) Name of Stock Broker:  | Exchange:  |
| Name of Authorised Person, <u>if any:</u>   | Client Code:   |
| Details of disputes/dues pending from/to such Stock Bro   | ker/Authorised Person  |

#### C) DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / we are aware that I/We may be held liable for it. I/we confirm having read / been explained and understood the contents of the document on policy and procedures of the Stock Broker and the tariff sheet. I/we further confirm having read and understood the contents of Part B of the Account opening form comprising of Rights and Obligations of the Beneficial Owner and Depository Participant, Rights and Obligations of Stock Brokers, Sub Brokers & Clients, Rights and Obligations of Margin Trading, Risk Disclosure document, Investor Charter, Policy & Procedures, Guidance Note, Additional Terms and Conditions & Schedule of Charges. I / we do hereby agree to be bound by such provisions as outlined in these documents. I/We acknowledge the receipt of copy of above Part B document. I/We have also been informed that the standard set of documents has been displayed for information on www.axisdirect.in. The Rules and Regulations of the Depository and Depository Participant, pertaining to an account which are in force now, have been read by me/us and I/We have understood the same and I/We agree to abide by and to be bound by the rules as are in force from time to time for such account.

My personal details / KYC details may be shared with Central KYC Registry

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



#### D) TARIFF SHEET

| Plan Code                       | Account Opening<br>Charges<br>(With GST 18%) | Complimentary<br>Delivery Turnover<br>(CDT) * | Special Brokerage rate Validity Period | Value Added Services   |
|---------------------------------|--|---|--|------------------------|
| Prosperity/Fixed Brokerage Plan | Rs. 999/-                                    | Nil   | NA                                     | NA                     |
| AP1500                          | Rs. 1770/-                                   | Rs.300000/-                                   | 6 months                               | NA                     |
| NN5555                          | Rs. 6555/-                                   | Rs.1200000/-                                  | 12 months                              | Direct Trade Terminal# |
| DSP10000                        | Rs. 11800/-                                  | Rs.2500000/-                                  | 12 months                              | Direct Trade Terminal# |

#### **Brokerage Rates (Post utilisation of CDT)**

| Plan Code                       | Cash / Emargin<br>Product (Each Leg) | Intraday / Cover<br>Product (Each Leg) | Future (Each Leg) | Option (Each Lot/Leg) |
|---------------------------------|--------------------------------------|--|-------------------|-----------------------|
| Prosperity/Fixed Brokerage Plan | 0.50%                                | 0.05%                                  | 0.05%             | Rs.10/-               |
| AP1500                          | 0.35%                                | 0.035%                                 | 0.035%            | Rs.10/-               |
| NN5555                          | 0.20%                                | 0.02%                                  | 0.02%             | Rs.10/-               |
| DSP10000                        | 0.10%                                | 0.01%                                  | 0.01%             | Rs.10/-               |

<sup>\*</sup>Turnover= Buy + Sell transactions. # Free for 6 months

#### Terms & Conditions:

D

- 1. Brokerage will be charged as per applicable rate subject to a minimum of Rs.25/- per executed order for RI & Non Individual & Rs. 50/per executed order for NRI and a maximum of 2.5%. In case the minimum brokerage calculated comes to more than 2.5%, then the amount
  that will be charged as a brokerage will be limited to 2.5%. For securities quoting upto Rs. 10.00 per share, Brokerage will be charged at Rs.
  0.03 per share, subject to minimum of Rs. 25/- per executed order and a maximum of Rs. 0.25 per share. In case the minimum brokerage
  calculated comes to more than Rs. 0.25 per share, then the amount that will be charged as brokerage will be limited to Rs. 0.25 per share.
  2. In case of CDT, minimum brokerage of 1 paise per share shall be charged till the complimentary delivery turnover limit, subject to
  utilization up to plan validity period.
- 3. Please refer page no 8 & Part B for other terms & conditions.

