Account Opening Form

Part A of Trading And Demat Account Opening Form (Non-Individual)

Client Name:
Client Code:
BA Name:
BA Code:
Dealer Controller ID:
Lead ID:
RM Emp. Code:
Tri Emp. Gode.
RM Name:
11.11.101110.
Sharing Ratio:

This document is to be read along with Part B

PART A OF TRADING & DEMAT ACCOUNT OPENING FORM

The Trading & Demat Account Opening Form is divided in two Parts-Part A and Part B. Part A of the form captures the Demographic and other details required for opening the account(s) and Part B contains Rights & Obligation, Risk Disclosure Document, Policy and Procedures, Guidance Note and Additional Terms and Conditions.

INDEX OF DOCUMENTS (PART A)

SI. No.	Name of the Document	Brief Significance of the Document	Page No.
	MANDATORY DO	CUMENTS AS PRESCRIBED BY SEBI & EXCHANGES	
1	Account Opening Form	Document captures the basic and additional information about the client relevant to Trading and Demat an instruction / check list	01
2	Tariff sheet (Trading and Demat)	Document detailing the rate/amount of brokerage and other charges levied on the client for Trading Account	10

VOLUNTARY DOCUMENTS AS REQUIRED BY AXIS SECURITIES LIMITED

3	Power of Attorney	Conferring rights on Axis Limited (ASL) to debit/ credit/ block/ unblock funds and securities in the linked demat/ bank account.	15
4	Terms and Conditions	Lays down Terms and Conditions	18
5	Declaration by Partnership Firm	Facilitates the operation of the trading account opened in the name of Partnership Firm.	19
6	Board Resolutions	Lays down the format of Board Resolution	21
7	Letter of Authorisation for Karta of HUF	Facilitates the operation of the account opened in the name of HUF	22
8	KYC Application Form & FATCA	Application for KYC Registration	24

INDEX OF DOCUMENTS (PART B)

SI. No.	Name of the Document	Brief Significance of the Document	Page No.
	MANDATORY DO	CUMENTS AS PRESCRIBED BY SEBI & EXCHANGES	
1	Rights and Obligations (Trading)	Document stating the Rights & Obligations of stock broker/trading member, Authorised person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	5-9
2	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market	10-12
3	Guidance note	Document detailing do's and don'ts for trading on exchange, for the education of the investors	13-14
4	Rights and Obligations (Demat)	Document stating the Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories	15-16
5	Rights and Obligations (Margin Trading)	Document stating the Rights and Obligations relating to margin trading facility	17-19
6	Policies and Procedures	Document describing significant policies and procedures pertaining to the trading account	20-24
	VOLUNTARY DOCU	MENTS AS REQUIRED BY AXIS SECURITIES LIMITED	
7	Additional Terms & Conditions	Lays down other Terms & Conditions applicable to Client Account	25-29

NAME OF TRADING / CLEARING MEMBER: AXIS SECURITIES LIMITED

SEBI Registration No. and Date : NSE, BSE, MSEI, MCX, NCDEX - Single Registration No. INZ000161633, 22-12-2017

CDSL, NSDL-Single Registration No. IN-DP-403-2019

Registered Office Address : Axis House, 8th Floor, Wadia International Centre, Pandurang, Budhkar Marg, Worli,

Mumbai-400025 Ph:022-24252525, Fax:022-43253118, Website: www.axisdirect.in

Correspondence Office Address : Aurum Q Parć, Q2 Building, Unit No. 1001, 10th Floor, Level - 6, Plot No. 4/1 TTC,

Thane - Belapur Road, Ghansoli, Navi Mumbai, Pin Code - 400710.

Compliance Officer Name : Jatin Sanghani

Phone No. & Email ID : 022-68555574, compliance.officer@axisdirect.in

CEO Name : Pranav Haridasan (Managing Director & CEO)

Phone No. & Email ID : 022-42274649, jmd@axisdirect.in

For Any grievance/dispute please contact ASL at the above address or email-customer.grievance@axisdirect.in Ph. No.022-40508080 & 022-61480808. In case not satisfied with the response, please contact the concerned exchange(s) at NSE-Email-ignse @nse.co.in Ph.No. 022-26598190 BSE-Email-is@bseindia.com Ph.No.022-22728097 & MSEI, Email-investorcomplaints@msei.in Ph. 022-67319000, grievance@mcxindia.com, 022-67318888, NCDEX, Email - askus@ncdex.com, Ph. No. 18002662339.

Corporate Office Address: Unit 002 A, Building - A, Agastya Corporate Park, Piramal Realty, Kamani Junction, Kurla West,

Mumbai - 400 070.

ACKNOWLEDGEMENT BY THE APPLICANT

I/We acknowledge the following:

- 1. I/We have provided the details alongwith the required document for opening the Trading, Demat Account
- 2. I/We have read & understood & acknowledge that I/We have been provided with Part B of the Account opening form comprising Rights and Obligations, Risk Disclosure Document, Policy and Procedures, Guidance Note and Additional Terms and Conditions
- 3. With reference to my / our application for opening a depository account, I/we have received and read the copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant"
- 4. I/we confirm that I/we have not paid any cash or given any bearer cheque to the executive of Axis Securities in connection with opening of the account

UCC Code allotted to the Client _____

Documents with Original Control of the Control of t	Client Interviewed By	In-Person Verification done by
Name of the Employee		
Employee Code		
Designation of the Employee		
Date		
Signature		

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



INSTRUCTIONS

FORM FILLING

- 1. Please check if all signatures with the hand symbol are signed
- 2. Please fill in all details in the entire form only in ENGLISH & BLOCK LETTERS
- 3. Write only one alphabet in each square provided. Leave a square blank between words
- 4. Name should be as it appears in all the documents
- 5. Photographs of Authorised Signatory(s) have to be affixed on the form, signed across
- 6. White Ink is not allowed for alteration/ correction on the Account Opening Form (hereinafter refereed to as AOF)
- 7. Any alteration/ correction thereby should be attested by full signature of the Authorised Signatories and Sign with Rubber stamp
- 8. Self attested copy of PAN card is mandatory for Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others
- 9. 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 mentioned below
- 10. If any proof of identity or address is in a foreign language, then translation into English is required
- 11. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted
- 12. If Correspondence & Registered address are different, then proofs for both have to be submitted
- 13. 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/ militar officers, Senior executives of state owned corporations, important political party officials, etc.
- 14. Form need to be initialised by all the authorised signatories
- 15. Documents having an expiry date should be valid on the date of submission
- 16. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given

MANDATORY DOCUMENT/ INFORMATION/ REQUIREMENTS

- 1. Signature and stamps: All places where signatures are required are marked and numbered for convenience. Please ensure to affix the relevant stamp at all places where the Authorised Signatory(s) is / are signing. Stamps to be affixed are as follows:
 - i) HUF Karta
 - ii) Partnership Firm Authorised Partners
 - iii) Trust Trustee / Authorized signatory
 - iv) Company Director / Authorized signatory / Whole time Directors / Managing Directors / Promoters
 On all Identity and Address Proof documents submitted
- 2. Registered and Correspondence address shall be complete and clear.
- 3. E-mail ID of the authorised signatory shall be mentioned correctly. All communication shall be sent at this ID for the applicant.
- 4. "ASL"/ 'the company '/ 'member', wherever it appears, would mean Axis Securities Ltd.
- 5. ASL reserve the right to reject the Account opening form without assigning any reason whatsoever.

