

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: _____

RM Name: _____

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)

Sl. No.	Name of the Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS 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)

Sl. No.	Name of the Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS 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 DOCUMENTS 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 Parc, 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

 Authorised Signatory

UCC Code allotted to the Client _____

Documents verified with Originals	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,

 Signature of Authorised Signatory (ASL)

Seal/Stamp of the Stock Broker (ASL)

Date:

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 referred 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 / PromotersOn 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

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).

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 Securities Limited is not under compulsory obligation to open the account.

In case the account is not opened for any reason, Axis Securities Limited (ASL) is not obliged to return the above documents to the applicant(s).

Axis Securities Ltd., 1st Floor, I-Rise Building, Q Parc, Thane-Belapur Road, Ghansoli, Navi Mumbai – 400710, Tel No. 022-61480808 / 022-40508080.

NSDL DP ID

CDSL DP ID

We hereby acknowledge the receipt of the Demat account opening application from

Sole/First Holder

Second Holder

Third Holder

Date:

ASL Stamp & Signature

I/we wish to open a new

Ordinary Resident
 Demat A/c
 Trading A/c
 Demat A/c with
 NSDL
 CDSL

CLIENT INFORMATION DETAILS

Name of the Applicant*

Sole/First Holder's Name

PAN (Applicant)

UID

(*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.)

TRADING PREFERENCES (Please sign in the relevant boxes where you wish to trade. The segment not chosen should be strike off.)

Exchange	NSE, BSE				MCX, NCDEX
All Segment	Cash / Mutual Fund / SLB	F&O	Currency	Debt	Commodity Derivatives

Note: While we are registered with multiple exchanges, we are not operational / offering services in MSEI Exchange, BSE Derivatives (Equity/Currency/Commodities), BSE SLBM, Debt and NSE Commodity Derivatives. We will keep you posted in case of any change.

*For derivative products please submit valid financial proofs

BANK ACCOUNT DETAILS

Name of the Bank

Account Type Bank Account No.

Branch Address

MICR No.

Customer ID IFSC Code

Dividend & debiting of charges _____

DEMAT ACCOUNT DETAILS

Depository Participant Name

Beneficiary Name

Beneficiary Owner Account No. DP ID

Depository Name NSDL CDSL

DP Address _____

UCC DETAILS (Please fill the below details. In case of more UCC provide the annexure)

Sr. No.	UCC	Stock Exchange	Segment	Trading Member ID

KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR NON-INDIVIDUALS)

New Change request (please tick the appropriate)

Acknowledgement No. _____

Please fill this form in ENGLISH and in BLOCK LETTERS

(Please tick the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

A. IDENTITY DETAILS

1 Name of the Applicant

2(a) Date of incorporation 2(b) Place of incorporation _____

3 Date of commencement of business

4(a) PAN 4(b) Registration No. (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) _____

B. ADDRESS 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 than Self" Please select following details
 Authorised Signatory Director Trustee Partner Karta.
Email ID

#Email ID is "Other than Self" Please select following details
 Authorised Signatory Director Trustee Partner Karta.

3 Specify the proof of address submitted for correspondence address _____

4 Registered Address (If different from above)

City / Town / Village PIN Code
State Country

DECLARATION

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

Name & Signature of the Authorised Signatory(ies) _____

Date:

C. OTHER DETAILS (Please use the annexure to fill details)

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

2. a) DIN of whole time directors:
b) Aadhaar number of Promoters/Partners/Karta:

If space is insufficient, enclose these details separately
[Illustrative format enclosed]

FOR OFFICE USE

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.

Originals verified and Self-Attested Document copies received

Signature of the Authorised Signatory _____

Date:

Seal/Stamp of the Branch

APPLICATION FORM FOR NON-INDIVIDUALS*

DETAILS OF PROMOTERS/ PARTNERS/ KARTA/ TRUSTEES AND WHOLE TIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC)

Name of the Applicant

PAN No of the Applicant

Name _____

Relationship with Applicant _____
(i.e. promoters, whole time directors etc.)

PAN DIN/UID _____

Residential/ Registered Address _____



Name _____

Relationship with Applicant _____
(i.e. promoters, whole time directors etc.)

PAN DIN/UID _____

Residential/ Registered Address _____



Name _____

Relationship with Applicant _____
(i.e. promoters, whole time directors etc.)

PAN DIN/UID _____

Residential/ Registered Address _____



Name _____

Relationship with Applicant _____
(i.e. promoters, whole time directors etc.)