| this is complimentary against a | buy ETF unit(s) not exceeding<br>ccount opening fees paid and r |                             |             |                         | tha |
|---------------------------------|---|-----------------------------|-------------|-------------------------|-----|
| ≰ 1st Holder Signature          |   | ్<br>క 2nd Holder Signature |             | ∕∕ 3rd Holder Signature |     |
| E) INTRODUCER DETAILS (OI       | PTIONAL)  |                             |             |                         |     |
| Name of the Introducer:         | SURNAME   | NAME                        | MIDDLE NAME |                         |     |
| Address of Introducer:          |   |                             | Phone No.:  |                         |     |
| Status of the Introducer:       |   |                             |             |                         |     |
| Sub-broker/Remisier/Authorized  | Person/ Existing Client/ Othe                                   | ers,                        |             |                         |     |
| Please specify                  |   |                             |             |                         |     |
| . 10000 0,000                   |   |                             |             |                         |     |
|                                 | OF  | FICE USE ONLY               |             |                         |     |
| Bank SOL ID:                    | LG Code:  | LC Code:                    | Lead II     | D:                      |     |

#### UCC code allotted to the client

|                             | Documents verified with Originals | Clients Interviewed by | In-Person Verification done by |
|-----------------------------|-----------------------------------|------------------------|--------------------------------|
| Name of the Employee        |                                   |                        |                                |
| Designation & Employee Code |                                   |                        |                                |
| Signature and Date          |                                   |                        |                                |

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

| ate: |  |  |  |  |  |
|------|--|--|--|--|--|



#### ANNEXURE TO TRADING ACCOUNT OPENING FORM

The execution of this document by the client is voluantary. However in case the client wish to avail of the online trading services with the linkage of Broking and Bank account, then execution of this document by the client is required in order to facilitate seamless and hassle free trading and settlement of transactions.

### NON-MANDATORY DOCUMENTS POWER OF ATTORNEY (THIS DOCUMENT IS VOLUNTARY)

This Power of Attorney ("Power of Attorney") is given on the

day of

:0 I

a) The person(s) specified in the Schedule [A] hereinafter referred to as the "Bank Account Holder(s)"

#### WHEREAS:

A. The Client (the person set out in Schedule [C]) has read and understood the SEBI prescribed Rights and obligations and desirous of entering into a broking relationship with Axis Securities Limited(ASL), a company, incorporated under the provisions of the Companies Act, 1956, being a Member of BSE Limited, National Stock Exchange of India Ltd., MCX Limited & NCDEX Limited, having its registered office at Axis House, 8th Floor, Wadia International Centre, Pandurang Budhkar Marg, Worli, Mumbai - 400 025 (hereinafter called the "Stock Broker") for dealing in Securities and Commodities, broking services and other services as may be availed by the client from time to time.

B. The Bank Account Holders hold bank account/s with the bank (the "Bank"), and bearing bank account number/s as mentioned in the Schedule [B] hereunder under title "Bank Account Details" (hereinafter referred to as the "Bank Account");

C.The Bank Account Holder(s) are collectively reffered to as the "Joint Account Holders"

D.To facilitate proper execution of the Client's transactions, the Joint Account Holder(s) are granting this power of attorney in favour of the Stock Broker for the purpose of executing instructions, orders or requests and/or handling obligations in respect of transactions made with the Stock Broker.

#### I. DEFINITIONS:

a) "Securities" includes "Securities" as defined under the Securities Contracts (Regulation) Act, 1956;

#### II. POWER OF ATTORNEY

I/We, the Joint Account Holders do hereby authorize/nominate/appoint the Stock Broker for the purpose hereof acting through any of its officers or employees or any sub-agents or delegates, to be my/our true and lawful agent and attorney for me/us and on my/our behalf (the "Attorney") and in my /our name from time to time to do and exercise or cause to be done and exercised all or any of the following acts, powers and authorities:

1. To operate and to transfer funds from the Bank Account in my/our name, for facilitating transactions in Securities /Commodities by the Stock Broker as a Stock Broker, for meeting my/ our settlement obligations/ margin requirements in connection with the trades executed by me/us on the Stock Exchange through the Stock Broker and for recovering any outstanding amounts due from me/ us to the Stock Broker arising out of my/ our trading activities on the Stock exchanges through the Stock Broker, towards any monies/ fees/ charges outstanding or payable by virtue of me /us using / availing / subscribing to any of the products/facilities/ services offered by the Stock Broker.