EXEMPTIONS/ CLARIFICATIONS TO PAN

(Sufficient documentary evidence in support of such claims to be submitted)

- 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. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- 3. SIP of Mutual Funds upto Rs 50,000/- p.a.
- 4. 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.

LIST OF PEOPLE AUTHORISED TO ATTEST THE DOCUMENT

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).

ACKNOWLEDGEMENT	
We acknowledge the receipt of documents from M/s.	for opening a Trading Account
Employee Name:	
Seal & Sign of Officer	
Note:	
This acknowledgement does not mean acceptance of the above documents and Axis Securit open the account.	ies Limited is not under compulsory obligation to
In case the account is not opened for any reason, Axis Securities Limited (ASL) is not applicant(s).	obliged to return the above documents to the
Axis Securities Ltd., 1st Floor, I-Rise Building, Q Parc, Thane-Belapur Road, Ghansoli, Navi N 022-40508080.	1umbai - 400710, Tel No. 022-61480808 /
NSDL DP ID I N 3 0 4 2 9 5 CDSL DP ID 1 2 0 4 9 2 0 0	
We hereby acknowledge the receipt of the Demat account opening application from	
Sole/First Holder FIRST NAME MIDDLE N	AME LAST NAME
Second Holder FIRST NAME MIDDLE NA	AME LAST NAME
Third Holder FIRST NAME MIDDLE NA	AME LAST NAME





Trading & Demat Account Opening Form

I/we wish to op Ordinary Re	-	☐ Demat A/c	☐ Trading A/c	Demat A/c with	NSDL C	OSL
CLIENT INFO	DRMATION DE	TAILS				
	der's Name [it) [itms, Association					nt is opened in thename of t, etc.,should be mentioned
TRADING PR	REFERENCES (F	Please sign in the re	elevant boxes where yo	u wish to trade. The se	gment not chosen	should be strike off.)
Exchange	NSE, BSE					MCX, NCDEX
All Segment	Cash / Mutua	al Fund / SLB	F&0	Currency	Debt	Commodity Derivatives
			Ø			S
ty/Currency/Co	ommodities), B		d NSE Commodity Deriv			nge, BSE Derivatives (Equi- of any change.
BANK ACCO	UNT DETAILS					
Name of the Ba Account Type Branch Address Customer ID Dividend & deb	5		Bar Bar IFSC Code	ık Account No.	MICR No.	
DEMAT ACC	OUNT DETAIL	5				
Depository Part Beneficiary Nar Beneficiary Ow Depository Nar DP Address	me mer Account N	o. NSDL	CDSL	DP ID		
UCC DETAILS	S (Please fill the	below details. In c	case of more UCC provi	de the annexure)		
Sr. No.	U	CC	Stock Exchange	Segment	Tradi	ng Member ID

	KNOW YOUR CLIENT (KYC)	APPLICATION FORM (FOR N	NON-INDIVIDUALS)	
□Ne	w \square Change request (please tick the appropriate)	А	cknowledgement No.	
	e fill this form in ENGLISH and in BLOCK LETTERS	LANGE (CORRECTION)		
(Pleas	e tick the box on left margin of appropriate row where CF	HANGE/CORRECTION is requir	red and provide the def	tails in the corresponding row)
A. II	DENTITY DETAILS			
_ 11	Name of the Applicant FIRST NAME	MIDDLE	NAME LA:	ST NAME
2(a	a) Date of incorporation DD MM YYYY	2(b) Place of incorpo	oration	
□ 3 [Date of commencement of business	YYYY		
4(a	a) PAN	\Box 4(b) Registration No	o. (e.g. CIN)	
5	Status (please tick any one)			
	Private Limited Co. Public Ltd. Co.	☐ Body Corporate	Society	LLP Partnership
	☐ Trust ☐ Charities	☐ NGO's	☐ FI ☐	FII HUF
	☐ Bank ☐ Government Body	Defense Establishment	AOP	BOI
	Others (please specify)			
	DDRESS DETAILS			
1	Correspondence Address			
	City / Town / Village			PIN Code
	State		Country	
2	Contact Details			
	Tel (Off.)	Tel. (Res.)		
	Mobile No.	Fax No.		
	#Mobile No is "Other then Self" Please select following			
	Authorised Signatory Director Trustee Pa			
	Email ID			
	#Email ID is "Other then Self" Please select following	details		
	Authorised Signatory Director Trustee Pa			
3	Specify the proof of address submitted for correspond	dence address		
_ 4	Registered Address (If different from above)			
	City / Town / Village			PIN Code
	State		Country	
DEC	LARATION			
	nereby declare that the details furnished above are true an			
	any changes therein, immediately. In case any of the above are that I/we may be held liable for it.	e information is found to be false	e or untrue or misleadir	ig or misrepresenting, I am/we
Name	& Signature of the Authorised Signatory(ies)			
Date:	DD MM YYYY			

C. OTHER DETAILS (Please use the annexure to fill details)	
Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	If space is insufficient, enclose these details separately
2. a) DIN of whole time directors:b) Aadhaar number of Promoters/Partners/Karta:	
FOR OFFICE USE	
	orrect to the best of my/our knowledge and belief and I/we undertake to inform formation is found to be false or untrue or misleading or misrepresenting, I am/we
Originals verified and Self-Attested Document copies receive	ed
Signature of the Authorised Signatory	
Date: DD MM YYYY	Seal/Stamp of the Branch
	Seal/Stainp of the Branch

APPLICATION FORM FOR NON-INDIVIDUALS*	
DETAILS OF PROMOTERS/ PARTNERS/ KARTA/ TRUSTEES AND WHOLE TIME DIRECTORS FORMING A PART OF KNOW	V YOUR CLIENT (KYC)
Name of the Applicant FIRST NAME MIDDLE NAME LAST	NAME
PAN No of the Applicant	
Name	
Relationship with Applicant (i.e. promoters, whole time directors etc.)	_
PAN DIN/UID	Photograph
Residential/ Registered Address	_
Name	
Relationship with Applicant	
PAN DIN/UID	Photograph
Residential/ Registered Address	
	_
Name	_
Relationship with Applicant	_
PAN DIN/UID	Photograph
Residential/ Registered Address	_
Name	
Relationship with Applicant	_
PAN DIN/UID	Photograph

