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Location Code

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Client Code

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Client Name

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

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Axis Securities Limited

**(This document is to be read along with Part B)**

Corporate Office : Unit No. 2, Phoenix Market City,  
15 LBS Marg, Near Kamani Junction,  
Kurla (W), Mumbai – 400070

Registered Office : Axis House, 8th Floor, Wadia International Centre,  
Pandurang Budhkar Marg, Worli, Mumbai – 400025.

Visit  [www.axisdirect.in](http://www.axisdirect.in) | Call  022-40508080/022-61480808 | Email  [customer.grievance@axisdirect.in](mailto:customer.grievance@axisdirect.in) (For investor grievances)



## 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.
<b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b>			
1	Account Opening Form	Document captures the basic and additional information about the client relevant to Trading and Demat an instruction / check list	7-15
2	Tariff sheet ( Trading and Demat )	Document detailing the rate/amount of brokerage and other charges levied on the client for Trading Account	12,16

### 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.	17-19
4	Terms and Conditions	Lays down Terms and Conditions	20
5	Declaration by Partnership Firm	Facilitates the operation of the trading account opened in the name of Partnership Firm.	21
6	Board Resolutions	Lays down the format of Board Resolution	21-23
7	Letter of Authorisation for Karta of HUF	Facilitates the operation of the account opened in the name of HUF	24
8	KYC Application Form & FATCA	Application for KYC Registration	-

### INDEX OF DOCUMENTS (PART B)

Sl. No.	Name of the Document	Brief Significance of the Document	Page No.
<b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b>			
1	Rights and Obligations (Trading)	Document stating the Rights & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	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
<b>VOLUNTARY DOCUMENTS AS REQUIRED BY AXIS SECURITIES LIMITED</b>			
7	Additional Terms & Conditions	Lays down other Terms & Conditions applicable to Client Account	25-29

<b>Name of Trading / Clearing Member : Axis Securities Limited</b>	
<b>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</b>	
<b>Registered Office Address</b>	<b>: Axis House, 8th Floor, Wadia International Centre, Pandurang, Budhkar Marg, Worli, Mumbai-400025 Ph:022-24252525, Fax:022-43253118, Website: <a href="http://www.axisdirect.in">www.axisdirect.in</a></b>
<b>Correspondence Office Address</b>	<b>: Unit No. 2, Phoenix Market City, 15, LBS Road, Near Kamani Junction, Kurla (West), Mumbai-400070, Website : <a href="http://www.axisdirect.in">www.axisdirect.in</a></b>
<b>Compliance Officer Name</b>	<b>: Anand Shaha</b>
<b>Phone No. &amp; Email ID</b>	<b>: 022-42671582, <a href="mailto:compliance.officer@axisdirect.in">compliance.officer@axisdirect.in</a></b>
<b>CEO Name</b>	<b>: Arun Thukral (Managing Director)</b>
<b>Phone No. &amp; Email ID</b>	<b>: 022-42671500, <a href="mailto:jmd@axisdirect.in">jmd@axisdirect.in</a></b>
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	

## 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.

S1 of 15



**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/uploaded on our website after customer login, a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

Signature of Authorised Signatory (ASL)

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

Seal/Stamp of the Stock Broker (ASL)

## 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/ military 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.,** Unit No 2, Phoenix Market City, 15, LBS Road, Near Kamani Junction, Kurla (West), Mumbai-400070

**CDSL DP ID - 12049200**  
**NSDL DP ID - IN304295**

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

Sole/ First Holder : Mr./ Mrs. \_\_\_\_\_

Second Holder : Mr./ Mrs. \_\_\_\_\_

Third Holder : Mr./ Mrs. \_\_\_\_\_

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

\_\_\_\_\_  
ASL Stamp & Signature

## TRADING & DEMAT ACCOUNT OPENING FORM

I/We wish to open New Non Individual ☐ Demat A/c ☐ Trading A/c **Demat A/c with** ☐ NSDL ☐ CDSL

### STATUS (Please tick any one)

Select the type of entity you belong to :

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Public Limited Company             | <input type="checkbox"/> Body Corporate        | <input type="checkbox"/> Society / Association of persons |
| <input type="checkbox"/> Private Limited Company            | <input type="checkbox"/> FI / FII              | <input type="checkbox"/> Trust                            |
| <input type="checkbox"/> Partnership Firm                   | <input type="checkbox"/> HUF                   | <input type="checkbox"/> Others (Please Specify)          |
| <input type="checkbox"/> Bank / Government Body / BOI / LLP | <input type="checkbox"/> Defence Establishment | <input type="checkbox"/> Charities                        |
| <input type="checkbox"/> NGO's                              | <input type="checkbox"/> Mutual Fund           | <input type="checkbox"/> OCB                              |
| <input type="checkbox"/> Clearing House                     |  |   |

### FOR OFFICE USE ONLY :

Agent Code : _____	Centre : _____
Channel : _____	Lead No. : _____
Received On : _____	Verified On : _____
Scanned On : _____	
Remarks : _____	

### KYC Mapping Details (For Office Use Only)

Sr No	Particulars	Employee ID	Name
1	Introducer		
2	Servicing RM		
3	Acquiring RM		
4	Dealer		
5	Servicing Executive		