To block and/or hold and/or create lien on all or any of the monies lying in the Bank Account(s) in accordance with the instructions of the Stock Broker in accordance with the powers given hereby. To block and transfer funds for meeting obligations arising out and pursuant to I/we subscribing to such other products/facilities/services through the Stock Broker like mutual funds, public issues (shares as well as debt instruments), rights, offer of shares, tendering shares in open offers pursuant to my/our instructions, including applying for redemptions.

- 2. Transfer funds from the Bank account towards monies/fees/charges etc. due to the StockBroker/Depository Participant/Principal payable by virtue of, I/We using/subscribing to any of the facilities/services availed by me/us, at my/our instance.
- 3. To sign necetssary slips / forms / documents etc. which are required for performing the powers hereby conferred.
- 4. To comply and /or cause to be complied with all statutory and other requirements.

I/we hereby agree to ratify and confirm the acts of the said attorney done lawfully or cause to be done by virtue of these presents. The Attornery is authorized to send to me / us consolidated summary of scrip wise buy and sell position taken by me/us with average rates by way of short messaging services or e-mails on a daily basis. The Bank accordingly is authorized and has consented to follow the instructions of my/our said Attorney with resepct to the powers set forth with respect to my/our Bank Account.

The Attorney may appoint and remove at its discretion any authorized signatories for or under the Attorney in respect of all or any of the matters contained herein upon such terms and conditions as the Attorney may think fit.

The Stock Broker shall return to me/us the funds that may have been received by it erroneously or those fund that it was not entitled to receive from me/us.

This Power of Attorney (POA) shall continue in full force and effect until the Attorney shall receive intimation of revocation or in the event of the termination thereof by my/our death until the Attorney shall have received actual intimation thereof. The Attorney shall not act on any instructions received subsequent to the intimation of such revocation. However, such revocation shall not be applicable for any outstanding settlement/margin obligation arising out of the transactions carried out prior to receiving request for revocation of Power of Attorney.

(In case of joint bank account, signature of all holders is mandatory)

To induce Stock Exchanges, clearing corporation/house, mutual funds, body corporates, banks, approved intermediaries and registrars and share transfer agents (herinafter collectively reffered as "Transfer Agent") or other third party to act, I/We hereby agree that any Transfer Agent or other third party receiving a certified true copy of this Power of Attorney may act upon it, and that revocation or termanitaion hereof sahll be ineffective as to such Transfer Agent or other third party, unless and until actual notice or knowledge of such revocation or termination shall have been received by such Transfer Agent or other third party.

I/We do hereby agree that in case the constitution is changed in case of non individual client, I/We shall execute a fresh POA to the satisfaction of the Stock Broker.

I/We specifically agree that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws. In respect of disputes arising out of transactions or matters governed by the relevant Stock Exchange(s), the same shall be subject to the regional arbitration centres of the relevant Stock Exchange(s). In all other cases, disputes shall be subject to the jurisdiction of the courts at Mumbai in India.