Residential/ Registered Address

DETAILS OF PRINCIPAL AUTHORISED	SIGNATORY TO DEAL IN SECU	JRITIES ON BEHALF OF THE C	COMPANY/ TRUST/ OTHERS		
Name					
Designation					
Flat/Plot No.			Please paste latest		
(Residential) Bldg./Society Name			Passport size Photograph		
Area Locality					
City/Town/Villege	State				
Pin Code No.	Countr	ту			
Landline No. (O)					
PAN	Date of Birth D D M M Y	Y Y Y Mobile No.			
DIN	UID				
Tel. No. (R)		Fax			
E-Mail		Ge	ender Male Female		
	posed Person (PEP)				
,	Politically Exposed Person (PEP)	~ ~ .		
itelateu to u	Toncicumy Exposed Terson (i Er	,			
*Please use additional sheet, if required					
DECLARATION					
1. I/We hereby declare that the details furnishe of any changes therein, immediately. In case aware that I/we may be held liable for it.					
I/We confirm having read/been explained a sheet.	nd understood the contents of the	document on policy and procedure	es of the stock broker and the tariff		
I/We further confirm having read and under hereby agree to be bound by such provisions					
Date: DD MM YYYY	Place:				
Date. DD MM 11111	i idee.	<u> </u>	nature of Authorised Signatory		
ADDITIONAL DETAILS					
Weather you wish to receive physical contr	act note or Electronic Contract N	Note (ECN) (please tick)	Physical ECN		
Specify your Email id, for ECN Whether you wish to avail of the facility of internet trading/wireless technology (please tick) Yes No					
Number of years of Investment/Trading Exp Any other information		,			
I/We authorize you to receive Automatic or I/We wish to receive dividend/interest direction (if not marked, the default option would be [ECS is mandatory for locations notified by	ctly in my bank account given th 'Yes')		□ No □ No		
Account Statement Requirement As	per SEBI Regulation	Paily Weekly For	rtnightly Monthly		
SMS Alert Facility					
Mobile No. +91 [(Mandatory , if you are giving Power of Att	orney (POA)] (if POA is not gran	ted & you do not wish to avail o	of this facility, cancel this option).		
Easi To register for Easi, please visit the website Easi allows a BO to view his ISIN balances, t	www.cdslindia.com. cransactions and value of the po	rtfolio online.			
Transactions Using Secured Texting Facility (TRUST).	I wish to avail the TRUST fa Facility. I have read and un forthe same. Yes No	acility using the Mobile numbe derstood the Terms and Cond I/We wish to register the foll onedBO ID registered for TRU	litions prescribed by CDSL owing clearing member IDs		
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)		

Below Declaration is applicable for Demat Account only:
i) Mode of receiving Demat Account Statement and Annual Report: 🔲 Electronic 🔲 Both (Physical & Electronic)
Account statement frequency: \square As per SEBI Regulation \square Daily \square Weekly \square Fortnightly \square Monthly
j) I/We request you to send electronic transaction cum holding statement at the email ID $\;\;\square\;\;$ Yes $\;\;\square\;$ No
k) Share the email ID with RTA 🔲 Yes 🗌 No
I) DP account to be operated through Power of Attorney $\ \square$ Yes $\ \square$ No
m) I/we authorize you to receive credit automatically into my A/c $$
n) I/we want to receive the Delivery Instruction Slip booklet (DIS) 🗌 Yes 🔲 No (If not indicated, will be treated as 'No')
o) I/we hereby authorize you to use my/our bank A/c (as per details mentioned in Bank and demat details in Section 4& 5 (Demat & Trading Account opening form) for dividend purpose, recovery of Demat related charges and linking to my Axis Securities Trading A/c. Please treat this authorization as irrevocable till further instruction from my/our side is received in writing & duly acknowledged by you
p) I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my or our end. (If not marked the default option would be "No") [] Yes [] No
q) I/We hereby state: 🗌 I do not have GST Number 🗍 I have GST Number asName of State
r) SMS alert facility(Mandatory if POA is given) Mobile Number: +91
s) I wish to avail the TRUST (Transaction Using Secured Texting) facility using the mobile number registered for SMS alert facility. I have read and understood the T&C prescribed by CDSL for the same Yes No
To register for easi, please visit website www.cdslindia.com (Easi allows a BO to view his ISIN balances, transations and value of the portfolio online)
PAST ACTIONS .
Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/ constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last
3 years: Yes No If yes, provide details :
DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS
If client is dealing through the sub-broker, Yes No. If Yes, provide the following details:
Sub-broker's Name
Registered Office Address
SEBI Registration Number
Tel. Fax No.
Website
Whether dealing with any other stock broker/sub-broker(in case dealing with multiple stock brokers/sub-brokers)
If Yes, provide details of all
Name of Stock Broker
Name of Sub-Broker, if any
Client Code Exchange
Details of disputes/dues pending from/to such stock broker/sub- broker

					DEM/	AT A	CCC	NUC	IT															
TO OPEN A NEW DEMAT	ACCOUNT																							
I wish to open a New Demat	Account wi	th ASL																						
Second Co-Holder Name : (M	lr. / Ms.)																							
Third Co-Holder Name : (Mr.	/ Ms.)																	\perp						
FATHER'S / HUSBAND'S N	IAME OF																							
Second Co-Holder (Mr.)																								
Third Co-Holder (Mr.)						I	I											\perp		\perp				
SECOND CO-HOLDER'S A	DDRESS D	ETAILS																						
Same as Permanent Addre	ss of First l	Holder	San	ne as	Corr	espo	nde	nce	/ Re	eside	entia	l Ad	ldre	ss of	f Fir	st ŀ	Hold	ler		lf c	liffe	rent	:	
Correspondence Address																								
City/town/village											I			Pir	n Co	ode								
State														Со	unt	ry								
Specify the proof of address s	submitted fo	or corre	sponde	nce a	ddre	ss:																		
Permanent Address (If differe	nt from abo	ove Corr	espond	dence	Add	ress)																		
Permanent Address																		\perp						
																		\perp						
City/town/village														Pir	n Co	ode						\Box		
State														Со	unt	ry								
Specify the proof of address s	submitted fo	or perma	anent a	ddres	ss:																			
THIRD CO-HOLDER'S ADD	DRESS DET	AILS																						
Same as Permanent Addre	ss of First l	Holder	San	ne as	Corr	espo	nde	nce	/ Re	eside	entia	l Ad	ldre	ss of	f Fir	st ŀ	Holo	ler		lf c	liffe	rent		
Correspondence Address																		T		1				
						Ť	Ì			Ť	Ť				Ť			Ť	T	T	П		Ť	
City/town/village														Pir	n Co	ode								
State [Со	unt	ry		L						
Specify the proof of address s	submitted for	or corre	sponde	nce a	ddre	ss:																		
Permanent Address (If differe			-				1																	
Permanent Address																		I						
City/town/village														Pir	n Co	ode								
State [Со	unt	ry								
Specify the proof of address s	submitted fo	or perma	anent a	ddres	ss:																			