## CHECK SHEET

Type of Account - Non Individual (Please tick the checkbox against the document being furnished by you)	Verification by BO
<div style="text-align: right; margin-bottom: 10px;"><input type="checkbox"/> Pan Card</div>	
<b>Proof of Bank A/c (copy clearly containing name of bank, client's name and A/c no. in print - Any one) \</b> <b>(Not more than 3 months old)</b> <input type="checkbox"/> Banker's Letter <input type="checkbox"/> Cancelled Cheque leaf <input type="checkbox"/> Passbook <input type="checkbox"/> Bank Statement Note : The above documents should contain either MICR code and/or IFSC code of the Bank and should not be more than 3 months old  <b>Other Proof of Address</b> <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <b>Proof of Demat A/c</b> <input type="checkbox"/> Demat master or recent holding statement issued by DP bearing name of the Client	
<b>Balance sheet for last 2 financial years (Submit Annual Balance Sheet every year)</b> <input type="checkbox"/> Financial Year 1 <input type="checkbox"/> Financial Year 2	
<input type="checkbox"/> Copy of Partnership Deed <input type="checkbox"/> Copy of Registered Trust Deed <input type="checkbox"/> SEBI Registration Certificate (for FII) <input type="checkbox"/> Copy of Memorandum and Articles of Association <input type="checkbox"/> Copy of Registration Certificate <input type="checkbox"/> Bye Laws/ Rules and Regulations duly certified <input type="checkbox"/> Certificate of Incorporation	
<input type="checkbox"/> Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the Company secretary/Whole time director/MD (to be submitted every year)	
<input type="checkbox"/> Copy of Resolution of Board of Directors/ Letter from all Partners/ Board of Trustees/ Managing body/Committee Authority Letter approving participation in Equity/ Derivatives/ Currency trading & naming authorized persons for investment in securities market.	
<input type="checkbox"/> Photograph of Partners/ Whole time Directors/ 2 Directors in charge of day to day operations/ Karta/ Trustees/ Individual promoters holding control either directly or indirectly (should be attached to the form and has to be signed across with Company Stamp) <input type="checkbox"/> Authorised signatories list with specimen signature <input type="checkbox"/> List of Managing Committee Members <input type="checkbox"/> List of Trustees certified by Managing trustees/ CA	
<b>Proof of Identity of Authorised Signatories/ Whole time Directors/ 2 Directors in charge of day to day operations/ Trustees/ Partners/ Promoters</b> <input type="checkbox"/> PAN Card with photograph (mandatory) <input type="checkbox"/> Unique Identification No (UID) - AADHAAR <input type="checkbox"/> Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.	
<b>Proof of Address (POA) of Authorised Signatories/ Whole time Directors/ 2 Directors in charge of day to day operations/ Karta/ Trustees / Partners/ Promoters</b> <input type="checkbox"/> Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/Flat Maintenance bill/ Insurance Copy. <input type="checkbox"/> Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old. <input type="checkbox"/> Bank Account Statement/Passbook -- Not more than 3 months old. <input type="checkbox"/> Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts. <input type="checkbox"/> Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority. <input type="checkbox"/> Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members. <input type="checkbox"/> For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be submitted <input type="checkbox"/> The proof of address in the name of the spouse can be submitted  <b>In case of HUFs, certified true copy of PAN card of HUF and Karta is required, Further, Annexure of the list of members of the HUF and letter of authorisation of the Karta for operating the account signed by Co-Parceners along with the Photo of Karta is required. Bank passbook/ Bank statement should be in the name of HUF.</b>	



**KNOW YOUR CLIENT (KYC) APPLICATION FORM**
**CLIENT INFORMATION DETAILS**
**A1**

Name of the Applicant*	<input type="text"/>
Sole/First Holder's Name	<input type="text"/>
PAN (Applicant) :	<input type="text"/>
UID :	<input type="text"/>

(\* 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 Firmss, Unregistered Trust, etc., should be mentioned above.)

**REGISTERED OFFICE ADDRESS**
**A2**

Flat/Plot No. :	<input type="text"/>	
Bldg./Society Name :	<input type="text"/>	
Area Locality :	<input type="text"/>	
Land Mark :	<input type="text"/>	
City/Town/Village :	<input type="text"/>	State : <input type="text"/>
Pin Code No. :	<input type="text"/>	Country : <input type="text"/>
Landline No. (O) :	<input type="text"/>	
Fax No. :	<input type="text"/>	E-mail : <input type="text"/>

Proof of Regd. Address Submitted :

**CORRESPONDENCE OFFICE ADDRESS (IF DIFFERENT)**
**A3**

Flat/Plot No. :	<input type="text"/>	
Bldg./Society Name :	<input type="text"/>	
Area Locality :	<input type="text"/>	
Land Mark :	<input type="text"/>	
City/Town/Village :	<input type="text"/>	State : <input type="text"/>
Pin Code No. :	<input type="text"/>	Country : <input type="text"/>
Landline No. (O) :	<input type="text"/>	
Fax No. :	<input type="text"/>	

Proof of Correspondence Office Address Submitted :

Address for Communication (Default option is Registered Address)	<input type="checkbox"/>	Registered Address
	<input type="checkbox"/>	Correspondence Address