PAN DIN/UID _____

Residential/ Registered Address _____



DETAILS OF PRINCIPAL AUTHORISED SIGNATORY TO DEAL IN SECURITIES ON BEHALF OF THE COMPANY/ TRUST/ OTHERS

Name

Designation

Flat/Plot No. (Residential)

Bldg./Society Name

Area Locality

City/Town/Village State

Pin Code No. Country

Landline No. (O)

PAN Date of Birth Mobile No.

DIN UID

Tel. No. (R) Fax

E-Mail Gender Male Female

Please tick, if applicable, Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (PEP)

Please paste latest
Passport size Photograph

Signature

*Please use additional sheet, if required

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 the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been

Date: Place:

Signature of Authorised Signatory

ADDITIONAL DETAILS

Weather you wish to receive physical contract note or Electronic Contract 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 Experience

Any other information

I/We authorize you to receive Automatic credits in my/our Demat Account Automatic Credit Yes No

I/We wish to receive dividend/interest directly in my bank account given through ECS Yes No
 (if not marked, the default option would be 'Yes')
 [ECS is mandatory for locations notified by SEBI from time to time]

Account Statement Requirement As per SEBI Regulation Daily Weekly Fortnightly Monthly

SMS Alert Facility

Mobile No. +91

[(Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).

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

Transactions Using Secured Texting Facility (TRUST).	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.		
	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: As per SEBI Regulation Daily Weekly Fortnightly Monthly
- j) I/We request you to send electronic transaction cum holding statement at the email ID Yes No
- k) Share the email ID with RTA Yes No
- l) DP account to be operated through Power of Attorney Yes No
- m) I/we authorize you to receive credit automatically into my A/c Yes No
- 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 as _____ Name 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, transactions 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) Yes No

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 _____

DEMAT ACCOUNT

TO OPEN A NEW DEMAT ACCOUNT

I wish to open a New Demat Account with ASL

Second Co-Holder Name : (Mr. / Ms.)

Third Co-Holder Name : (Mr. / Ms.)

FATHER'S / HUSBAND'S NAME OF

Second Co-Holder (Mr.)

Third Co-Holder (Mr.)

SECOND CO-HOLDER'S ADDRESS DETAILS

Same as Permanent Address of First Holder Same as Correspondence / Residential Address of First Holder If different

Correspondence Address

City/town/village

Pin Code

State

Country

Specify the proof of address submitted for correspondence address:

Permanent Address (If different from above Correspondence Address)

Permanent Address

City/town/village

Pin Code

State

Country

Specify the proof of address submitted for permanent address:

THIRD CO-HOLDER'S ADDRESS DETAILS

Same as Permanent Address of First Holder Same as Correspondence / Residential Address of First Holder If different

Correspondence Address

City/town/village

Pin Code

State

Country

Specify the proof of address submitted for correspondence address:

Permanent Address (If different from above Correspondence Address)

Permanent Address

City/town/village

Pin Code

State

Country

Specify the proof of address submitted for permanent address:

OTHER DETAILS

In case SMS Alert is not indicated, it will be treated as "YES". It is mandatory if you are giving Power of Attorney (POA).

	Second Holder	Third Holder
Telephone Number (Off.)	<input type="text"/>	<input type="text"/>
Telephone Number (Res.)	<input type="text"/>	<input type="text"/>
Fax Number	<input type="text"/>	<input type="text"/>
Mobile Number	<input type="text"/>	<input type="text"/>
SMS Facility*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail ID	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Pls. specify)	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Pls. specify)
Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National
Occupation (please tick any one and give brief details):	<input type="checkbox"/> Private Sector <input type="checkbox"/> Retired <input type="checkbox"/> Govt. Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Retired <input type="checkbox"/> Govt. Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify)
Specify the proof of identity submitted	<input type="checkbox"/> Pan Card <input type="checkbox"/> Any Other (Pls. specify)	<input type="checkbox"/> Pan Card <input type="checkbox"/> Any Other (Pls. specify)
Any other information	<input type="text"/>	<input type="text"/>
Please tick, if applicable (Second Holder)	<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)
Please tick, if applicable (Third Holder)	<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)