This Power of Attorney does not intend to give any exclusive rights to operate to Stock Broker on the Bank Account. The Stock Broker as my/our constituted Attorney may seek from the Bank information regarding my/our funds balances for the transactions effected/to be effected by me/us or on behalf of me/us through the Stock Broker and the Stock Broker may also provide transaction information to Bank, from time to time, in order to complete settlement of transactions. In case of merger/demerger of ASL with another entity/into another entity, the scheme of merger/demerger should be approved by High Court and one month prior intimation given to me/us about the corporate restructuring to facilitate me/us to continue or discontinue with ASL

#### Schedule 1 Stock Broker Bank Account Details

Address:

| Bank Name               | Axis Bank Limited |                                    |                                    |                 |                 |  |  |
|-------------------------|-------------------|------------------------------------|------------------------------------|-----------------|-----------------|--|--|
| Bank Account<br>Numbers | , , ,             | 910020019950516<br>918020023510940 | 912020040140939<br>918020023113387 | 918020023436910 | 918020023249622 |  |  |

Any other Account(s) of the Stock Broker substituted for or in addition to the above as may be notified on the website and/or by way of electronic mail and as decided by the Stock Broker from time to time. In case of any changes in the Bank accounts, the same shall be communicated accordingly.

# Name of Bank Account Holders First Holder Second Holder

### SCHEDULE B-BANK ACCOUNT DETAILS Bank & Branch AXIS BANK LIMITED Account No. :

|                   |     | SCHEDULE C-CLIE | NT DETAILS   |  |  |
|-------------------|-----|-----------------|--------------|--|--|
| Name of the Clier | nt: |                 | Client Code: |  |  |

IN WITNESS WHEREOF I/We have hereunto set and subscribed our respective hands on the day and date as first mentioned in the Schedule.

| Sr. No. | Holder                     | Name | Signature |
|---------|----------------------------|------|-----------|
| 1       | Sole/ 1st Holder           |      | Æ         |
| 2       | 2nd Holder in Bank Account |      | K         |

| Zild Floidel in Balik / lessaite |                       |                  |
|----------------------------------|-----------------------|------------------|
| Name of Witness :                | Accepted for Axis Sec | curities Limited |
| ∠ Witness Signature :            |                       |                  |
| Address:                         | Place :               | Date: DD MM YYYY |
|                                  |                       |                  |

#### ANNEXURE - A

The execution of this document by the client is voluntary. However in case the client wish to avail of the online trading services with the linkage of Broking and Demat account, then execution of this document by the client is required in order to facilitate seamless and hassle free trading and settlement of transactions.

#### NON-MANDATORY DOCUMENT

#### **DEMAT DEBIT AND PLEDGE INSTRUCTION** (THIS DOCUMENT IS VOLUNTARY)

I / We hold or in the process of opening Demat account with Axis Securities Limited (ASL), a depository participant (DP) Registered with SEBI (the "DP").

**DEMAT ACCOUNT DETAILS** 

Client ID:

Application No.

| Sr. No. | Purpose  |   | Signature of Client(s) |
|---------|--|---|------------------------|
| 1       | Exchange related deliveries / settlement oblig | gations arising out of trades executed by | K                      |
| ·       |  |   |                        |
|         |  | 51 II                                     |                        |
| 2       | (CM) for the purpose of meeting margin requi   | <u> </u>                                  |                        |
|         | the trades executed by the clients on the Stoc | ck Exchange.                              |                        |
|         |  |   |                        |
|         |  |   |                        |
| Name    | of the client (Demat account First holder)     |   |                        |
| Name    | of the client (Demat account Second holder)    |   |                        |
| Name    | of the client (Demat account Third holder)     |   |                        |
|         |  |   |                        |
|         |  |   |                        |

7

2-IN-1 V1.4

NSDL-IN304295

CDSL-12049200

V1.4/2-in-1 AOF/30-08-2022

The execution of this document by the client is voluntary. However in case the client wish to avail of the online trading services with the linkage of Broking, bank and demat account, then execution of this document by the client is required in order to facilitate seamless and hassle free trading and settlement of transactions.