**OTHER DETAILS**
**A4**

Date of Incorporation :	<input type="text"/>	Business Commencement Date :	<input type="text"/>
Place of Incorporation :	<input type="text"/>	Regn. No. (eg. CIN) :	<input type="text"/>
Nature of Products/ Services offered	<input type="text"/>	Nature of Business :	<input type="text"/>
RBI / SEBI Registration No. & Date (if applicable):	<input type="text"/>		

**BANK ACCOUNT DETAILS****A5**

Name of the Bank :

Account Type :  Bank Account No. :

Branch Address :

MICR No. :

Customer ID :  IFSC Code :

**DEMAT ACCOUNT DETAILS****A6**

Depository Participant Name :





Beneficiary Name :

Beneficiary Owner Account No. :  DP ID :

Depository Name : ☐ NSDL ☐ CDSL

DP Address :

**TRADING PREFERENCES** (Please sign in the relevant boxes where you wish to trade. The segment not chosen should be strike off.)**A7****Exchanges & Segments**

National Stock Exchange of India Limited	Cash	<div>S2 of 15 </div> <div>Authorised Signatory</div>	Currency Derivatives (NSE)	<div>S5 of 15 </div> <div>Authorised Signatory</div>
	F&O	<div>S3 of 15 </div> <div>Authorised Signatory</div>		
Bombay Stock Exchange Limited	Cash	<div>S4 of 15 </div> <div>Authorised Signatory</div>		

# If, in future you want to trade on any new segment/ new exchange, please provide separate authorization letter.

In case you opt for derivative trading, please enclose any of the following additional documents :

- ☐ Copy of ITR Acknowledgement ☐ Copy of Annual Accounts ☐ Bank Account Statement for last 6 Months
- ☐ Net Worth Certificate ☐ Any other Relevant document substantiating ownership of assets
- ☐ Copy of Demat Account Holding Statement ☐ Self declaration along with relevant supporting documents

**PAST ACTIONS****A8**

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****A9**

- 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:
- Ph:  Fax:  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: \_\_\_\_\_

## ADDITIONAL DETAILS

**A10**

- Weather you wish to receive physical contract note or Electronic Contract Note (ECN) (please tick): ☐ Physical ☐ ECN
- Specify your Email id, for ECN: \_\_\_\_\_ (same as given in page no 11)
- 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

I / We request you to send Electronic Transaction-cum-Holding Statement at Sole / First Holders Email ID stated in the Account Opening Form ☐ Yes ☐ No

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. Yes ☐ 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)

## INTRODUCER DETAILS (OPTIONAL)

**A11**

Name of the Introducer : S U R N A M E N A M E M I D D L E N A M E

Address of Introducer : \_\_\_\_\_

Status of the Introducer: Sub-broker/Remisier/Authorized Person/Existing Client/Others, please specify \_\_\_\_\_

Phone No. : \_\_\_\_\_

Signature of the Introducer

## OTHER DETAILS OF THE APPLICANT

**A12**

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

Net-worth as on (date) D D M M Y Y Y Y (Net worth should not be older than 1 year) Rs. \_\_\_\_\_

Any other information: \_\_\_\_\_

## NAMES OF PROMOTERS/PARTNERS/KARTA/TRUSTEES/WHOLE TIME DIRECTORS

Name :

Flat / Plot No. :   
(Residential)

Bldg. / Society Name :

Area Locality :  City :

Pin Code No. :  State :

PAN :  Country :

DIN :  UID :

Please paste latest  
Passport size Photograph

Pl. tick, if appl., ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Signature  S6 of 15 

Name :

Flat / Plot No. :   
(Residential)

Bldg. / Society Name :

Area Locality :  City :

Pin Code No. :  State :

PAN :  Country :

DIN :  UID :

Please paste latest  
Passport size Photograph

Pl. tick, if appl., ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Signature  S6/2 of 15 

Name :

Flat / Plot No. :   
(Residential)

Bldg. / Society Name :

Area Locality :  City :

Pin Code No. :  State :

PAN :  Country :

DIN :  UID :

Please paste latest  
Passport size Photograph

Pl. tick, if appl., ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Signature  S6/3 of 15 

Name :

Flat / Plot No. :   
(Residential)

Bldg. / Society Name :

Area Locality :  City :

Pin Code No. :  State :

PAN :  Country :

DIN :  UID :

Please paste latest  
Passport size Photograph

Pl. tick, if appl., ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Signature  S6/4 of 15 

\*Please use additional sheet, if required

## NAMES OF PROMOTERS/PARTNERS/KARTA/TRUSTEES/WHOLE TIME DIRECTORS

Name :

Flat / Plot No. :   
(Residential)

Bldg. / Society Name :

Area Locality :  City :

Pin Code No. :  State :

PAN :  Country :

DIN :  UID :

Please paste latest  
Passport size Photograph

Pl. tick, if appl., ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Signature  S6 of 15 

Name :

Flat / Plot No. :   
(Residential)

Bldg. / Society Name :

Area Locality :  City :

Pin Code No. :  State :

PAN :  Country :

DIN :  UID :