FINANCIAL DETAILS

	PAN	IT Circle / Ward / District No.	Nature of Business
Second Holder	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Holder	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unique Identification Number (UID / Aadhaar, if any) Second Holder	<input type="text"/>		
Gross Annual Income Details (please specify): 2nd Holder, Income Range per annum			
Income Range Per Annum	<input type="checkbox"/> Rs. < 1 Lac <input type="checkbox"/> 1 to 5 Lac <input type="checkbox"/> 5 to 15 Lac <input type="checkbox"/> 10 to 25 Lac <input type="checkbox"/> 25 Lac to 1 crore <input type="checkbox"/> > 1 crore		
Net-worth as on (Date)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Net worth should not be older than 1 year) Rs. <input type="text"/>	
Any other information <input type="text"/>			
Unique Identification Number (UID / Aadhaar, if any) Third Holder	<input type="text"/>		
Gross Annual Income Details (please specify): 3rd Holder, Income Range per annum			
Income Range Per Annum	<input type="checkbox"/> Rs. < 1 Lac <input type="checkbox"/> 1 to 5 Lac <input type="checkbox"/> 5 to 15 Lac <input type="checkbox"/> 10 to 25 Lac <input type="checkbox"/> 25 Lac to 1 crore <input type="checkbox"/> > 1 crore		
Net-worth as on (Date)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Net worth should not be older than 1 year) Rs. <input type="text"/>	
Any other information <input type="text"/>			

STANDING INSTRUCTIONS

*(If not indicated, Standing Instructions will be treated as "Yes")

*I/We authorise you to receive credits automatically into my/our account Yes No

*Account to be operated through Power of Attorney (PoA) Yes No

I/We want to receive the Delivery Instruction Slip (DIS) booklet Yes No (If not indicated it will be treated as "No")


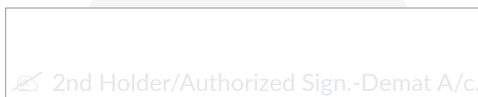

I/we would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end Yes No (If not marked, the default option would be 'No').

I/We would like to share the email id with the RTA Yes No

I/We would like to receive the Annual Report Physical Electronic Both Physical and Electronic (Tick the applicable box.

If not marked the default option would be in physical).

I/We have received and read the document of 'Rights and Obligation of BO-DP' and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

		
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KYC CERTIFICATION

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


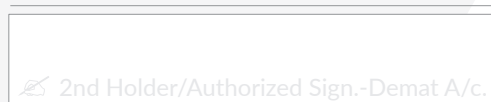

Second Holder
in Demat Account
Please paste recent
(not more than six months old)
passport size
colour photograph here.
Please do not use Pins,
Staples or Tape.
Please Sign across Photograph

Third 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

		
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(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 Accounts 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 of 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.

✍ 3rd 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.

 Authorised Signatory

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

To,
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 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.			
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:

- To link my aforesaid Bank, Trading and Demat accounts
- 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
- Continue the attempt to debit my/our above referred bank account till successful debit from my/our bank account

I / We declare that,

- 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.
- 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.
- 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 as updated on its website www.simplehai.axisdirect.in from time to time.
- 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.
- 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 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


Thanking you,
Signature

Name

Name

Name

 (1st / Sole Holder)

 (2nd Sole Holder)

 (3rd 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 market, I / We are required to ensure that I / We maintain required margin/s and to honor settlement obligation/s arising out of 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,

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 bidding 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.

1st Holder Signature

2nd Holder Signature

3rd Holder Signature

Date:

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

Dear Sir,

We refer to the trading account being opened with you in the name of _____ and declare and authorise you as under.

We recognize that a beneficiary account cannot be opened with a depository participant in the name of a Partnership firm as per applicable Regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the securities transfer obligations pursuant to the trading operations, we authorise you to recognize the beneficiary account No. _____ with depository _____ opened as a joint account in the names of the partners of the firm.

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

We hereby authorise _____ partner in the firm to execute/ sign and submit such documents, agreements, deeds etc. as may be necessary to enter into the agreement and engage in business with ASL and to sell, purchase, transfer, endorse, negotiate and do other things that may be necessary to engage in business on behalf of the partnership.

Further the undersigned partners of the firm will continue to be personally liable to you for all the obligations that the firm may incur in the course of dealings with you and undertake to personally discharge such liabilities.

Name of the Partners (IN BLOCK LETTER) _____

Signature

FORMAT OF BOARD RESOLUTION FOR OPENING TRADING ACCOUNT FOR COMPANY (ON THE LETTERHEAD)

Certified true copy of the resolution passed at the meeting of the board of directors of _____ held at on _____ day _____ of _____ 20 at _____ a.m. / p.m.

RESOLVED THAT the company be registered as a trading client with Axis Securities Limited (ASL) and do place orders with/give instructions to / for the purpose of dealing in equities, derivatives, mutual funds, debts, debentures, currencies and other products on The National Stock Exchange of India Ltd. & BSE Ltd.