OTHER DETAILS	
In case SMS Alert is not indicated, it will be treated as "YES". It is mandatory if yo	ou are giving Power of Attorney (POA).
Second Holder	Third Holder
Telephone Number (Off.)	
Telephone Number (Res.)	
Fax Number	
Mobile Number	
SMS Facility* Yes No	☐ Yes ☐ No
E-mail ID	
Gender Male Female	Male Female
Marital Status Single Married	Single Married
Date of Birth	
Nationality	Indian Other (Pls. specify)
Status Resident Individual Non Resident	Resident Individual Non Resident
Occupation (please tick any one and give brief details) :	Foreign National
Private Sector Retired Govt. Service	e Private Sector Retired Govt. Service
Public Sector Housewife Business	Public Sector Housewife Business
☐ Agriculturist ☐ Professional ☐ Student	Agriculturist Professional Student
Others (Please specify)	Others (Please specify)
Specify the proof of Pan Card	Pan Card
identity submitted Any Other (Pls. specify)	Any Other (Pls. specify)
Any other information	
Please tick, if applicable (Second Holder) Politically Exposed Person (PEP)	Related to a Politically Exposed Person (PEP)
Please tick, if applicable (Third Holder) Politically Exposed Person (PEP)	Related to a Politically Exposed Person (PEP)
FINANCIAL DETAILS	
PAN IT Circle / Ward /	District No. Nature of Business
Second Holder	
Third Holder	
Unique Identification Number (UID / Aadhaar, if any) Second Holder	
Gross Annual Income Details (please specify): 2nd Holder, Income Range per a	annum
Income Range Per Annum Rs. < 1 Lac 1 to 5 Lac 5 to 15 Lac	\square 10 to 25 Lac \square 25 Lac to 1 crore \square > 1 crore
Net-worth as on (Date)	ould not be older than 1 year) Rs
Any other information	
Unique Identification Number (UID / Aadhaar, if any) Third Holder	
Gross Annual Income Details (please specify): 3rd Holder, Income Range per a	nnum
Income Range Per Annum Rs. < 1 Lac 1 to 5 Lac 5 to 15 Lac	☐ 10 to 25 Lac ☐ 25 Lac to 1 crore ☐ > 1 crore
	ould not be older than 1 year) Rs.
Any other information	

STANDING INSTRUCTIONS		
*(If not indicated, Standing Instru	ictions will be treated as "Ves")	
	credits automatically into my/our account Yes	□Ne
•	· · ·	LINO
	h Power of Attorney (PoA) Yes No	
	ry Instruction Slip (DIS) booklet Yes No (If I	
		account without any other further instruction from
	ot marked, the default option would be 'No').	
	ail id with the RTA Yes No	
	nnual Report Physical Electronic Both	Physical and Electronic (Tick the applicable box.
If not marked the default option	would be in physical).	
the best of my/our knowledge	as on the date of making this application. I/We fur material information will render my account liable	
RICCERIIICATION		
First Holder in Demat Account Please paste recent (not more than six months old) passport size Colour photograph here. Please do not use Pins, Staples or Tape. Please Sign across Photograph	Second Holder in Demat Account Please paste recent (not more than six months old) passport size Colour photograph here. Please do not use Pins, Staples or Tape. Please Sign across Photograph	Thrid Holder in Demat Account Please paste recent (not more than six months old) passport size Colour photograph here. Please do not use Pins, Staples or Tape. Please Sign across Photograph
1st Holder Name	2nd Holder Name	3rd Holder Name
✓ 1st Holder/Authorized Signature	gn Zond Holder/Authorized SignDemai	t A/c.

(Signatures should be preferably in black ink)

Instruction for branch : Applicant's Photograph is required to be verified by branch official under his/her signature & Branch Seal

TARIFF SHEET - DEMAT

TARIFF SHEET FOR BENEFICIAL OWNER FOR OPERATING DEMAT ACCOUNT

Services Provided	Charge s (Per Instruction)	Basis of Recovery		
Account Opening Charge	Nil	NA		
Account Closing Charge	Nil	NA		
Annual Maintenance Charge	Axis Bank Customer: Rs. 400*/- P.A. Non-Axis Bank Customer: Rs. 600*/- P.A. (*+ Depository AMC at Actual)	AMC for existing Demat Accounts to be recovered up-front every year. New Account would be charged on pro-rata basis from the Next Day of Account Opening.		
Demat Charges	Rs. 2.50/- per certificate subject to a minimum of Rs. 50/- per request	To be recovered through monthly bill.		
Remat Charges	Rs. 20/- per certificate subject to minimum of Rs.50/- per request	To be recovered through monthly bill.		
Ad-hoc Statement	Rs.100/- per Statement	To be recovered upfront		
Transfer of Securities				
Credit of Securities to the account	NIL	N.A.		
Debit of Securities to the account (Other than Debt Securities)	0.04% of the value of securities subject to minimum lof Rs. 25/- per Instruction, whichever is higher.	To be recovered through monthly bill.		
Debit of Securities to the account (Debt Securities)	0.01% of the value of securities subject to minimum and of Rs. 50/- maximum of Rs. 500/- per instruction	To be recovered through monthly bill.		
Failed/ Rejected Instruction	Rs.10/- per Instruction	To be recovered through monthly bill.		
Pledge Services				
Creation (Securities other than Debt Securities)	0.02% of the value subject to minimum of Rs. 50/- per Instruction	To be recovered through monthly bill.		
Creation (Debt Securities)	0.01% of the value of the transaction subject to minimum of Rs. 50/- and maximum of Rs. 500/- per instruction	To be recovered through monthly bill.		
Closure	Rs. 50/- per request	To be recovered through monthly bill.		
Invocation	Rs. 50/- per request	To be recovered through monthly bill.		
Lending/ Borrowing				
Borrowing	Rs. 50/- per request	To be recovered through monthly bill.		
Lending/ Borrowing	NIL	N.A.		
Mutual Funds				
Redemption of MF units	Rs.25/- per Transaction	To be recovered through monthly bill.		
Conversion of MF units	Rs.50/- per Transaction	To be recovered through monthly bill.		
Debit to client account MF units	Rs.25/- per Transaction	To be recovered through monthly bill.		
Creation/ Confirmation/ Closure/ Invocation of Pledge - MF units	Rs.25/- per Transaction	To be recovered through monthly bill.		
SPEED-e (Applicable for NSDL)				
SPEED-e Annual Maintenance charges	NSDL Charges (at actual)	To be recovered through monthly bill.		
Freezing Instruction on SPEED-e	Rs. 125/- per Instruction			

^{*} Current Depository (NSDL/CDSL) Annual Maintenance Fee is Rs.500/- per Corporate Account per Financial Year

Note: • In case of non-recovery of Demat service charges due to non-payment or inadequate balance in your linked bank account Or invalid bank account, the Depository services for your Demat account are liable to be discontinued. Any request for resuming the services will be charged at Rs. 200/- per request as activation charge. Services will be resumed in a minimum of 3 to 5 working days from the date of receipt of request with us and on payment of all dues including activation charge. • In case of cheque bounce, charges will be Rs. 350/-. • The above charges are exclusive of GST which will be levied as 'applicable' from time to time. • All charges mentioned above are inclusive of CDSL/NSDL charges. • The above rates are subject to change with 30 days prior intimation. • The value of shares & securities are calculated as per CDSL/NSDL formula and rates.

✓ 1st Holder/Authorized Sign.-Demat A/c.

2nd Holder/Authorized Sign.-Demat A/c.