Please paste latest  
Passport size Photograph

Pl. tick, if appl., ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Signature  S6/2 of 15 

Name :

Flat / Plot No. :   
(Residential)

Bldg. / Society Name :

Area Locality :  City :

Pin Code No. :  State :

PAN :  Country :

DIN :  UID :

Please paste latest  
Passport size Photograph

Pl. tick, if appl., ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Signature  S6/3 of 15 

Name :

Flat / Plot No. :   
(Residential)

Bldg. / Society Name :

Area Locality :  City :

Pin Code No. :  State :

PAN :  Country :

DIN :  UID :

Please paste latest  
Passport size Photograph

Pl. tick, if appl., ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Signature  S6/4 of 15 

\*Please use additional sheet, if required

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


Name	:	<input type="text"/>																				Please paste latest Passport size Photograph																			
Designation	:	<input type="text"/>																																							
Flat/Plot No. (Residential)	:	<input type="text"/>																																							
Bldg./Society Name	:	<input type="text"/>																																							
Area Locality	:	<input type="text"/>																																							
City/Town/Village	:	<input type="text"/>										State :	<input type="text"/>																												
Pin Code No.	:	<input type="text"/>					Country :	<input type="text"/>																																	
Landline No. (O)	:	<input type="text"/>					<input type="text"/>																																		
PAN :	<input type="text"/>					Date of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile No. :	<input type="text"/>																														
DIN :	<input type="text"/>																				UID :	<input type="text"/>																			
Tel. No. (R) :	<input type="text"/>					<input type="text"/>					Fax :	<input type="text"/>					<input type="text"/>																								
E-mail	<input type="text"/>																				Gender :	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female																
Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP)																																									
<input type="checkbox"/> Related to a Politically Exposed Person (PEP)																																									

Signature S6/5 of 15 

\*Please use additional sheet, if required

**DECLARATION****A13**

- 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 displayed for Information on stock broker's designated website, if any.

Name of Authorised Signatory: Date :  /  / Place : 
S7 of 15   
 Signature of Authorised Signatory

## Brokerage Rates

Plan Code	Delivery (Each Leg)	Intraday (Each Leg)	Future (Each Leg)	Option (Each Lot)	Account Opening Charges with GST (18%) (Rs.)
Fixed Brokerage Plan	0.50%	0.05%	0.05%	Rs. 100/-	999/-

Please refer page no. 20 and Part B for other Terms & Conditions.

S8 of 15



Signature of Authorised Signatory

**DEMAT ACCOUNT****TO OPEN A NEW DEMAT ACCOUNT****B1**

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****B2**Second Co-Holder (Mr.) : Third Co-Holder (Mr.) : **SECOND CO-HOLDER'S ADDRESS DETAILS****B3**☐ 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)										
	City/town/village					Pin Code				
	State					Country				

Specify the proof of address submitted for permanent address :

**THIRD CO-HOLDER'S ADDRESS DETAILS****B4**☐ 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)										
	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).

**B5****Second Holder**

Telephone Number (Off.)

Telephone Number (Res.)

Fax Number

Mobile Number

SMS Facility\* ☐ Yes ☐ No

E-mail ID

Gender ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married

Date of Birth

Nationality ☐ Indian ☐ Other (Pls. specify)

Status ☐ Resident Individual ☐ Non Resident

☐ Foreign National

Occupation (please tick any one and give brief details) :

☐ Private Sector ☐ Retired ☐ Govt. Service  
☐ Public Sector ☐ Housewife ☐ Business  
☐ Agriculturist ☐ Professional ☐ Student  
☐ Others (Please specify)

Specify the proof of identity submitted ☐ Pan Card  
☐ 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)

**Third Holder**

Telephone Number (Off.)

Telephone Number (Res.)

Fax Number

Mobile Number

SMS Facility\* ☐ Yes ☐ No

E-mail ID

Gender ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married

Date of Birth

Nationality ☐ Indian ☐ Other (Pls. specify)

Status ☐ Resident Individual ☐ Non Resident

☐ Foreign National

☐ Private Sector ☐ Retired ☐ Govt. Service  
☐ Public Sector ☐ Housewife ☐ Business  
☐ Agriculturist ☐ Professional ☐ Student  
☐ Others (Please specify)

Specify the proof of identity submitted ☐ Pan Card  
☐ Any Other (Pls. specify)

**BANK DETAILS FOR DEMAT ACCOUNT** (For dividend purpose only)**B6**

Bank Account Type : ☐ SB ☐ CA ☐ CC Others  Bank A/c. No. :

IFS Code (11 character) :  Bank Code (9digit MICR Code)

Bank Name:  Branch Address (Mandatory)

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)

(ii) Photocopy of the Bank Statement having name and address of the BO

(iii) Photocopy of the Passbook having name and address of the BO, (or)

(iv) Letter from the Bank.

➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document

**FINANCIAL DETAILS****B7**

PAN

IT Circle / Ward / District No.