RESOLVED THAT any one of the following Directors / Authorised Signatories of the Company, whose specimen signatures are appended here under be and are hereby authorized severally to do the follow:

Sr. No.	Name & Designation	Specimen Signature
1.	(Principal Authorised Signatory)	
2.		
3.		

1.Sign and execute documents relating to account opening including executing Power of Attorney favouring ASL, execute and deliver orders, instructions, letters, notes, contracts, share transfer forms and such other documents as may considered necessary from time to time for the aforesaid purpose, and

2.Take all such actions and do all such things, as may be deemed prudent, necessary and expedient for giving effect to the above resolution from time to time.

RESOLVED FURTHER THAT the above resolution shall remain effective and in force till such time as a fresh resolution canceling or amending the same is passed by the Board of Directors of the Company and is furnished to ASL.

RESOLVED FURTHER THAT a copy of the above resolution duly certified as true by any one of the Directors /Authorised Signatory of the Company be furnished to and such other parties as may be required from time to time.

AND RESOLVED FURTHER THAT, the Common Seal of the Company be affixed, wherever necessary, in the presence majority of Directors and Company Secretary, who shall sign the same in token of their presence.”

For _____

Signature with Rubber Stamp

FORMAT OF BOARD RESOLUTION FOR OPENING DEMAT ACCOUNT FOR COMPANY (ON THE LETTERHEAD)

Certified true copy of the resolution passed at the meeting of the board of directors of _____ held at
on _____ day _____ of _____ 20 at _____ a.m. / p.m.

“RESOLVED THAT a Depository Account of the company in the name and style of _____ (Name of the Organisation) be opened with Axis Securities Limited (ASL), the Depository Participant of CDSL/NSDL, for dealing in Depository / Electronic segment of the Stock Exchange (BSE and NSE) and that the said Depository Participant be and is hereby authorised to honor all debit and credit instruction issued and to act on any other instructions so given relating to the account by any one of the following authorised signatories on behalf of the Company or such persons as may be authorized by the Company from time to time and to act of any instruments so given relating to the account.

Sr. No.	Name & Designation	Specimen Signature
1.	(Principal Authorised Signatory)	
2.		
3.		

RESOLVED FURTHER THAT any one of the above authorized person are be and hereby authorized to sign a power of attorney in favour of ASL authorizing them to debit securities and/or to transfer securities from the aforesaid account for the purpose of delivering the same only to the clearing house of the recognized stock exchanges towards pay- in of securities sold by the company through them.

RESOLVED FUTHER THAT any one of the aforesaid persons be and are hereby authorised to execute the necessary documents required by CDSL/NSDL or applicable regulatory authorities in this connection to operate the Securities Account.

RESOLVED FURTHER THAT the above resolution shall remain effective and in force till such time as a fresh resolution canceling or amending the same is passed by the Board of Directors of the Company and is furnished to ASL. RESOLVED FURTHER THAT a copy of the above resolution duly certified as true by any one of the Directors / Authorised Signatory of the Company be furnished to and such other parties as may be required from time to time.

For _____

Signature with Rubber Stamp

FORMAT OF BOARD RESOLUTION FOR OPENING TRADING ACCOUNT (ON LETTERHEAD OF TRUST)

Certified true copy of the resolution passed at the meeting of the board of directors of _____ held at
on _____ day _____ of _____ 20 at _____ a.m. / p.m.

RESOLVED THAT the Trust be registered as a trading client with Axis Securities Limited (ASL) and do place orders with/give instructions to for the purpose of dealing in equities, derivatives, mutual funds, debts, debentures, currencies and other products on The National Stock Exchange of India Ltd. & BSE Ltd.

RESOLVED FURTHER THAT any one of the following Trustees / Executives / Officers of the Trust, whose specimen signatures are appended here under:

Sr. No.	Name & Designation	Specimen Signature
1.	(Principal Authorised Signatory)	
2.		

Be and are hereby authorized severally to

1. Sign and execute documents relating to account opening including executing Power of Attorney favouring ASL, execute and deliver orders, instructions, letters, notes, contracts, share transfer forms and such other documents as may considered necessary from time to time for the aforesaid purpose, and

2. Take all such actions and do all such things, as may be deemed prudent, necessary and expedient for giving effect to the above resolution from time to time.