TARRIF SHEET (BROKERAGE RATES)

Plan Code	Delivery (Each Leg)	Intraday (Each Leg)	Future (Each Leg)	Option (Each Leg)	Account Opening Charges with GST (18%)(Rs.)
Fixed Brokerage Plan	0.50%	0.05%	0.05%	Rs. 10/-	999/-

Terms & Conditions:

- 1. Stamp duty, GST, Securities Transaction Tax (STT), Exchange Transaction charges etc. are charged as per the rates applicable.
- 2. Brokerage will be charged as per applicable rate subject to a minimum of Rs.25/- per executed order and a maximum of 2.5%.
- 3. 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.
- 4. 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%.

Please refer page no. 18 and Part B for other Terms & Conditions.
I accept Margin Trading Facility (MTF) Terms & Conditions.

BANK MANDATE IN FAVOR OF AXIS SECURITIES LIMITED (VOLUNTARY DOCUMENT)

Axis Bank Limited Sub.: Request to add Axis Securities Limited as a mandate holder for my / our below mentioned bank account with Axis Bank Limited	
Dear Sir / Madam, I / We hold the below mentioned account with Axis Bank Limited.	
I / We have applied for opening bank account with Axis Bank Limited vide below mentioned application number.	
I / We have / have applied for opening, a Trading and / or Demat account with Axis Securities Limited as mentioned below, to enable r	ne

us to invest / trade in securities market and other products offered by Axis Securities Limited.

Particulars	Bank Account	Trading Account	Demat Account
Application No.			
CRN			
Account Number			
Bank Account Type			
Name of First / Sole Holder			
Name of Second Holder			
Name of Third Holder			

I / We understand that the price fluctuation in the securities market is dynamic and as an investor / trader in the securities mark, I / We are required to ensure that I / We maintain required margin/s, at all times clear my / our funds obligation towards my Trading Member and / or Depository Participant for their services opted by me / us.

For the purpose of facilitating my / our securities transaction through my above mentioned Axis Securities Limited account, to avail seamless trading experience, operational convenience, to honour my / our settlement obligations / margin requirement and / or for recovering any outstanding amount due in connection with the trades executed by me / us through Axis Securities Limited and / or for meeting obligations arising out of any subscription to such other products / facilities / services availed by me / us through Axis Securities Limited like Mutual Funds, Public Issues (shares as well as debentures), rights issue, offer of shares etc. and / or further towards monies / fees / charges due from me / us to Axis Securities Limited (in its capacity as a stock broker and/or depository participant) for its services availed by me / us relating to stock broking, depository and other financial services as well as investment in Mutual Funds, PMS, Alternate

Investment Funds, Venture Capital Funds, Sovereign Gold Bond's, Corporate Fixed Deposit's, any and all such investments etc. on my / our behalf, I / We hereby voluntarily appoint Axis Securities Limited as my / our Mandate Holder and authorize Axis Securities Limited for the following:

- a. To link my aforesaid Bank, Trading and Demat accounts
- b. To Operate, block and / or debit the above mentioned Bank Account on demand from Axis Securities Limited in any manner, to meet all my obligations in terms of the rights and obligations document for transactions done on National Stock Exchange of India Limited, BSE Limited, Metropolitan Stock Exchange of India Limited, Multi Commodity Exchange of India Limited, National Commodity and Derivatives Exchange Limited or any towards any other services including but not restricted Depository Services, Investment Advisory Services, Research Services, Portofolio Management Services, Distribution Service etc. opted by me / us from Axis Securities Limited. Debit account opening charges
- c. Continue the attempt to debit my/our above referred bank account till successful debit from my/our bank account

I / We declare that,

- a. the decision of Axis Securities Limited, towards my / our obligations or liabilities or commitments shall be final and binding upon me / us and any demand made on the Bank by Axis Securities Limited shall be conclusive as regards the amount due and payable by me / us.
- b. I / We shall not have any demur, protest or contestation and without any reference to me / us pay to Axis Securities Limited such sum as may be demanded by Axis Securities Limited.
- c. I / We agree that Axis Bank execute instructions received through Axis Securities Limited in any form and manner as agreed between Axis Securities Limited and Axis Bank Limited from time to time including but not limited to Net banking, Payment Gateway, Phone Banking, Electronic mails, Fascimile or in any form. Further Bank is entitled to transfer funds in any from and manner including but not limited to by way of debit/credit of my/our said bank account(s), and issue payorders/demand drafts/bankers cheques, wire transfer etc. from my/our account to honour all instructions given by Axis Securities Limited as aforesaid to its client / settlement bank account/s asupdated on its website www.simplehai.axisdirect.in from time to time.
- d. any disputes arising out of transactions between us and Axis Securities Limited shall be resolved between us mutually and that I shall not raise it with Axis Bank Limited and shall not send any contrary instructions to Axis Bank Limited with respect to the bank account.
- e. I / We agree, that if in any case funds cannot be transferred to Axis Securities Limited toward my / our any obligation/s, may it be before or after the blocking of funds by Axis Securities Limited, I / We shall be responsible for any action including penalty levied by Exchanges / Clearing Corporation / any other authority.

- f. I / We understand that the said Mandate can be revoked by us by submitting a written revocation request, upon ensuring that the there are no open positions in my / our account with Axis Securities Limited and the debit or any other obligation in my / our account with Axis Securities Limited is cleared. I / We understand that the Mandate Holder shall not act subsequent to receipt of the intimation of such revocation. I / We also understand that, 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 Mandate.
- g. all terms and conditions as applicable to the bank account with Axis Securities Limited shall continue to be applicable

Name	Name	Name
∠ (1st / Sole Holder)	∠ (2nd Sole Holder)	

DEMAT DEBIT AND PLEDGE INSTRUCTION (DDPI) (VOLUNTARY DOCUMENT)

I / We have / have applied for opening, a Trading and / or Demat account with Axis Securities Limited and Bank account with Axis Bank Limited as mentioned below, to enable me / us to invest / trade in securities market and other products offered by Axis Securities Limited.

Particulars	Bank Account	Trading Account	Demat Account
Application No.			
Account Number			

I / We understand that the price fluctuation in the securities market is dynamic and as an investor / trader in the securities mark, I / We are required to ensure that I / We maintain required margin/s and to honor settlement obligation/s arising out my / our transaction in securities market.

I / We understand that DDPI is voluntary, however, for the purpose of facilitating my / our securities transaction through my above mentioned Axis Securities Limited account and to avail seamless trading experience operational convenience, I / We Voluntarily request Axis Securities Limited to give effect to this DDPI.

I / We declare that,

Thanking you, Signature

- 1. This DDPI shall enable Transfer / Pledge / Re-pledge / Tendering of any securities from my / our account to the account of Axis Securities Limited as updated on its website www.simplehai.axisdirect.in from time to time
- 2. Instruction and any such act, initiated basis this DDPI by Axis Securities Limited on my / our behalf shall be final and binding upon me / us.
- 3. In the event of any overriding instructions of the Regulator or any court of law or other agency resulting in any unavailability of securities, Axis Securities Limited shall not be obliged to honor my / our obligation or initiate any action for the purpose/s mentioned in the table below.
- 4. this DDPI shall be revoked only upon written request by me / us. However the revocation of this DDPI shall be affected only after fulfillment of my / our obligation pertaining to unsettled transactions and outstanding dues payable to Axis Securities Limited as per the terms and conditions of the services / products availed by me / us

I / We hereby Authorise Axis Securities Limited for the following purpose:

No.	Purpose	Signature of 1st / Sole Holder
1	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by client/s on the Stock Exchange through the same Stock Broker.	
2	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	
3	Mutual Fund transactions being executed on Stock Exchange order entry platforms	
4	Tendering shares in open offers through Stock Exchange platforms	

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.