Nature of Business

Second Holder

Third Holder

Unique Identification Number (UID / Aadhaar, if any) Second Holder

Third Holder

**Gross Annual Income Details** (pl. specify): 2nd Holder, Income Range per annum

☐ Below ₹ 1 lac ☐ ₹1-5 lac ☐ ₹5-10 lac ☐ ₹10-25 lac ☐ More than ₹25 lac

**OR Networth** (should not be older than 1 year) Amount (₹)

As on (date)

**Gross Annual Income Details** (pl. specify): 3rd Holder, Income Range per annum

☐ Below ₹ 1 lac ☐ ₹1-5 lac ☐ ₹5-10 lac ☐ ₹10-25 lac ☐ More than ₹25 lac

**OR Networth** (should not be older than 1 year) Amount (₹)

As on (date)

**STANDING INSTRUCTIONS** \*(If not indicated, Standing Instructions will be treated as "Yes")**B8**

\*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).


## STANDING INSTRUCTION FOR DEBITING CHARGES

**B9**


I/We hereby authorise you to debit my/our operative Bank A/c No.  with Axis Bank for all the charges relating to my/our demat account. Please treat this authorization as irrevocable till further instruction from my/our side is received in writing and duly acknowledged by you.


Signature of Operative Bank A/c. holders


S9 of 15   
1st Holder - Bank A/c.

SH 1 of 7   
2nd Holder - Bank A/c.

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.

S10 of 15   
1st Holder/Authorized Sign.-Demat A/c.

SH 2 of 7   
2nd Holder/Authorized Sign.-Demat A/c.

TH 1 of 6   
3rd Holder/Authorized Sign.-Demat A/c.




## KYC CERTIFICATION

**B10**

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/Authorized Sign	2nd Holder/Authorized Sign	3rd Holder/Authorized Sign
Name			
Signatures	S11 of 15 	SH 3 of 7 	TH 2 of 6 

**(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	Charges (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
<b>Transfer of Securities</b>		
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 of Rs. 50/- and 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.
<b>Pledge Services</b>		
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.
<b>Lending/ Borrowing</b>		
Borrowing	Rs. 50/- per request	To be recovered through monthly bill.
Lending/ Borrowing	NIL	N.A.
<b>Mutual Funds</b>		
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.
<b>SPEED-e (Applicable for NSDL)</b>		
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.

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.

# NON-MANDATORY DOCUMENTS

## POWER OF ATTORNEY (THIS DOCUMENT IS VOLUNTARY)

This Power of Attorney ("Power of Attorney") is given on the \_\_\_\_\_ day of \_\_\_\_\_ 20 by

- a) The person(s) specified in the **Schedule [A]** hereinafter referred to as the "**Bank Account Holder(s)**"
- b) The person(s) specified in the **Schedule [B]** hereinafter referred to as the "**Securities (Demat) Account Holder(s)**"

### WHEREAS:

- A. The Client (the person set out in **Schedule [E]**) has read and understood the SEBI prescribed Rights and Obligations and desirous of entering into a broking relationship with Axis Securities Limited (ASL), a company, incorporated under the provisions of the Companies Act, 1956, being a Member of BSE Limited, National Stock Exchange of India Ltd., MCX Limited & NCDEX Limited having its registered office at Axis House, 8th Floor, Wadia International Centre, Pandurang Budhkar Marg, Worli, Mumbai – 400 025 (hereinafter called the "**Stock Broker**") for dealing in Securities/Commodities, broking services and other services as may be availed by the Client from time to time;
- B. The Bank Account Holders hold bank account/s with the bank (the "**Bank**"), and bearing bank account number/s as mentioned in the **Schedule [C]** hereunder under title "**Bank Account Details**" (hereinafter referred to as the "**Bank Account**");
- C. The Securities (Demat) Account Holders hold securities account/s with Axis Bank Limited, a depository participant (DP) registered with SEBI (the "**DP**") details whereof are mentioned in the **Schedule [D]** hereunder under title "**Securities (Demat) Account Details**" (hereinafter referred to as the "**Securities Account**");
- D. The Bank Account Holder(s) and the Securities (Demat) Account Holder(s) are collectively referred to as the "**Joint Account Holder**";
- E. To facilitate proper execution of the Client's transactions, the Joint Account Holder(s) are granting this power of attorney in favour of the Stock Broker for the purpose of executing instructions, orders or requests and/or handling obligations in respect of transactions made with the Stock Broker.

### **I. DEFINITIONS:**

- a) "Rights and Obligations" means the Rights and Obligations document as prescribed by SEBI.
- b) "Client" means the persons set out in Schedule [E] hereto.
- c) "Securities" includes "Securities" as defined under the Securities Contracts (Regulation) Act, 1956;