RESOLVED FURTHER THAT the above resolution shall remain effective and in force till such time as a fresh resolution canceling or amending the same is passed by the Trustees of the Trust and is furnished to ASL.

RESOLVED FURTHER THAT a copy of the above resolution duly certified as true by any one of the Trustees / Authorised Signatory of the Trust be furnished to and such other parties as may be required from time to time.

For _____

Signature with Rubber Stamp

LETTER OF AUTHORISATION / DECLARATION FOR KARTA OF HUF (THIS DOCUMENT IS VOLUNTARY)

Date:

To
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:

- 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:

Sl. 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.

Name of the Client _____

Trading Code _____

Demat Account Number _____

PAN _____

Date of Incorporation

FATCA/CRS Declaration Form
Part I

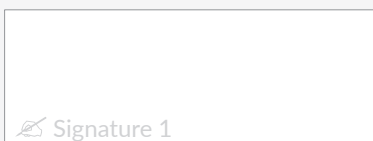
- A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange Yes No
If "No", then proceed to point B
If "yes" please specify name of stock exchange, if you are listed company _____, and proceed to sign the declaration
- B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India Yes No
If "yes", then please fill of FATCA/ CRS Self certification Form
If "No", proceed to point C
- C. Is the account holder an Indian Financial Institution Yes No
If "yes", please provide your GIIN, if any _____
If "No", proceed to point D
- D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen Yes No

Customer Declaration

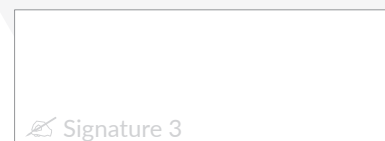
() Under penalty of perjury, I/we certify that:

1. The applicant is:
 - (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.,
 - (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)
2. The applicant is an applicant taxable as a tax resident under the lows of country outside India.
 - (i) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Axis Securities Limited is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
 - (ii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
 - (iii) I/We agree that as may be required by domestic regulators/tax authorities the Axis Securities Limited may also be required to report, reportable details to CBDT or close or suspend my account.
 - (iv) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity _____







Date

(As per MOP)

Part II. Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards (CRS)

Section 1: Entity information

Name of Entity _____

Customer id (if existing) _____

Entity Constitution Type T G C E O

Entity Identification type _____

Entity Identification No _____

Entity Identification issuing country _____

Country of Residence for tax purpose _____

Section 2: Classification of Non-Financial entities

I/We (on behalf of the entity) certify that the entity is:

a) An entity incorporated and taxable in US (Specified US person) Yes No

If "Yes", please provide your U.S. Taxpayer Identification Number (TIN) TIN

b) An entity incorporated and taxable outside of India (other than US) Yes No

If "Yes", please provide your TIN or its functional equivalent TIN

Provide your TIN issuing country _____

c) Please provide the following additional details if you are not a Specified US Person : _____

FATCA / CRS classification for Non-financial entities (NFFE)

Active NFFE

Passive NFFE without any controlling Person

Passive NFFE with Controlling Person(s):

US Others

Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus bank is not required to do the reporting)

Please provide GIIN number: _____

Section 3: Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is : Yes No

a. An entity is a U.S. financial institution

If "Yes",

(i) Please provide your Taxpayer Identification Number (TIN) TIN

(ii) Please provide GIIN, if any _____

If "No", please tick one of the following boxes below:

Please provide the Global Intermediary Identification number (GIIN) or other information where

- Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement ("IGA") Jurisdiction
- Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction
- Participating FFI in a Non-IGA Jurisdiction
- Non-reporting FI
- Non-Participating FI
- Owner-Documented FI with specified US owners

Section 4: Controlling person declaration

If you are classified as "Passive NFFE with Controlling Person(s)" or "Owner documented FFI" or "Specified US person", please provide the following details:

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5: Declaration

(i) Under penalty of perjury, I/we certify that:

1. The number shown on this form is the correct taxpayer identification number of the applicant, and
2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

(ii) I/We understand that the Axis Securities Limited is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. The Axis Securities Limited is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.

(iv) I/ We agree as may be required by /Regulatory authorities, bank shall be required to comply to report, reportable details to CDBT or close or suspend my account.

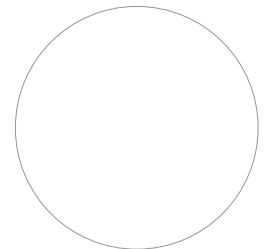
(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

I/We hereby confirm that details provided are accurate, correct and complete

Authorized Signatories and Company Seal (if applicable)

Name _____

Date



S.V.