Date: DD MM YYY		

DECLARATION TO BE GIVEN BY PARTNERSHIP ON (LETTER HEAD OF THE FIRM)
DECLARATION TO BE GIVEN BY PARTNERSHIP ON (LETTER HEAD OF THE FIRM).

Dear Sir,		
	ding account being opened with you in the name of thorise you as under.	
Regulations. To fac	a beneficiary account cannot be opened with a depository particily cilitate the operation of the above trading account with you and not to the trading operations, we authorise you to recognize the been opened as a joint account in the names of	for the purpose of completing the securities transferneficiary account No. ————— wit
above-mentioned a	obligations for shares purchased and/ or sold by the firm will be haccount. We recognise and accept transfers made by you to the befit trades executed in the above trading account of the firm.	
	se partner in etc. as may be necessary to enter into the agreement and engag and do other things that may be necessary to engage in business	
	igned partners of the firm will continue to be personally liable to ywith you and undertake to personally discharge such liabilities.	ou for all the obligations that the firm may incur in th
Name of the Partne	ers (IN BLOCK LETTER)	
∕∕ Signatu	ure	
FORMAT OF BO	ARD RESOLUTION FOR OPENING TRADING ACCOUNT FOR C	COMPANY (ON THE LETTERHEAD)
Certified true copy	of the resolution passed at the meeting of the board of director	ors of held a
on da	y of 20 at a.m. / p.m.	
to / for the purpose Exchange of India I		s, currencies and other products on The National Stoc
	any one of the following Directors / Authorised Signatories of th are hereby authorized severally to do the follow:	e Company, whose specimen signatures are appende
Sr. No.	Name & Designation	Specimen Signature
1.	(Principal Authorised Signatory)	
2.		
3.		
	e documents relating to account opening including executing Pos, letters, notes, contracts, share transfer forms and such other do resaid purpose, and	
2.Take all such acti resolution from tim	ons and do all such things, as may be deemed prudent, necessary ne to time.	and expedient for giving effect to the above
amending the same RESOLVED FURTH Company be furnis AND RESOLVED F	HER THAT the above resolution shall remain effective and in fe is passed by the Board of Directors of the Company and is furnishER THAT a copy of the above resolution duly certified as true by hed to and such other parties as may be required from time to tir URTHER THAT, the Common Seal of the Company be affixed, whe tary, who shall sign the same in token of their presence."	shed to ASL. any one of the Directors /Authorised Signatory of the ne.
For		Signature with Rubber Stam

FORMAT OF BO	ARD RESOLUTION FOR OPENI	NG DEMAT ACCOUNT FOR C	OMPANY (ON THE LETTERHEAD)
Certified true copy	of the resolution passed at the	meeting of the board of direc	tors of held at
on da	y of20	0 at a.m. / p.m.	
the Organisation) I Electronic segment debit and credit in authorised signator	of the Stock Exchange (BSE and struction issued and to act on a	imited (ASL), the Depository I NSE) and that the said Deposit any other instructions so given	(Name of Participant of CDSL/NSDL, for dealing in Depository / tory Participant be and is hereby authorised to honor all n relating to the account by any one of the following zed by the Company from time to time and to act of any
Sr. No.	Name & Desi	ignation	Specimen Signature
1.			
2.			
3.			
ASL authorizing the to the clearing hou RESOLVED FUTHE by CDSL/NSDL or RESOLVED FURTH amending the same above resolution design to the control of the clear that the clear	em to debit securities and/or to trace of the recognized stock exchanged. THAT any one of the aforesaid applicable regulatory authorities in the THAT the above resolution is passed by the Board of Directors.	ansfer securities from the afore nges towards pay- in of securiting the persons be and are hereby at in this connection to operate the shall remain effective and in ors of the Company and is furnity	ereby authorized to sign a power of attorney in favour of said account for the purpose of delivering the same only less sold by the company through them. Authorised to execute the necessary documents required the Securities Account. Force till such time as a fresh resolution canceling or ished to ASL. RESOLVED FURTHER THAT a copy of the gnatory of the Company be furnished to and such other Signature with Rubber Stamp
EODMAT OF BO	ARD RESOLUTION FOR OPENII	NG TRADING ACCOUNT (ON	I ETTERHEAD OF TRUST!
Certified true copy on da RESOLVED THAT for the purpose of	of the resolution passed at the y of 20 the Trust be registered as a tradin dealing in equities, derivatives, n	meeting of the board of direct of at a.m. / p.m. In a client with Axis Securities Lir	
Exchange of India I RESOLVED FURTI appended here und	HER THAT any one of the follo	wing Trustees / Executives /	Officers of the Trust, whose specimen signatures are
Sr. No.	Name & Desi	ignation	Specimen Signature
1.	(Principal Author		
2.			
1.Sign and execute orders, instructions for the aforesaid por 2. Take all such actions resolution from times.	, letters, notes, contracts, share tr urpose, and ons and do all such things, as may e to time.	ransfer forms and such other do	Power of Attorney favouring ASL, execute and deliver ocuments as may considered necessary from time to time by and expedient for giving effect to the above force till such time as a fresh resolution canceling or
amending the same RESOLVED FURTH	is passed by the Trustees of the	Trust and is furnished to ASL. solution duly certified as true by	by any one of the Trustees / Authorised Signatory of the
For			Signature with Rubber Stamp

LETTER OF AUTHORISATION / DECLARATION FOR KARTA OF HUF (THIS DOCUMENT IS VOLUNTARY) Axis Securities Limited Unit No 2, Phoenix Market City, 15, LBS Road, Near Kamani Junction, Kurla (West), Mumbai-400070 Dear Sirs. Sub. Declaration by Co-parcener(s) I/We hereby declare that I/we are co parceners of the HUF. with as "Karta". We have taken note of the terms and conditions on which you offer trading services. We wish to carry out trading transactions through you, in accordance with the terms and conditions on which such services may be offered by you from time to time. In this connection, we confirm that Shri , who is the present Karta of the HUF (hereinafter referred to as "the Karta") has full and unrestricted authority to open an account with you for the purpose of utilizing the trading services offered by you, and to do all acts necessary and to execute and sign all forms, deeds, documents as may be necessary in this regard. We also authorize the Karta to execute all such powers of attorney in your favor as are necessary for facilitating utilization of the trading services etc. We note that all order for transactions placed by users are authenticated by a "user-id" and "password" that is unique to such user. We authorize you to allot such user-id and passwords and other authentication devices, if any, to the Karta for the purpose of authenticating orders placed by the Karta or otherwise on behalf of the HUF. We, the undersigned, undertake the following with the intention of binding not only the present members of the said joint family and all persons entitled to a share therein and ourselves personally and our respective interest in the joint family properties as well as our separate estates: 1. Whenever the Karta of the joint family is changed or a change occurs in the constitution of the said joint family caused by the death of a co-parcener whether or not resulting in a share devolving on his widow or widows or by the birth of a co-parcener of it any time any of us desires to give up or sever his connection with the said joint family or if any minor member of the said family gains majority, to give notice thereof to you, and also to obtain a written acknowledgement of to the terms hereof duly signed by such member on attainment of majority. Notwithstanding any restrictions imposed by any acts/ laws, all acts purporting to be done by the Karta (including but not limited to transactions authenticated by the user-id allotted to the Karta or any of his representative) on behalf of the said joint family shall be binding on the said joint family and on each of us and of our respective estates and shall continue until all liabilities in respect of the above have been discharged. You will be under no obligation to verify the authenticity of any instructions purporting to have been sent by the Karta or any of his representative over the Internet or otherwise other than by means of verification of the user-id allotted to the Karta or any of his representative. Client Code No. Signatures of Karta alongwith stamp of HUF