#### TERMS AND CONDITIONS (THIS DOCUMENT IS VOLUNTARY)

1. The Client shall maintain such Margin as may be stipulated by Axis Securities Limited (ASL) from time to time. In case the Client does not provide the required Margin within the time frame stipulated by ASL, then ASL shall take such other action as it may think fit and proper. ASL may require the Client to pay additional Margin immediately in case of high volatility. 2. The Client undertakes to monitor the adequacy of the collateral and the market value of such collateral on a continuous basis. 3. ASL as risk containment measure shall have the discretion to square off/sell all or some of the client positions/collaterals/securities, without any notice to the client. 4. The Client is responsible for all orders, including any orders that may be executed without the required Margin in the Client's account. 5. ASL shall have the discretion to allow or disallow trading by the client in certain scrips / contracts / products / services. 6. No transaction request shall be assumed to be executed / modified until a confirmation from ASL is received by the Client. 7. The client authorizes ASL to close out the transactions in case the Client fails to make full payment to ASL or if there is debit in client's account with ASL. Also, ASL may square off open client's margin/leveraged positions in case the scrip price is nearing its daily price band or due to any adverse development concerning the client's position or scrip. 8. The client agrees that ASL shall not be liable for non-execution or delay in the execution of any order due to system/network issue or due to any reason beyond the control of ASL. 9. The client shall pay to ASL outstanding debit balance if any in his/her account from time to time without any delay. In case of delay, interest on delayed payment @ 18 % per annum shall be charged on outstanding amount including on interest amount already charged. 10. The losses incurred on client's account will be to the account of the client only. Neither ASL nor any of its employees/agents shall in any circumstances be liable for any loss, lost profits, cost, liability, expense or damage occurred (to the client. 11. The client authorises ASL to obtain details in relation to the transactions and balances in respect of the securities held in his/her demat account for the purpose of collating and displaying details in the personalised portfolio watch page. The client acknowledges that the services under 'Portfolio Watch' being provided are as an add on facility and for client convenience only and ASL shall not be liable for any inaccurate display of data due to any unintended error etc. 12. The client authorizes ASL to deposit from time to time client's collateral and deposits with the Exchanges/Clearing Corporation for meeting client's margin requirements and other obligations. 13. The client authorises ASL to provide the communications through SMS and/or telephone calls on the registered mobile number(s), even if the clients contact number is registered with the National Do Not Call Registry etc. The client confirms that he/she shall not make any complaint to the TRAI/Service provider in relation to any call/communications received from ASL and shall not hold ASL liable. 14. The client authorizes ASL to place Mutual Fund transactions as per the instructions provided. 15. The client authorise ASL to set off outstanding in any of the account of the client against credits available or arising in any other accounts/segments/exchanges maintained with ASL. 16. The client authorizes ASL to use the client account details/KYC details/Bank Debit card details/registered telephone numbers/TPIN etc. as method of verification of the client's identity as the caller and then take orders, instructions from the caller over the phone. All such orders, instructions etc. shall be deemed to have been placed by the client and biding on the client. 17. The Client acknowledges that he/itis fully aware of and understands the risks associated with availing of the services for routing orders over the telephone including the risk of misuse and unauthorized use of his/its details and/or username and/or TPIN and/or Bank Debit card details by a third party. The Client agrees that he/it shall be fully liable and responsible for any and all unauthorized transactions and unauthorized use of the above. 18. The client shall not have recourse to dispute redressal mechanism/arbitration mechanism/investor protection schemes of the Stock Exchanges/SEBI, in case the client avails services under any schemes/leagues/competitions etc. offered by any third party/group company/associate of ASL, and concerning such services. 19. The client agrees that non-receipt of bounced mail notification by ASL shall amount to delivery of the contract note at the email ID of the client. 20. The Trading Member may keep the unutilised margin deposits of the client in bank deposits. However, no interest shall be passed on to the client earned for such deposits, 21. I have opted to receive Part B comprising of Rights & Obligations (Trading and Demat separately). Uniform Risk Disclosure document and Guidance Note etc. in the form of Physical Electronic (If the applicant does not select the check box, default option is physical for forms received in Physical and Electronic for others). 22. I/We hereby expressly consent to and authorize Axis Securities Limited (whether acting by itself or whether in an automated manner or otherwise), to seek/ share my personal information regarding my demat / bank account from/ with Axis Bank Limited including details of transactions effected by me/ us, and Funds/Securities (demat account) balances in relation of the securities held in my/our name, for the purposes of displaying such details on app/website of Axis Bank for the sake of my convenience and better viewing experience of my account balances on one platform, and for completing settlement of transactions.