### **II. POWER OF ATTORNEY:**

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

- 1. To operate and debit the Securities Account(s) in my/our name for facilitating transactions in Securities through the Stock Broker to meet all margin / delivery obligations due from me/us to the Stock Broker and to do the following for the above purpose:
  - a. to transfer Securities from the Securities Account to the account of the Stock broker to effect delivery of securities or for margin purposes and to meet margin/delivery obligations for transactions done on any of the Exchange(s) for me/us;
  - b. to create pledge on/and/or transfer the Securities lying in the Securities Account(s) in favour of Stock Broker for the limited purpose of meeting the margin /settlement requirements of the client in connection with the trades executed/ to be executed by the client on the stock exchange through the same Stock Broker.
  - c. to transfer Securities from my/our Securities Account to the account of the Stock Broker to effect delivery of the Securities sold through the Stock Broker on my/our behalf against issuance of contract notes by the Stock Broker;
  - d. to sign necessary slips/forms/documents etc. which are required for performing the powers hereby conferred;
- 2. To operate and to transfer funds from the Bank Account in my/our name, for facilitating transactions in Securities/Commodities by the Stock Broker as a stock broker, for meeting my/ our settlement obligations/ margin requirements in connection with the trades executed by me/us on the Stock Exchange through the Stock broker and for recovering any outstanding amounts due from me/ us to the Stock Broker arising out of my/ our trading activities on the stock exchanges through the Stock broker, towards any monies/ fees/ charges outstanding or payable by virtue of me /us using / availing / subscribing to any of the products/facilities/ services offered by the Stock Broker.  
To block and/or hold and/or create lien all or any of the monies lying in the Bank Account(s) in accordance with the instructions of the Stock Broker in accordance with the powers given hereby. To block and transfer funds for meeting obligations arising out and pursuant to I/we subscribing to such other products/facilities/services through the Stock broker like mutual funds, public issues (shares as well as debt instruments), rights, offer of shares, tendering shares in open offers pursuant to my/our instructions , including applying for redemptions.

2. Transfer funds from the Bank account towards monies/fees/charges etc. due to the Stock broker/Depository Participant/Principal payable by virtue of, I/We using/subscribing to any of the facilities/services availed by me/us, at my/our instance.
3. To make applications for or to renounce and sign renunciation forms in respect of Securities/bonds/debentures, corporate fixed deposits, debt instruments, right shares and additional shares of any Company/ Body/ Authority.
4. To comply and /or cause to be complied with all statutory and other requirements.

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

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

The Attorney may request the DP to mark a hold on the required securities balances so that the actual transfer of securities towards margins/settlement obligations, could take place in a seamless manner. The Stock Broker shall return to me / us the Securities or funds that may have been received by it erroneously or those securities or funds that it was not entitled to receive from me/us.

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

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

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

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

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

### III. INSTRUCTIONS TO THE DP

- i. The Joint Account Holder(s) authorize the DP to honour all instructions received from the Stock Broker pursuant to this power of attorney, ii. In case of death, disability, winding up or liquidation of any Joint Account Holder, the surviving Joint Account Holder/s and/or the heirs, nominees, executors, administrators, liquidator, successors and legal representatives of the Joint Account Holder who has died or been disabled, dissolved, wound up or liquidated shall forthwith inform the Stock Broker of the same in writing. This power of attorney shall not be revoked as regards such Joint Account Holder on account thereof for all pending obligations and dues of the Client towards the Stock Broker until the same have been fulfilled to the satisfaction of the Stock Broker and shall continue to subsist and bind (and shall be deemed to have been given by) the heirs, executors, administrators, liquidator, successors or legal representatives of such Joint Account Holder, and the Stock Broker in the capacity of a broker shall be entitled to continue to act on the basis hereof. iii. In the event of any change in the number, nature of securities and/or the ISIN number of the securities (during any period in which any securities are blocked /pledged pursuant to this power of attorney) as a consequence of any corporate action of the concerned company implemented by the Depository, the Stock Broker, as an Attorney shall be entitled to accordingly modify the block/pledge created to accommodate the changes in the ISIN number, the number / nature / quantity of securities maintaining the block/pledge at the same percentage of the share capital of the company as originally blocked.

**SCHEDULE 1-Stock Broker Bank & Securities (Demat) Account Details**

<b>Name of DP - Axis Bank Ltd (NSDL - DP ID : IN300484)</b>
<b>Client IDs :</b> 16892364, 13645375, 16892389, 13645383, 13594118

<b>Name of DP - Axis Securities Ltd(CDSL - DP ID : 12049200)</b>
<b>Client IDs:</b> 00000586,00000590, 00000611, 00000630, 00001366

Bank Name	Axis Bank Limited	CDSL Early Pay-in Accounts	DP ID	Cilent ID
<b>Bank Account Numbers</b>	910020019944317, 910020019950516, 912020040140939, 918020023436910, 918020023249622, 918020023038723, 918020023510940, 918020023113387	BSE Early Pay-in Account (Indian Clearing Corporation Ltd (ICCL))	11000010	00015852
		NSE Early Pay-in Account (NSE Clearing Ltd)	11000011	00016449

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

**SCHEDULE A-BANK ACCOUNT HOLDERS**

Name of Bank Account Holders	First Holder	Second Holder
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**SCHEDULE B-SECURITIES (DEMAT) ACCOUNT HOLDERS**

Name of Securities (Demat) Account Holders	First Holder	Second Holder	Third Holder
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**SCHEDULE C-BANK ACCOUNT DETAILS**

Bank & Branch	AXIS BANK LIMITED	Account No.	<input type="text"/>
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**SCHEDULE D-SECURITIES (DEMAT) ACCOUNT DETAILS**

Name of DP: <b>AXIS SECURITIES LIMITED</b>	<input type="checkbox"/> NSDL-IN304295	<input type="checkbox"/> CDSL-12049200	Client ID <input type="text"/>
--	--	--	--------------------------------