List of CO-PARCENERS:

SI. No.	Name	Gender	Date of Birth	Relationship with Karta	Signature #
1.					
2.					
3.					
4.					
5.					

In case of minor guardian needs to sign on behalf of the minor.

	FATCA - CR	5 DECLAR	AHON	FORM	1 (NOI	N-IN	וטוע	IDU	(LS)									
Name of the Entity*																		
Existing Customer*	Yes No	If Yes, Cus	stomer	ID _														
Address for Tax purpose*		Regist	ered		ther		lf o	ther,	fill a	ddr	ess o	detai	ls be	low				
Other Addess City / Town / Village State								Cou	untry	, [PII	N Co	de				
Address for Tax purpose*	Residential	Busin	ness		Registe	red (Offic	e										
PAN*	or F	ORM 60/6	51															
Date of Incorporation*	D MM YY	YY (in	DD/M	M/YY	YY forr	nat)	(Mar	ndato	ry if	vali	d PA	N is	not i	repo	orted)		
Country of Incorporation*			9.	City	f incor	pora	ition'	*										
		TIN or US		-				-		cati	ion N	Numl	ber_					
Issuing country for identifi	cation number provid	ed in (10) a	above .															
☐ Entity is a tax resident	of the country/ies me	ntioned in	the tab	-														
Country	Tax Identification N	lumber%				Iden	tifica	ition	Туре	(TI	N or	Oth	er%,	ple	ase s	peci	fy)	
n case the Entity's Country								ified	U.S.	Per	son,	Mer	ition	Ent	ity's	exen	npti	on
ATCA-CRS DECLARATION	I																	
		_		ATCA	CRS D	ecla)	ratio	n)										
	GIIN Note: If you do not have sponsored by an provide your sponsored indicate your sponsored provide your sponsored your sponsored provide your sponsored your spo	nave a GIIN other entit or's GIIN ab or's name b	N but yo ty, pleas	se	Follow No	oplie wing ot red	d for opti quire	ons and to	ıvaila apply	ıble y fo m V	only r (Pl V8-E	for ease BEN-	Final spec	ncia cify	l Inst	cate		
	Existing Customer* Address for Tax purpose* Other Addess City / Town / Village State Address for Tax purpose* PAN* Date of Incorporation* Country of Incorporation* Identification type and Ide Global Entity Identification Issuing country for identification Please tick the applicable in Entity is a tax resident Entity is a tax resident Entity is a tax resident Country Country In case Tax Identification Number of the Entity is a tax resident Country Cou	Name of the Entity* Existing Customer* Yes No Address for Tax purpose* Communication Other Addess City / Town / Village State Address for Tax purpose* Residential PAN* Or FO Date of Incorporation* Identification type and Identification Number (if Global Entity Identification Number Issuing country for identification number provide Please tick the applicable tax resident declaration Entity is a tax resident of India and not reside Entity is a tax resident of the country/ies mention Issuing country for identification number provide Country Tax Identification Number is not available, in case Tax Identification number provide Country Tax Identification Number is not available, in case the Entity's Country of Incorporation/Tax in case the Entity's Country of Incorporation Number is not available, in case Tax Identification number provide in case the Entity's Country of Incorporation Number is not available, in case Tax Identification number provide in case the Entity's Country of Incorporation Number is not available, in case Tax Identification number provide in case the Entity's Country of Incorporation Number is not available, in case Tax Identification number provide in case the Entity's Country of Incorporation Number is not available, in case Tax Identification number provide in case the Entity's Country of Incorporation Number is not available, in case Tax Identification in Number is not available, in case Tax Identification in Number is not available, in case the Entity's Country of Incorporation Number is not available, in case the Entity's Country of Incorporation Number is not available, in case Tax Identification Number is no	Name of the Entity* Existing Customer* Yes No If Yes, Customers Address for Tax purpose* Communication Registomers City / Town / Village Yes Yes No If Yes, Customers Yes Yes	Name of the Entity* Existing Customer* Address for Tax purpose* Communication Registered Other Addess City / Town / Village State Address for Tax purpose* Residential Business PAN* or FORM 60/61 Date of Incorporation* Country of Incorporation* Global Entity Identification Number (if TIN or US GIIN n Global Entity Identification Number provided in (10) above Please tick the applicable tax resident declaration*: (Any one) Entity is a tax resident of India and not resident of any other or Entity is a tax resident of the country/ies mentioned in the tax Issuing country for identification number provided in (10) above Country Tax Identification Number* Tax Identification Number* Tax Identification Number* Tax Identification Number Tax Identification Number	Name of the Entity* Existing Customer* Yes No If Yes, Customer ID Address for Tax purpose* Communication Registered Communication City / Town / Village State Address for Tax purpose* Residential Business FAN* Or FORM 60/61 Date of Incorporation* Ountry of Incorporation* Outher Addess PAN* Or FORM 60/61 Date of Incorporation* Pelease tick the applicable tax resident declaration*: (Any one) Entity Is a tax resident of India and not resident of any other country Entity is a tax resident of India and not resident of any other country Entity is a tax resident of the country/ies mentioned in the table below. Issuing country for identification number provided in (10) above Country Tax Identification Number% Tax Identification Number% Tax Identification Number% GIIN Note: If you do not have a GIIN but you are sponsor's GIIN above and indicate your sponsor's name below:	Name of the Entity* Existing Customer* Yes No If Yes, Customer ID Address for Tax purpose* Communication Registered Other Other Addess Other Addess Other Addess City / Town / Village State Address for Tax purpose* Residential Business Registered Registered PAN* Date of Incorporation* Date of Incorporation* Country of Incorporation* Global Entity Identification Number Global Entity Identification Number I lease tick the applicable tax resident declaration*: (Any one) Entity is a tax resident of India and not resident of any other country OR Entity is a tax resident of the country/ies mentioned in the table below In case Tax Identification Number In case Tax Identification Number is not available, kindly provide functional equination case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not dehere: **PATCA-CRS DECLARATION** Base consult your professional tax advisor for further guidance on FATCA-CRS Detail	Name of the Entity* Existing Customer*	Name of the Entity* Existing Customer* Yes No If Yes, Customer ID Address for Tax purpose* Communication Registered Other If of Other Address City / Town / Village State	Name of the Entity* Existing Customer* Yes No If Yes, Customer ID Address for Tax purpose* Communication Registered Other If other, Other Addess City / Town / Village State	Name of the Entity* Existing Customer* Yes No If Yes, Customer ID Address for Tax purpose* Communication Registered Other If other, fill a Other Addess Other Addess Other If other, fill a Other Addess Other Addess Other If other, fill a Other Addess Other Addess Other If other, fill a Other Addess Other Addess Other If other, fill a Other Addess Other Addess Other If other, fill a Identification If other, fill a Other If othe	Name of the Entity* Existing Customer* Yes No If Yes, Customer ID Address for Tax purpose* Communication Registered Other If other, fill addr Other Addess Other Address Other Other If other, fill addr Other Addess Other Address Other If other, fill addr Other Addess Other Address Other If other, fill addr Other Addess Other Address Other If other, fill addr Other Addess Other If other, fill addr Other Addess Other If other, fill addr Other Address for Tax purpose* Residential Business Registered Office PAN* Or FORM 60/61 Date of Incorporation* Or FORM 60/61 Date of Incorporation* Or Other Other Identification type and Identification Number (if TIN or US GIIN not provided)*: Company Identification Identification Number Identification type and Identification Number (if TIN or US GIIN not provided)*: Company Identification Identification Number Issuing country for identification number provided in (10) above Issuing country for identification number provided in the table below Issuing country for identification number provided in (10) above Country Tax Identification Number* Identification Type (TI Tax Identification Number* Identification Type (TI Other Address Other Identification Other Address Other Identification In case Tax Identification Number is not available, kindly provide functional equivalent\$. 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Identification Type (TIN or Other%, please specified U.S. Person, Mention Entity's exented here: ATCA-CRS DECLARATION Base consult your professional tax advisor for further guidance on FATCA-CRS Declaration) The A(to be filled by Financial Institution or Direct Reporting NFE) We are a a Financial Institution or Direct Reporting NFE) We are a a Financial Institution or Direct Reporting NFE) We are a a proportiate) GIN not available (please tick as applicable): Applied for Financial Institution or Direct Reporting NFE) Note: If you do not have a GIN but you another entity, please provide your sponsor's GIM above and indicate your sponsor's name below: Name of sponsoring entity Please provide with Form W8-BEN-E, duly filled in Please provide with Form W8-BEN-E, duly filled in	Name of the Entity* Existing Customer* Ves No If Yes, Customer ID Address for Tax purpose* Communication Registered Other If other, fill address details below Other Addess Other Addess Other Addess City / Town / Village State