#### **RUNNING ACCOUNT AUTHORISATION**

I/We hereby authorise ASL as follows, in respect of my/our trading account with ASL:

To maintain my account, on a running account basis, i.e. instead of paying to me/us any amounts representing payouts, settlement dues, marked to market profits on the settlement date, to retain, withhold, set-off and / or appropriate for such purposes and in such manner as ASL may deem fit, including towards settling outstanding obligations on a settlement date. I/We understand and agree that no interest will be payable to me/us on the deposits or amounts lying to my/our credit with ASL. This authorization may be revoked by me/us at any time by giving ASL written intimation.

I/We request you to settle my/our account on a 🗌 Monthly 🔲 Quarterly basis (If the client does not select the checkbox, default option is Quarterly)

#### **ADDITIONAL TERMS & CONDITIONS OF BROKERAGE PLANS**

I/We hereby agree and confirm the following Terms & Conditions of Brokerage Plans (applicable only if the client subscribes to the same).

1. On completion of the Validity Period of the Plan, client may choose to subscribe to the existing or new Plan, on the terms and conditions applicable at that time. Client needs to submit physical request or in any other manner prescribed by ASL. 2. The plan is subject to regulatory norms in force from time to time and may be discontinued under any regulatory directions or for any reason, without giving prior intimation to the client.









#### FORM FOR NOMINATION

(To be filled in by individual applying singly or jointly)

| Nomin           | ation Regis                          | tration No  |  | Date:  | DD MM YYYY  |
|-----------------|--------------------------------------|---|--|--|---|
| NSDL            | CDS                                  | L (Please select any one)   |  | Trading ID   |   |
| NSDL            | DP ID I                              | 3 0 4 2 9 5   | CDSL DP ID 1 2 0 4 9   | P 2 0 0 Demat Clien  | t ID  |
| I/we th         |                                      | der / joint holders hereby dec  | lare that :<br>nt [As per details given below]   |  |   |
| inv<br>ne       | olved in no<br>ed to subm            | n-appoinment of nominee(s) a<br>it all the requisite documents  | vish to appoint any nominee(s) ir<br>and further are aware that in case<br>s / information for claiming of as<br>r such competent authority, bas | e of death of all the account hold<br>sets held in my / our trading /      | der(s), my / our legal heirs woul<br>demat account, which may als |
| NOM             | INATION                              | DETAILS   |  |  |   |
| me / u<br>me/us | s in the said<br>and also ar         |   | ·  |  |   |
|                 |                                      |   |  | D + 11   | D . 11 . 60 . 131 . 1   |
| 1               | First Nam                            |   | Details of 1st Nominee   | Details of 2nd Nominee   | Details of 3rd Nominee  |
|                 | Middle Na                            |   |  |  |   |
| 2               | Last Name                            | ach Nominee   |  |  |   |
| A)              | For NSDL                             | Equally []<br>[If not equally, please specify<br>percentage]  | % Any odd lot after division shall be  | % kransferred to the first nominee me                                      | % entioned in the form.   |
| B)              | For CDSL                             | Percentage of allocation of securities  |  |  |   |
|                 |                                      | Residual Securities (please tick any one nominee. If tick not marked default will be first nominee):  |  |  |   |
| 3               | after distri<br>nominee e            |   | le nominees, please choose any one ntage of allocation. If you fail to cho   |  |   |
| 4               |                                      | f Nominee(s)  |  |  |   |
| .               | City:                                |   |  |  |   |
|                 | State:<br>Pin:                       |   |  |  |   |
| 5               | Country:                             | lephone No. of nominee(s)   |  |  |   |
| 6               | Fax No.                              |   |  |  |   |
| 7 8             | Nominee<br>[Please tic<br>provide de | f nominee(s) Identification details - Ik any one of following and Petails of same] Ryraph & Signature | Affix Colour Photograph of Nominee &Sign across Signature of Nominee   | Affix Colour Photograph of<br>Nominee &Sign across<br>Signature of Nominee | Affix Colour Photograph of Nominee & Sign across                  |
|                 | PAN                                  | (1115   |  |  |   |
|                 |                                      | ar / UID<br>Bank account No.  |  |  |   |
|                 |                                      | of Identity   |  |  |   |
|                 |                                      | Account No.   |  |  |   |

| 9     | Date of Birth  | D                        | D | M                            | M     | Υ       | Υ                       | Υ    | Y    | D     | D    | M     | M                    | Υ           | Υ                       | Υ  | Y |  | D | D          | VI    | M   | Υ      | Υ    | YY |
|-------|--|--------------------------|---|------------------------------|-------|---------|-------------------------|------|------|-------|------|-------|----------------------|-------------|-------------------------|----|---|--|---|------------|-------|-----|--------|------|----|
|       | Age  |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
|       | Sr. Nos. 10-16 should be filled mandatorily in   | f nominee(s) is a minor: |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
| 10    | Name of Guardian (Mr./Ms./Others)<br>First Name  |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
|       | Middle Name  |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
|       | Last Name  |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
| 11    | Address of Guardian(s)   |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
|       | City:  |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
|       | State:   |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
|       | Pin:   |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
|       | Country:   |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
| 12    | Mobile/Telephone No. of Guardian   |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
| 13    | Fax No.  |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
| 14    | Email ID of Guardian   |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
| 15    | Relationship of Guardian with nominee  |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
| 16    | Guardian Identification details - [Please tick any one of following and provide details of same]  Photograph & Signature  PAN  Aadhaar / UID  Saving Bank account No.  Proof of Identity  Demat Account No.  DP ID |                          | G | ux Colod<br>uardia<br>ignatu | n & S | ign acı | ross                    |      |      |       | Affi | Guard | lian 8               | Photos Sign | acro                    | SS |   |  |   | G          | uardi | Æ S | ign ac | ross |    |
| 17    | Name & Signature of Account Holder(s)  |                          |   | Sole                         | /1st  | Holo    | der                     |      |      | 2nd H |      |       |                      |             | Holder                  |    |   |  |   | 3rd Holder |       |     |        |      |    |
| Name  | c(s) of holder (s)   |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
|       | ture(s) of holder (s)  | Signature of 1st Holder  |   |                              |       |         | Signature of 2nd Holder |      |      |       |      |       |                      |             | Signature of 3rd Holder |    |   |  |   |            |       |     |        |      |    |
| 18    | Details of Witness for Nomination  |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
|       | Name of the Witness  |                          |   |                              | A     | ddres   | ss of                   | Witr | ness |       |      |       | Signature of Witness |             |                         |    |   |  |   |            |       |     |        |      |    |
|       |  |                          |   |                              |       |         |                         |      |      |       |      |       |                      |             |                         |    |   |  |   |            |       |     |        |      |    |
| Place | :  |                          |   |                              |       |         |                         |      |      |       |      |       |                      | D           | ate                     | D  | D |  |   | M          |       | Υ   |        | Y    | Y  |

#### Notes:

- 1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
- 2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
- 3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
- 4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
- 5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
- 6. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees. The first nominee of Demat account will be considered as default nominee for Trading account.
- 7. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
- 8. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents.
- 9. Savings bank account details shall only be considered if the account is maintained with Axis Bank Ltd.
- 10. DP ID and client ID shall be provided where demat details is required to be provided.