**SCHEDULE E-CLIENT DETAILS**

Name of the Client -	<input type="text"/>	Client Code	<input type="text"/>
Address:	<input type="text"/>		

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

Sr. No.	Authorised Signatories	Name	Signature
1.	First Authorised Signatory (For Bank account)		S13 of 15 
2.	Second Authorised Signatory (For Bank account)		SH5 of 7 
3.	Third Authorised Signatory (For Bank account)		TH4 of 6 
4.	First Authorised Signatory (For Demat account)		S14 of 15 
5.	Second Authorised Signatory (For Demat account)		SH6 of 7 
6.	Third Authorised Signatory (For Demat account)		TH5 of 6 

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

Accepted for Axis Securities Limited

Name of Witness: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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

Authorised Signatory

Place:

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



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 TRA/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/it is 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).

### 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 or securities 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 or securities 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: \_\_\_\_\_

S15 of 15



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

SH 7 of 7



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

TH 6 of 6



3rd Holder/Authorized Sign.-Demat A/c.

## 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 TRUSTEES OF THE TRUST HELD AT \_\_\_\_\_ ON \_\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_ A.M/P<sup>M</sup>

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

## FORMAT OF BOARD RESOLUTION FOR OPENING DEMAT ACCOUNT ( ON LETTERHEAD OF TRUST FOR REGISTERED TRUST)

CERTIFIED COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE TRUSTEES OF THE TRUST HELD AT \_\_\_\_\_ ON \_\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_ A.M/P.M.

"RESOLVED THAT a Depository Account of the trust in the name and style of \_\_\_\_\_ 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 said Depository Participant be and is hereby authorised to honour 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 person as authorised signatories on behalf of the Trust or such persons as may be authorized by the trust from time to time and to act of any instruments so given relating to the account.

Sr. No.	Name & Designation	Specimen Signature
1.	_____	_____
	<i>(Principal Authorised Signatory)</i>	
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 FURTHER THAT any one of the aforesaid persons be and are hereby authorised to execute the necessary documents required by CDSL/NSDL /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 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 of the Trust 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 DEMAT ACCOUNT (ON LETTERHEAD OF TRUST FOR UNREGISTERED TRUST)

CERTIFIED COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE TRUSTEES OF THE TRUST HELD AT \_\_\_\_\_ ON \_\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_ A.M/P.M.

"RESOLVED THAT a Depository Account of the trust in the name of \_\_\_\_\_ and \_\_\_\_\_, being trustees of the trust 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 said Depository Participant be and is hereby authorised to honour 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 person as authorised signatories on behalf of the Trust or such persons as may be authorized by the trust from time to time and to act of any instruments so given relating to the account.

Sr. No.	Name & Designation	Specimen Signature
1.	_____	_____
	<i>Trustee/Principal Authorised Signatory</i>	
2.	_____	_____
	<i>Trustee/Authorised Signatory</i>	
3.	_____	_____
	<i>Trustee/Authorised Signatory</i>	

RESOLVED FURTHER THAT all the above authorized persons are be and hereby authorized jointly 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 FURTHER THAT all 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.

For \_\_\_\_\_

Signature with Rubber Stamp

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

To  
**Axis Securities Limited**  
 Unit No 2, Phoenix Market City,  
 15, LBS Road, Near Kamani Junction,  
 Kurla (West), Mumbai-400070

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

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.
2. 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.
3. 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.

DETAILS OF SHARE HOLDING PATTERN

Name of the Company :

As on :

Sr. No.	First Name of Shareholders	Middle Name of Shareholders	Last Name of Shareholders	No. of Shares	% of Shareholding	Whether Director
1						<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Yes <input type="checkbox"/> No
7						<input type="checkbox"/> Yes <input type="checkbox"/> No
8						<input type="checkbox"/> Yes <input type="checkbox"/> No
9						<input type="checkbox"/> Yes <input type="checkbox"/> No
10						<input type="checkbox"/> Yes <input type="checkbox"/> No
11						<input type="checkbox"/> Yes <input type="checkbox"/> No
12						<input type="checkbox"/> Yes <input type="checkbox"/> No

Note : 1. In case more persons, kindly attach additional sheet.

2. Copy of updated Shareholding pattern to be submitted every year.

Sign of Company Secretary



Sign of MD / Wholetime Director



Date & Seal

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☐ **NEW**    ☐ **CHANGE REQUEST** (Please tick ✓ the appropriate)

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)

## KNOW YOUR CLIENT (KYC) APPLICATION FORM

(For Non-Individuals)

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

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

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

### A. IDENTITY DETAILS

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

### B. ADDRESS DETAILS

<input type="checkbox"/> 1	Correspondence Address																		
		City/town/village										PIN Code							
		State										Country							
<input type="checkbox"/> 2	Contact Details	Tel. (Off.)										Tel. (Res.)							
		FaxNo.										Mobile No.							
		Email ID																	
3	Specify the proof of address submitted for correspondence address																		
<input type="checkbox"/> 4	Registered Address (if different from above)																		
		City/town/village										PIN Code							
		State										Country							

C. OTHER 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]

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

D

D

M

M

Y

Y

Y

Y

FOR OFFICE USE

☐ Originals verified and Self-Attested Document copies received

Signature of the Authorised Signatory → \_\_\_\_\_

Date

D

D

M

M

Y

Y

Y

Y

Seal/Stamp of the Branch

**Details of Promoters/ Partners/ Karta/ Trustees and Whole time directors forming a part of Know Your Client (KYC)  
Application Form for Non-Individuals\***

[illegible][illegible]

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential/ Registered Address	DIN/UID	Photograph
1						
2						
3						
4						

**\*Use additional sheets, if required**

**Name & Signature of the Authorised Signatory(ies)**

D

D

D

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M

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M	
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Y

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Y

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Y

**FOR OFFICE USE**

In-Person Verification of Karta of HUF / Authorised Partners of Partnership Firm / Authorised persons of Association of Persons / Authorised Trustees and Authorised Signatories of Corporates done.

**Signature of the**

**Authorised Signatory:**\_\_\_\_\_

**Name :**

**Designation :** \_\_\_\_\_ **Employee Code:** \_\_\_\_\_

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1

Seal/Stamp of the Branch



# FATCA - CRS Declaration Form

## Non-Individuals

### Details of ultimate beneficial owner including additional FATCA & CRS information

1) Name of the Entity\*

2) Existing Customer\* ☐ Y ☐ N If Yes, Customer ID

3) Address for Tax purpose\* ☐ Communication ☐ Registered ☐ other If other, fill address details below

4) Other Address:

City  State  Country  Pin code

5) Address type for tax purpose\* ☐ Residential ☐ Business ☐ Registered Office

6) PAN\*  Or ☐ FORM 60/61

7) Date of Incorporation\*:  (in DD/MM/YYYY format) (Mandatory if valid PAN is not reported)

8) Country of Incorporation\*:  9) City of incorporation\*:

10) Identification type and Identification Number (if TIN or US GIIN not provided)\*: Company Identification Number \_\_\_\_\_, Global Entity Identification Number \_\_\_\_\_, Other (please specify & provide) \_\_\_\_\_

11) Issuing country for identification number provided in (10) above \*

12) Please 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

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country	Tax Identification Number%	Identification Type (TIN or Other%, please specify)

% In case Tax Identification Number is not available, kindly provide functional equivalent\$.

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, Mention Entity's exemption code<sup>1</sup> here: \_\_\_\_\_

### FATCA-CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA-CRS Declaration)

Part A (to be filled by Financial Institutions or Direct Reporting NFEs)		
1	We are a <input type="checkbox"/> Financial institution <sup>2</sup> or <input type="checkbox"/> Direct reporting NFE <sup>3</sup> (please tick as appropriate)	GIIN: _____  Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below:  Name of sponsoring entity: _____
		GIIN not available (please tick as applicable): <input type="checkbox"/> Applied for Following options available only for Financial Institutions: <input type="checkbox"/> Not required to apply for (Please specify sub-category <sup>4</sup> ) Please provide with Form W8-BEN-E, duly filled in <input type="checkbox"/> Not obtained – Non-participating FI

### Part B (to be filled by NFEs other than Direct Reporting NFEs - please fill any one as appropriate)

1	Is the Entity a publicly traded company <sup>5</sup> (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> 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 <sup>6</sup> - a company whose shares are regularly traded on an established securities market	<input type="checkbox"/> Yes Name of the listed company, the stock of which is regularly traded _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange _____ Nature of relation: <input type="checkbox"/> Subsidiary of the listed company <input type="checkbox"/> Controlled by a listed company
3	Is the Entity an active NFE <sup>7</sup>	<input type="checkbox"/> 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 <sup>8</sup>	<input type="checkbox"/> Yes Nature of business _____

<sup>1</sup>Refer 3(VIII) of Part D <sup>2</sup>Refer 1 of Part D <sup>3</sup>Refer 3(VII) of Part D <sup>4</sup>Refer 1A. of Part D <sup>5</sup>Refer 2a of Part D <sup>6</sup>Refer 2b of Part D <sup>7</sup>Refer 2c of Part D

<sup>8</sup>Refer 3(II) of Part D

\*Mandatory field

Part C (to be filled only by Passive NFEs)	
Please list below the details of each controlling person(s) <sup>9</sup> , 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 <sup>10</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E	

Controlling Person 1

**Additional details to be filled in by respondent:** *How many people in your household / community / village / district are*

01 Passport	05 Driving License
02 Election ID card	06 UIDAI Letter
03 PAN card	07 NREGA job card
04 Government ID card	08 Others

## Controlling Person 2

# If minor/ senior citizen, please provide proof of DOB \*\*If minor please fill Minor Declaration Section ^T stands for '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. <sup>5</sup>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: \_\_\_\_\_

Signature

Designation: \_\_\_\_\_

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

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

Branch Declaration: "We have made best efforts to identify the beneficial owners/controllers of the said Company. The details furnished above have been verified from information available through constitutional documents, public domain."

Axis Bank  
Authorised Signatory

## 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 attributable 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 instruments; 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 as other partner jurisdiction), financial institution, 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

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## Axis Securities Limited

Unit No 2, Phoenix Market City,  
15, LBS Road, Near Kamani Junction,  
Kurla (West), Mumbai-400070

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