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1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	☐ Yes (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange
2	Is the Entity a related entity of a publicly traded company ⁶ - a company whose shares are regularly traded on an established securities market	 ☐ Yes Name of the listed company, the stock of which is regularly traded
3	Is the Entity an active NFE ⁷	☐ Yes Nature of business Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)
4	Is the Entity a passive NFE ⁸	Yes Nature of business

PART C (TO BE FILLED ONLY BY PASSIVE NFES)

Please list below the details of each controlling person(s), confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification

Numbers for EACH controlling persons (Please attach additional sheets if necessary)

Sole proprietor to fill up atleast one controlling person details:

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

¹Refer 3(VIII) of Part D ²Refer 1 of Part D ³ Refer 3(VII) of Part D ⁴Refer 1A. of Part D ⁵ Refer 2a of Part D ⁶ Refer 2b of Part D ⁷ Refer 2c of Part D ⁸ Refer 3(II) of Part D

^{*}Mandatory field

CONTROLLING PERSON 1
Name FIRST NAME MIDDLE NAME LAST NAME
Existing Customer* Yes No If Yes, Customer ID
**Country of tax residency*
Address*
City / Town / Village* PIN Code*
State* Country* Mobile No. Tel. (Res.) % of beneficial interest
Tax identification number (or functional equivalent) for each country identified in relation to each person%
Identification Type (TIN or Other, please specify) Controlling person type code
Date of Birth*# DD MM YYYYY Gender* Male Female Third gender
Minor**
If minor/ senior citizen, please provide proof of DOB **If minor please fill Minor Declaration Section
PAN*** or FORM 60/61 ***If PAN No. is not available, please fill up Additional declaration
Form 60 or 61
Father's Name (if PAN not available)
Additional details to be filled below by controlling persons having tax residency/permanent residency/citizenship in any country other than
India including green card holders and sole proprietor irrespective of foreign tax residency/permanent residency/citizenship:
City of Birth Country of Birth
Nationality Nationality
Occupation Type Service Susiness Others
Address type for address mentioned above Residential Business Registered office
Identification Type (Documents submitted as proof of identity of the individual)@
Spouse's name (optional)
Aadhaar Number (optional)
⁹ Refer 3 (IV) of Part D ¹⁰ Refer 3(VI) of Part D ¹¹ Refer 3(IV) (A) of Part D
**To include US, where controlling person is a US citizen or green card holder
% In case Tax Identification Number is not available, kindly provide functional equivalent\$
@ Permissible values are:
01 Passport 02 Election ID card 03 PAN card 04 Government ID card 05 Driving License 06 UIDAI Letter
07 NREGA job card 08 Others
CONTROLLING PERSON 2
Name FIRST NAME MIDDLE NAME LAST NAME
Existing Customer* Yes No If Yes, Customer ID
**Country of tax residency*
Address*
City / Town / Village* PIN Code*
State* Country* Mobile No. Tel. (Res.) % of beneficial interest
Tax identification number (or functional equivalent) for each country identified in relation to each person%
Date of Birth*# DD MM YYYY Gender* Male Female Third gender

FATCA CRS TERMS AND CONDITIONS

The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days. If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information \$ field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

I have understood the information requirements of this Form (read along with the FATCA-CRS Instructions & Definitions under Part D) and hereby confirm that the information provided by me on this Form is True, Correct, and Complete. I also confirm that I have read and understood the FATCA-CRS Terms and Conditions above and hereby accept the same.

Name	
Designation	
Date: DD MM YYYY Place	
Branch Declaration: "We have made best efforts to identify the beneficial owners/control furnished above have been verified from information available through constitutional docum	

PART D: FATCA-CRS INSTRUCTIONS & DEFINITIONS

1. Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.

Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributale to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-

- (i) The three financial years preceding the year in which determination is made; or
- (ii) The period during which the entity has been in existence, whichever is less.

Investment entity is any entity:

That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer

- (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instrumens; transferable securities; or commodity futures trading; or
- (ii) Individual and collective portfolio management; or
- (iii Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the, shorter of:

- (i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- (ii) the period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

Non-participating financial institution means a financial institution defined in clause 1 of the said instructions, but does not include,-

- (a) An Indian financial institution; or
- (b) other jurisdiction, being a jurisdiction that has in effect an agreement with the United States of America to facilitate the implementation of FATCA (herein after referred to other partner jurisdiction), financial institution, as other than a financial institution treated as a non-participating financial institution pursuant to significant non-compliance of the FATCA agreement in an agreement between the United States of America and other partner jurisdiction.

A. FIS NOT REQUIRED TO APPLY FOR GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust