

SERIAL NO: M

CLIENT REGISTRATION KIT

TM

CLIENT CODE:

CLIENT NAME:

CDSL A/C NO.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Ajmera



TM

Ajmera

Ajmera Associates Ltd.

The Growth Catalyst

INDEX OF DOCUMENTS**MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES**

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INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

| A. IMPORTANT POINTS | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners /Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others. |
| 2. | Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list. |
| 3. | If any proof of identity or address is in a foreign language, then translation into English is required. |
| 4. | Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted. |
| 5. | If correspondence & permanent address are different, then proofs for both have to be submitted. |
| 6. | Sole proprietor must make the application in his individual name & capacity. |
| 7. | For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card / OCI Card and overseas address proof is mandatory. |
| 8. | For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given. |
| 9. | In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted. |
| 10. | For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate / Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided. |
| 11. | Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government / judicial / military officers, senior executives of state owned corporations, important political party officials, etc. |
| B. Proof of Identity (POI) :- List of documents admissible as Proof of Identity | |
| 1. | Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID Card / Driving license. |
| 2. | PAN card with photograph. |
| 3. | Identity card / document with applicant's Photo, issued by any of the following : Central / State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards / Debit cards issued by Banks. |
| C. Proof of Address (POA) :- List of documents admissible as Proof of Address : (*Documents having an expiry date should be valid on the date of submission.) | |
| 1. | Passport/Voters Identity Card / Ration Card / Regd. Lease or Sale Agreement of Residence / Driving License / Flat Maintenance bill / Insurance Copy. |
| 2. | Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Valid on the date of submission. |
| 3. | Bank Account Statement / Passbook - Valid on the date of submission. |
| 4. | Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts. |

| | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. | Proof of address issued by any of the following : Bank Managers of Scheduled Commercial Banks / Scheduled Co-operative Bank / Multinational Foreign Banks / Gazetted Officer / Notary public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority. |
| 6. | Identity card / document with address, issued by any of the following : Central / State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members. |
| 7. | For FII / sub account, Power of Attorney given by FII / sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken. |
| 8. | The proof of address in the name of the spouse may be accepted. |
| D. | Exemptions / clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected.) |
| 1. | In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc. |
| 2. | Investors residing in the state of Sikkim. |
| 3. | UN entities / multilateral agencies exempt from paying taxes / filing tax returns in India. |
| 4. | SIP of Mutual Funds upto Rs. 50,000/- p.a. |
| 5. | In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary. |
| E. | List of people authorized to attest the documents : |
| 1. | Notary Public, Gazetted Officer, Manager of a Scheduled Commercial / Co-operative Bank or Mutinational Foreign Banks (Name, Designation & Seal should be affixed on the copy). |
| 2. | In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy / Consulate general in the country where the client resides are permitted to attest the documents. |
| F. | Minor (Only Demat A/C.) |
| | <ul style="list-style-type: none"> • The minor shall be the first and sole holder in the account • PAN Card for minor. • Address Proof • PAN Card for guardian • Birth Certificate of Minor. • Proof of address and identify documents of the Guardian, as specified above • One passport size photograph of minor and one of the guardian with guardian's signature across the photograph. • Guardian shall sign across the photograph of the minor |

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

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



Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction **A** at the end)

| | | | | |
|---------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|
| | Prefix | First Name | Middle Name | Last Name |
| <input type="checkbox"/> Name* (Same as ID proof) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Maiden Name (If any*) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father / Spouse Name* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother Name* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender* | <input type="checkbox"/> M- Male | <input type="checkbox"/> F- Female | <input type="checkbox"/> T-Transgender | |
| Marital Status* | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Others | |
| Citizenship* | <input type="checkbox"/> IN- Indian | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>) | | |
| Residential Status* | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Non Resident Indian | | |
| | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Person of Indian Origin | | |
| Occupation Type* | <input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Government Sector) | |
| | <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) | |
| | <input type="checkbox"/> B-Business | | | |
| | <input type="checkbox"/> X- Not Categorised | | | |

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
 ISO 3166 Country Code of Jurisdiction of Residence*
 Tax Identification Number or equivalent (If issued by jurisdiction)*
 Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction **C** at the end)

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

| | | | |
|--------------------------------------------------------------------------------------|----------------------|-----------------------------|----------------------|
| <input type="checkbox"/> A- Passport Number | <input type="text"/> | Passport Expiry Date | <input type="text"/> |
| <input type="checkbox"/> B- Voter ID Card | <input type="text"/> | | |
| <input type="checkbox"/> C- PAN Card | <input type="text"/> | | |
| <input type="checkbox"/> D- Driving Licence | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> |
| <input type="checkbox"/> E- UID (Aadhaar) | <input type="text"/> | | |
| <input type="checkbox"/> F- NREGA Job Card | <input type="text"/> | | |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | <input type="text"/> | Identification Number | <input type="text"/> |
| <input type="checkbox"/> S- Simplified Measures Account - Document Type code | <input type="text"/> | Identification Number | <input type="text"/> |

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

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

| | | | | | |
|-------------------|---------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------|
| Address Type* | <input type="checkbox"/> Residential / Business | <input type="checkbox"/> Residential | <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | <input type="checkbox"/> Unspecified |
| Proof of Address* | <input type="checkbox"/> Passport | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> UID (Aadhaar) | | |
| | <input type="checkbox"/> Voter Identity Card | <input type="checkbox"/> NREGA Job Card | <input type="checkbox"/> Others | <input type="text"/> please specify | |
| | <input type="checkbox"/> Simplified Measures Account - Document Type code | <input type="text"/> | | | |

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

Consent letter for same mobile number & email id

To,

Ajmera Associates Limited

63-67, Ajmera House,

4th Floor, Off K.H. Ajmera Chowk, Pathakwadi,

L.T. Marg, Mumbai – 400 002

| | | | | | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| BO ID | 1 | 2 | 0 | 3 | 0 | 3 | 0 | 0 | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|

| | |
|---------------------------|--|
| <u>Client Code</u> | |
|---------------------------|--|

| | |
|--------------------------------------|--|
| <u>Sole/First Holder Name</u> | |
| <u>Second Holder Name</u> | |
| <u>Third Holder Name</u> | |

Email ID: _____

Client Email ID belonging to: Self Spouse Dependent Children Dependent Parents.

(Please write only ONE valid email id on which communication, if any is to be sent)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Mobile Number on which messages are to be sent | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

The Mobile Number is registered in the Name of

Client Mobile Number belonging to: Self Spouse Dependent Children Dependent Parents.

| | <u>Sole/First Holder</u> | <u>Second Holder</u> | <u>Third Holder</u> |
|------------------|---------------------------------|-----------------------------|----------------------------|
| Name | | | |
| Signature | | | |

Date:

Place:

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (* Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

Residence/Driving License/Flat Maintenance bill/Insurance Copy.

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

D. Exemptions/clarifications to PAN

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

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

E. List of people authorized to attest the documents:

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

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

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

Please Submit the KYC Documents on A4 Size Paper only.

TYPE OF ACCOUNT (Please tick whichever is applicable)

| Status | Sub-Status | |
|------------------|---------------------------------------------------------|-------------------------------------------------------------------------------|
| Individual | <input type="checkbox"/> Individual Resident | <input type="checkbox"/> Individual Margin Trading A/C (Mantra) |
| | <input type="checkbox"/> Individual Director's Relative | <input type="checkbox"/> Individual - Director <input type="checkbox"/> Minor |
| | <input type="checkbox"/> Individual Promoter | <input type="checkbox"/> Individual HUF / AOP |
| | <input type="checkbox"/> Others (Specify) _____ | |
| NRI | <input type="checkbox"/> NRI Repatriable | <input type="checkbox"/> NRI Non-Repatriable Promoter |
| | <input type="checkbox"/> NRI Repatriable Promoter | <input type="checkbox"/> NRI - Depository Receipts |
| | <input type="checkbox"/> NRI Non-Repatriable | <input type="checkbox"/> Others (Specify) _____ |
| Foreign National | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National - Depository Receipts |
| | <input type="checkbox"/> Others (Specify) _____ | |

DETAILS OF GUARDIAN (in case the account holder is minor)

| | |
|---------------------------------|-----|
| Guardian's Name | PAN |
| Relationship with the applicant | |

ADDITIONAL INFORMATION (Mandatory)

| Details For First Holder | |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Occupation | Service <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body <input type="checkbox"/> Agriculture <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) _____ |
| Please tick if applicable | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person |
| Nature of business: (Products / services provided) | |
| Financial Details: | Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs.1,00,001 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,001 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,001 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000 |
| Net-Worth as on (date) should not be older than 1 year | Net Worth (Amount) |

| Details For Joint Second Holder | | | | | | | | | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|
| Date of Birth | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | |
| Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____ | | | | | | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | | | | | | | | |
| Occupation | Service <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body <input type="checkbox"/> Agriculture <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) _____ | | | | | | | | |
| Nature of business: (Products / services provided) | | | | | | | | | |

1) Signature : 1) _____ 2) _____ 3) _____

Name : 1) _____ 2) _____ 3) _____

| Details For Joint Third Holder | | | | | | | | | | |
|-------------------------------------------------------|---------------------------------------|---|-------------------------------------------|---------------------------------|-------------------------------------------|---|--------------------------------------------------|---------------------------------|----------------------------------|----------------------------------|
| Date of Birth | D | D | M | M | Y | Y | Y | Y | | |
| Nationality | <input type="checkbox"/> Indian | | <input type="checkbox"/> Others (specify) | | | | | | | |
| Gender | <input type="checkbox"/> Male | | | <input type="checkbox"/> Female | | | Marital Status | <input type="checkbox"/> Single | | <input type="checkbox"/> Married |
| Occupation | Service | | <input type="checkbox"/> Central Govt. | | <input type="checkbox"/> State Govt. | | <input type="checkbox"/> Public / Private Sector | | <input type="checkbox"/> NGO | |
| | <input type="checkbox"/> Professional | | <input type="checkbox"/> Statutory Body | | <input type="checkbox"/> Agriculture | | <input type="checkbox"/> Business | | <input type="checkbox"/> Student | |
| | <input type="checkbox"/> Retired | | <input type="checkbox"/> Housewife | | <input type="checkbox"/> Others (Specify) | | | | | |
| Nature of business: (Products / services provided) | | | | | | | | | | |

Details of Guardian (If case of Minor A/c.)

| | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|------------|--|--|--|--|--|
| First Name | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | |
| Last / Search Name | | | | | | | | | | | |
| Relationship with the applicant | | | | | | | | | | | |
| Correspondence Address | | | | | | | | | | | |
| City | | | | | | State | | | | | |
| Country | | | | | | PIN | | | | | |
| Tel. No. with STD Code | | | | | | Mobile No. | | | | | |
| PAN No. | | | | | | | | | | | |
| UID / Aadhar No. (if any) | | | | | | | | | | | |
| E-mail ID | | | | | | Fax No. | | | | | |

For NRIs

| | | | | | | | | | | | |
|-----------------|--|--|--|--|--|-------|--|--|--|--|--|
| Foreign Address | | | | | | | | | | | |
| City | | | | | | State | | | | | |
| Country | | | | | | PIN | | | | | |

ECS FACILITY

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| I / We instruct the DP to receive each and every credit in my / our account. (If not marked, the default option would be 'Yes') | | (Automatic Credit) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Statement Requirement | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly | |
| I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') (ECS is mandatory for locations notified by SEBI from time to time) | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

BANK DETAILS (DIVIDEND BANK DETAILS)

| | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Bank Code (9 digit MICR code) | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| IFS Code (11 Character) | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | | | | | | |
| Branch | | | | | | | | | | | | | | | | | | | | | |
| Bank Address | | | | | | | | | | | | | | | | | | | | | |
| City | State | Pin | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Account Number | Country | | | | | | | | | | | | | | | | | | | | |
| Account Type | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) | | | | | | | | | | | | | | | | | | | | |
| PIS Account | NRI Status | | <input type="checkbox"/> NRE <input type="checkbox"/> NRO | | | | | | | | | | | | | | | | | | |

- (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.

SMS ALERT FACILITY

| | | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SMS Alert Facility <small>Refer to Terms & Conditions given as Annexure - 2.4</small> | 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) | |
| <i>Easi</i> | To register for easi, please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. | |

Annexure A: Nomination Form

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date | Client Code / UCC |
| Ajmera Associates Limited Regd. 63-37 Ajmera house 4th floor Off K.H.Ajmera, Pathakwadi, Mumbai-400002 Tel: +91-22-40628888 Website: www.ajmeraxchange.co.in SEBI No: INZ000177531 DP Reg No: IN-DP-CDSL-715-2022 DP ID: 12030300 CIN: U67120MH2001PLC134203 | DP ID 1 2 0 3 0 3 0 0 |
| | Nomination Reg. No. |

Nomination Details

I/We wish to make a nomination in my/our above mentioned Demat/Trading Account. (As per details given below)
 I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Mandatory Details

| Sr. No. | Nomination can be made upto three nominees in the account. | Details of 1 st Nominee | Details of 2 nd Nominee | Details of 3 rd Nominee |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|------------------------------------|
| 1 | Name of the nominee(s) (Mr./Ms.)* | | | |
| 2 | Share of each Nominee Equally [If not equally, please specify percentage] | % | % | % |
| Any odd lot after division shall be transferred to the first nominee mentioned in the form. | | | | |
| 3 | Relationship With the Applicant (If Any) | | | |
| | Date of Birth of Nominee (if minor) → | | Name of Guardian. (if Nominee is minor) → | |

Non Mandatory Details

(Note: Guardian details to be provided if nominee is minor along with birth certificate of minor)

| Sr. No. | Details | Details of 1 st Nominee | Details of 2 nd Nominee | Details of 3 rd Nominee |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 4 | Address of Nominee(s)/ Guardian in case of minor City / Place State & Country PIN Code | | | |
| 5 | Mobile / Telephone No. of nominee(s)/ Guardian in case of minor | | | |
| 6 | Email ID of nominee(s)/ Guardian in case of minor | | | |
| 7 | Nominee/Guardian(in case of minor) Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input checked="" type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat A/c ID | | | |

| | Sole / 1st Holder | 2nd Holder | 3rd Holder |
|------------------|-------------------|------------|------------|
| Name | | | |
| Signature | XX | XX | XX |

Annexure B: Declaration for opting-out of nomination

(To be filled-in if Nomination Not Required)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date | Client Code / UCC |
| Ajmera Associates Limited Regd. 63-37 Ajmera house 4th floor Off K.H.Ajmera, Pathakwadi, Mumbai-400002 Tel: +91-22-40628888 Website: www.ajmeraxchange.co.in SEBI No: INZ000177531 DP Reg No: IN-DP-CDSL-715-2022 DP ID: 12030300 CIN: U67120MH2001PLC134203 | DP ID 1 2 0 3 0 3 0 0 |

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my/our MF Folio / Trading / Demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my/our MF Folio / Trading / Demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / Trading / Demat account.

| | Sole / 1st Holder | 2nd Holder | 3rd Holder |
|------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Name | | | |
| Signature | XX  | XX  | XX  |

Note:

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

The intermediary shall provide acknowledgment of the nomination form to the account holder(s)

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

This space is intentionally kept blank

TRADING ACCOUNT RELATED DETAILS (FOR INDIVIDUALS & NON-INDIVIDUALS)

BANK ACCOUNT DETAILS :

| | | |
|----------------------------------|---------------------------------------------|---------------|
| Bank Code (9 digit MICR code) | | |
| IFS Code (11 Character) | | |
| Bank Name | | |
| Branch | | |
| Bank Address | | |
| | | Pin |
| City | State | Country |
| Account Number | | |
| Account Type | D Saving D Current D Others (specify) | |
| PIS Account | INRI Status | D NRE DNRO |

DEPOSITORY ACCOUNT DETAILS :

| | |
|-------------------------------|--|
| Depository Participant Name | |
| Depository Name (NSDL / CDSL) | |
| Beneficiary Name | |
| DP/ ID | |
| Beneficiary ID (BO ID) | |

C. TRADING PREFERENCES

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

| | | | | | |
|--------------|-------------------|-----|----------|------|-----------------------------|
| Exchanges | NSE, BSE & MSEI | | | | MCX, NCDEX, BSE & NSE |
| All Segments | Cash /Mutual Fund | F&O | Currency | Debt | Commodity Derivatives |
| | | | | | |

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

_____.

PAST ACTIONS

Details of any action / proceedings initiated / pending / taken by SEBI / Stock exchange / any other authority against the applicant / constituent or its Partners / promoters / whole time directors / authorized persons in charge of dealing in securities during the last 3 years.

DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

• If client is dealing through the sub-broker, provide the following details :

| | | | |
|---------------------------|--|-------|--|
| Sub-broker's Name | | | |
| SEBI Registration Number | | | |
| Registered Office Address | | | |
| | | | |
| Tel. | | Fax : | |
| | | Web.: | |

• Whether dealing with any other stock broker / sub-broker (if case dealing multiple stock brokers, sub-brokers, provide details of all)

| | | | |
|-----------------------------------------------------------------------|--|--|--|
| Name of the Stock Broker | | | |
| Name of Sub-Broker, if any | | | |
| Client Code | | | |
| Exchange | | | |
| Details of disputes / dues pending from / to such broker / sub-broker | | | |

• Attach separate sheets if required

ADDITIONAL DETAILS

1. Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify).....
Specify your E-mail id, if applicable :
2. Whether you wish to avail of the facility of internet trading / wireless technology (please specify).....
3. Number of years of investment / Trading Experience :
4. In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company / firm / others :
(Please provide on letterhead of the firm / company)
5. Any other information :

INTRODUCER DETAILS (optional)

| | | | |
|-----------------------------|-------------------------------------------------|-----------------------------------|--------------------------------------------|
| Name of the Introducer | | | |
| Status of the Introducer | <input type="checkbox"/> Sub-broker | <input type="checkbox"/> Remisier | <input type="checkbox"/> Authorized Person |
| Existing Client | <input type="checkbox"/> Others, please specify | | |
| Address | | | |
| | Tel. | Mobile : | |
| Signature of the Introducer | 1) | | |

NOMINATION DETAILS (for individuals only)

I/We wish to nominate

I/We do not wish to nominate

| Nominee Details | | | |
|----------------------------------------|---|----------|---|
| First Name | | | |
| Middle Name | | | |
| Last Name | | | |
| Address | | | |
| | | | |
| PAN No. | | Fax No. | |
| E-mail : | | Tel. No. | |
| Date of Birth | D | M | Y |
| | | | |
| Relationship with A/c. Holder (if any) | | | |

If Nominee is a minor, details of Guardian

| | |
|-----------------------|--|
| Name of guardian | |
| Address | |
| | |
| Signature of Guardian | |

| Details of the Witness | Note : Two witnesses shall attest signature(s) / Thumb impression | |
|------------------------|-------------------------------------------------------------------|-------------------------------------------|
| | First Witness | Second Witness |
| Name of Witness | | |
| Address of Witness | | |
| | | |
| Signature of Witness | 3) <input checked="" type="checkbox"/> | 4) <input checked="" type="checkbox"/> |

DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/We may be held liable for it.
- I/We confirm having read / been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Place

3) 

Date

Signature of Client / (all) Authorized Signatory (ies)

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT

(For Individuals)

AJMERA ASSOCIATES LTD.

63-67, Ajmera House, 4th Floor, Off K.H. Ajmera Chowk, Pathakwadi, Mumbai 400002.
Tel.: 4062 8888, Fax: 4062 8989, Website: www.ajmera.co.in . CDSL DP ID- 30300

TO BE FILLED BY AJMERA ASSOCIATES LTD. (FOR DEMAT A/C ONLY)

| | | | | | | | | | | |
|---------------------------|---|------|---|---|---|---|---|---|-----------|---|
| Application No. | | Date | D | D | M | M | Y | Y | Y | Y |
| DP Internal Reference No. | | | | | | | | | | |
| DP ID | 1 | 2 | 0 | 3 | 0 | 3 | 0 | 0 | Client ID | |

(TO BE FILLED BY APPLICANT IN BLOCK LETTERS IN ENGLISH ONLY)

I/We request you to open a demat account in my/ our name as per following details: -

Holders Details

| | | | | | | | | | | | | | |
|----------------------------|--------------------|---------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Sole / First Holder's Name | PAN | | | | | | | | | | | | |
| | UID | | | | | | | | | | | | |
| | UCC | | | | | | | | | | | | |
| Second Holder's Name | Exchange Name & ID | BSE 911, NSE 11858, MCX 10665 SEBI Registration No. INZ000177531 | | | | | | | | | | | |
| | PAN | | | | | | | | | | | | |
| Third Holder's Name | UID | | | | | | | | | | | | |
| | PAN | | | | | | | | | | | | |
| Third Holder's Name | UID | | | | | | | | | | | | |
| | PAN | | | | | | | | | | | | |

Name *

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

TYPE OF ACCOUNT (Please tick whichever is applicable)

| Status | Sub - Status | |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) | <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify) _____ |
| <input type="checkbox"/> NRI | <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts | <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____ |
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)_____ | |

Details of Guardian (in case the account holder is minor)

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------|
| Guardian's Name | | PAN | |
| Relationship with the applicant | | | |
| I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes') | | | [Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> 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 (If not marked, the default option would be 'No') | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Statement Requirement | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly | | |
| I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to share the email ID with the RTA | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical) | <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic | | |

I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes')
[ECS is mandatory for locations notified by SEBI from time to time]

Yes No

Bank Details [Dividend Bank Details]

| | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|
| Bank Code (9 digit MICR code) | | | | | | | | | |
| IFS Code (11 character) | | | | | | | | | |
| Account number | | | | | | | | | |

| | | | | | | | |
|---------------------|------------------------------------------------------------------------------------------------------------------|---------|----------|--|--|--|--|
| Account type | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____ | | | | | | |
| Bank Name | _____ | | | | | | |
| Branch Name | _____ | | | | | | |
| Bank Branch Address | _____ | | | | | | |
| City | State | Country | PIN code | | | | |

- (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.

| | | | | | | | |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|
| Other Details | Income Range per annum: | | | | | | |
| Gross Annual Income Details | <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to Rs 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000 | | | | | | |
| | Net worth as on (Date) | D | D | M | M | Y | Y |
| [Net worth should not be older than 1 year] | | | | | | | |
| Occupation | <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____ | | | | | | |
| Please tick, if applicable: | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) | | | | | | |
| Any other information: | _____ | | | | | | |

| | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4 | 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 our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. |

MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)

| | |
|----------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Jointly | <input type="checkbox"/> Anyone of the Holder |
|----------------------------------|-----------------------------------------------|

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------|
| Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be first holder .) | | |
| <input type="checkbox"/> first Holder | <input type="checkbox"/> All Holder <input type="checkbox"/> Second Holder <input type="checkbox"/> Third Holder | Email id |

Additional KYC Form for Opening a Demat Account**For Non-individuals**

Ajmera Associates Ltd.
63-67, Ajmera House, 4th floor,
Off. K. H. Ajmera Chowk, pathakwadi,
Mumbai – 400002

(To be filled by the Depository Participant)

| | | | | | | | | | | |
|---------------------------|--|-----------|---|---|---|---|---|---|---|---|
| Application No. | | Date | D | D | M | M | Y | Y | Y | Y |
| DP Internal Reference No. | | | | | | | | | | |
| DP ID | | Client ID | | | | | | | | |

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details :-

Holder's Details

| | | | | | | | | | | | | | | | | | | |
|----------------------------|--|-------------|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Sole / First Holder's Name | | Search Name | | PAN | | | | | | | | | | | | | | |
| Second Holder's Name | | | | PAN | | | | | | | | | | | | | | |
| | | | | UID | | | | | | | | | | | | | | |
| Third Holder's Name | | | | PAN | | | | | | | | | | | | | | |
| | | | | UID | | | | | | | | | | | | | | |

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

| | | | | | | | | | | | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------|------------------------------|------------------------------|---|---|---|---|---------------------|---|-------------------------------|
| Type of Account (Please tick whichever is applicable) | | | | | | | | | | | | |
| Status | | | | | | | | | | Sub – Status | | |
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Banks | <input type="checkbox"/> Trust | <input type="checkbox"/> Mutual Fund | <input type="checkbox"/> OCB | <input type="checkbox"/> FII | | | | | | | To be filled by the DP |
| <input type="checkbox"/> CM | <input type="checkbox"/> FI | <input type="checkbox"/> Clearing House | <input type="checkbox"/> Other (Specify) _____ | | | | | | | | | |
| SEBI Registration No. (If Applicable) | | SEBI Registration date | | D | D | M | M | Y | Y | Y | Y | |
| RBI Registration No. (If Applicable) | | RBI Approval date | | D | D | M | M | Y | Y | Y | Y | |
| Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____ | | | | | | | | | | | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be `Yes`) | [Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> 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 (If not marked, the default option would be `No`) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Statement Requirement | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |
| I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to share the email ID with the RTA | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be Physical) | |

Clearing Member Details (To be filled by CMs only)

| | | | |
|------------------------|--|-------------------|--|
| Name of Stock Exchange | | | |
| Name of CC / CH | | | |
| Clearing Member Id | | Trading member ID | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be `Yes`) [ECS is mandatory for locations notified by SEBI from time to time] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

Bank Details [Dividend Bank Details]

| | | | | | | | | | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------|-------|--|---------|--|----------|--|--|--|
| Bank Code (9 digit MICR code) | | | | | | | | | |
| IFS Code (11 character) | | | | | | | | | |
| Account number | | | | | | | | | |
| Account type | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____ | | | | | | | | |
| Bank Name | | | | | | | | | |
| Branch Name | | | | | | | | | |
| Bank Branch Address | | | | | | | | | |
| City | | State | | Country | | PIN code | | | |

- (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.

| Other Details | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gross Annual Income Details | Income Range per annum: <input type="checkbox"/> Up to Rs 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs.5,00,000 <input type="checkbox"/> Rs.5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs.25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than Rs.1,00,00,000 |
| | Net worth as on (Date) D D M M Y Y Y Y Rs [Net worth should not be older than 1 year] |
| Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> . Please provide details as per Annexure 2.2 A. | |
| Any other information: | |

| | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4 | 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 our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. | |

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the 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.

| | Sole / First Authorised Signatory | Second Authorised Signatory | Third Authorised Signatory |
|-------------|-----------------------------------|-----------------------------|----------------------------|
| Name | | | |
| Designation | | | |
| Signature | | | |

(In case of more authorised signatories, please add annexure)

Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes')

Yes No

CLEARING MEMBER DETAILS (TO BE FILLED BY CMS ONLY)

| | | | |
|------------------------|--|-------------------|--|
| Name of Stock Exchange | | | |
| Name of CC / CH | | | |
| Clearing Member Id | | Trading Member ID | |

Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') (ECS is mandatory for locations notified by SEBI from time to time)

Yes No

BANK DETAILS (DIVIDEND BANK DETAILS)

| | | | | | | | | | | | | |
|-------------------------------|---------------------------------|--|--|----------------------------------|------------------------------|--|-------------------------------------------|------------------------------|--|--|--|--|
| Bank Code (9 digit MICR code) | | | | | | | | | | | | |
| IFS Code (11 Character) | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | |
| Branch | | | | | | | | | | | | |
| Bank Address | | | | | | | | | | | | |
| | | | | | | | | Pin | | | | |
| City | | | | State | | | | Country | | | | |
| Account Number | | | | | | | | | | | | |
| Account Type | <input type="checkbox"/> Saving | | | <input type="checkbox"/> Current | | | <input type="checkbox"/> Others (specify) | | | | | |
| PIS Account | | | | NRI Status | <input type="checkbox"/> NRE | | | <input type="checkbox"/> NRO | | | | |

- (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.

SMS ALERT FACILITY

| | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4 | 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) | |
| <i>Easi</i> | To register for easi, please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. | |

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time. Beneficial Owner information
3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "nocharges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his d

emat account and the DP shall act according to such instructions.

Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,
1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
 2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

4) 

Sign.....

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

Definitions :

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

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P. J. Towers, Dala Street, Fort, Mumbai - 400 001 and all its branch offices and includes its successors and assigns.
2. "DP" means Depository Participant of CDSL. The term covers all types of Dps who are allowed to open demat accounts for investors.
3. "BO" means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability :

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

Receiving Alerts :

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in "ON" and in a made receive the SMS. If the mobile phone is in "Off" mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.

3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred / suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account / unauthorized transfer of securities from his BO account, unauthorised transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to / transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the services. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

Fees :

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

Disclaimer :

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

Liability and Indemnify :

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

Amendments :

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

Governing Law and Jurisdiction :

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

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

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

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

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

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

| | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------|---------------------|---|---|---|---|---|---------------|---|--|--|--|--|--------------|--|--|--|--|-------|--------|
| BOID | 1 | 2 | 0 | 3 | 0 | 3 | 0 | 0 | | | | | | | | | | | |
| Sole / First Holder's Name | | | | | | | | | | | | | | | | | | | |
| Second Holder's Name | | | | | | | | | | | | | | | | | | | |
| Third Holder's Name | | | | | | | | | | | | | | | | | | | |
| Mobile Number on which messages are to be sent | +91 | | | | | | | | | | | | | | | | | | |
| The Mobile number is registered in the name of | | | | | | | | | | | | | | | | | | | |
| E-mail ID | | | | | | | | | | | | | | | | | | | |
| Full Signature | 5) | | | | | | | | | | | | | | | | | | |
| | Sole / First Holder | | | | | | Second Holder | | | | | | Third Holder | | | | | | |
| Date | | | | | | | | | | | | | | | | | | Place | MUMBAI |

TARIFF SHEET

| CASH SEGMENT | | | | | |
|---------------|-------------|----------|----------|-------------|---------|
| | Trading | | | Delivery | |
| | Minimum Rs. | Percent | | Minimum Rs. | Percent |
| | | 1st Side | 2nd Side | | |
| General Rates | | | | | |
| Special Rates | | | | | |

| EQUITY / INDEX / F&O | | | | | |
|----------------------|-------------|----------|----------|---------------|---------|
| | Square Off | | | Carry Forward | |
| | Minimum Rs. | Percent | | Minimum Rs. | Percent |
| | | 1st Side | 2nd Side | | |
| General Rates | | | | | |
| Special Rates | | | | | |

| EQUITY / INDEX / F&O | | | | | |
|----------------------|-------------|----------|----------|---------------|---------|
| | Square Off | | | Carry Forward | |
| | Minimum Rs. | Percent | | Minimum Rs. | Percent |
| | | 1st Side | 2nd Side | | |
| General Rates | | | | | |
| Special Rates | | | | | |

| CURRENCY / F&O | | | | | |
|----------------|-------------|----------|----------|---------------|---------|
| | Square Off | | | Carry Forward | |
| | Minimum Rs. | Percent | | Minimum Rs. | Percent |
| | | 1st Side | 2nd Side | | |
| General Rates | | | | | |
| Special Rates | | | | | |

| CURRENCY / F&O | | | | | |
|----------------|-------------|----------|----------|---------------|---------|
| | Square Off | | | Carry Forward | |
| | Minimum Rs. | Percent | | Minimum Rs. | Percent |
| | | 1st Side | 2nd Side | | |
| General Rates | | | | | |
| Special Rates | | | | | |

- The above rates are exclusive of transaction charge, Stamp Duty, Securities Transaction tax and Service Tax which will be charged extra at the rate prevailing from time to time.
- The general rates as mentioned here shall be applied unless the special rates as may be agreed by the sub- broker Authorised Person / Remiser and client and the same are mentioned here.
- Brokerage at any time shall not exceed more than maximum permissible limit as prescribed by SEBI/Exchange

6) _____
Signature of the Client

4) _____
Signature of the Sub-broker
Member Authorized Person / Remisier

FOR OFFICE USE ONLY

UCC Code allotted to the Client _____

| | Documents verified with Originals | Client Interviewed by | in person Verification done by |
|------------------|-----------------------------------|-----------------------|--------------------------------|
| Name of Employee | | | |
| Employee Code | | | |
| Designation | | | |
| Place | | | |
| Date | | | |
| Signature | | | |

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

Signature of the Authorised Signatory _____

Seal/Stamp of the stock broker _____

Date _____

INSTRUCTIONS / CHECK LIST

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

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

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

2. Copy of cancelled cheque leaf / pass book / bank statement specifying name of the constituent, MICR Code or / and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals :
 - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker / sub-broker's office.
 - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals :
 - a. Form need to be initialized by all the authorized signatories.
 - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company /firm/others and their specimen signatures.



This Space is Intentionally Left Blank

SERIAL NO: NM -

CLIENT REGISTRATION KIT

CLIENT CODE:

CLIENT NAME:

CDSL A/C NO.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Ajmera



TM

Ajmera

Ajmera Associates Ltd.

The Growth Catalyst

INDEX OF DOCUMENTS**VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER**

| S. No. | Name of Document | Brief Significance of the Document | Page Nos |
|--------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|
| 1 | Disclosure regarding Proprietary Trading. | Document containing disclosure statement to clients regarding Proprietary Trading done by Ajmera Associates Ltd | 1. |
| 2. | Running Account Authorization | Document containing Authority letter from the client for maintaining a Running Account | 2. |
| 3. | Letter of Standing Instructions | Document containing Authority letter from the client for adjustment of balances across different exchange-segment | 3. |
| 4. | Letter for Debit of charges in Trading Account | Document containing Authority letter from the client for debiting charges of demat account to the trading account. | 4. |
| 5. | Request letter of mode of delivery of documents | Document containing request letter specifying mode of delivery of documents to the client | 5. |
| 6. | Request for Demat Statement on E-mail | Document containing request for receiving Demat Statement on Email. | 6. |

FORMATS

| S. No | Name of Document | Brief Significance of the Document | Page Nos |
|-------|-------------------------------------------|--------------------------------------------------------------------------------------------------|----------|
| 7. | Declaration by HUF | Document containing format of declaration to be given by HUF & all Co-Parceners in case of HUF | 7. |
| 8. | Declaration by Partnership Firm | Document containing format of declaration to be given by a Partnership Firm | 8 |
| 9. | Board Resolution Corporate (Demat A/c.) | Document containing format of Board Resolution in case of Corporate for opening Demat Account | 9 |
| 10 | Board Resolution Corporate (Trading A/c.) | Document containing format of Board Resolution in case of Corporate for opening Trading Account. | 10 |
| 11 | POA | Document containing power of Attorney for Demat account | 11 |
| 12 | Insurance form | Form to convert physical Insurance policy to Demat form. | 12 |

IMPORTANT NOTE

 Signature of the First Holder

 Signature of the Broker / Authorised Signatory

Signature of the Client witness



Ajmera Associates Ltd.

CIN : U67120MH2001PLC134203

Registered & Correspondence Office :

Ajmera House, 4th Floor, Pathakwadi, LT Marg, Mumbai-400 002
Tel: 4062 8888 Fax 4062 8889 website: www.ajmerax-change.co.in

Member : BSE / NSE / MSX / CDSL

BSE Membership No. 911

CM SEBI Registration Number : INZ000177531 Dated : 26/04/2018

F&O SEBI Registration Number : INZ000177531 Dated : 26/04/2018

E-mail : bse@ajmera.co.in

NSE Membership No. 11858

CM SEBI Registration Number : INZ000177531 Dated : 26/04/2018

F&O SEBI Registration Number : INZ000177531 Dated : 26/04/2018

CDS SEBI Registration Number : INZ000177531 Dated : 26/04/2018

E-mail : nse@ajmera.co.in

MSX Membership No. 11400

CDS SEBI Registration Number : INZ000177531 Dated : 26/04/2018

E-mail : currency@ajmera.co.in

Compliance Officer :

Ms. Shweta Shetty

Tel.: 022 - 4062 8853

E-mail : Compliance@ajmera.co.in

Depository Participant CD&L DP ID - 30300

SEBI Regn. No. IN-DP-CDSL-210-2003

E-mail : cds@ajmera.co.in

Date : 01-05-2003

CEO :

Mr. Ashish K. Ajmera

Tel.: 022 - 4062 8844

E-mail : ashish@ajmera.co.in

For any grievance / dispute please contact Ajmera Associates Ltd. on the above address or email id investorcomplaints@ajmera.co.in and Phone No. 91-22-4062 8888. In case not satisfied with the response, please contact the concerned exchange(s) at below details :-

| | | |
|-------------------------------------------------|-----------------|-------------------------------|
| Bombay Stock Exchange Ltd. (BSE) | 022 - 2272 8097 | ls@bseindia.com |
| National Stock Exchange of India Ltd. (NSE) | 022 - 2659 8190 | ignse@nse.co.in |
| MCX Stock Exchange Ltd. (MCX - SX) | 022 - 6731 8933 | investorcompliants@mcx-sx.com |
| Central Depository Services (India) Ltd. (CDSL) | 1800-200-5533 | complaints@cdslindia.com |

CLEARING MEMBER DETAILS

| | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Exchange | BSE Derivatives & NSE, Currency Derivatives, MCX - SX, CDS, NSE, F & O |
| Name | ICICI BANK LTD. |
| SEBI Regn. No. | INZ000197438 (BSE-F&O) . INZ000197438 (NSE-CDS) INZ000197438 (MSX-CD) . INZ000197438 (NSE F & O) |
| Address | 1 ST FLOOR, EMPIRE COMPLEX, 414, SENAPATI BAPAT MARG, LOWER PAREL Tel.: 022-40087308 E-mail : cdscompliance@icicibank.com |

CLIENT REGISTRATION KIT

| | |
|--------------------|-----------------|
| Client Code / Name | |
| Sub Broker Code | |
| CDSL A/c No. | 1 2 0 3 0 3 0 0 |



Ajmera

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ANNEXURE - 1 DISCLOSURE REGARDING PROPRIETARY TRADING

Ajmera Associates Ltd.

Regd. Office : 63/67, Carmello Building, 4th Floor, Pathakwadi, Mumbai - 400 002.
Tel.: 4062 8888 • Fax : 4062 8989 • Website : www.ajmeras.co.in

Dated :

SUB.: DISCLOSURE REGARDING PROPRIETARY TRADING

Dear Clients,

In pursuance of SEBI Circular No. **SEBI/MRD/SE/Cir-42/2003** dated November 19, 2003 and with a view to increase the transparency in the dealings between the trading member and their clients, all trading members are required to inform their clients whether they do only client based business or proprietary trading as well.

Accordingly, we inform you that we are doing client based business as well as proprietary trading in our office in Cash / Futures & Options Segment and currency derivatives segment of **BOMBAY STOCK EXCHANGE LTD., THE NATIONAL STOCK EXCHANGE OF INDIA LTD & MCX STOCK EXCHANGE LTD.**

Kindly acknowledge the receipt.

Yours Truly,

For **AJMERA ASSOCIATES LTD.**

1) ➤

DIRECTOR / AUTHORISED SIGNATORY

I/We _____ Self / Karta /
Proprietor / Partner / Director of _____
having Client code _____ with **M/s. AJMERA ASSOCIATES LTD.**

Acknowledge the receipt of the above.

1) ☞

Name

ANNEXURE - 2

(Voluntary / Non - Mandatory)

AUTHORITY LETTER FOR MAINTAINING RUNNING ACCOUNT

FROM : _____

Date : _____

To,
Ajmera Associates Ltd.

Regd. Office : 63/67, Carmello Building, 4th Floor, Pathakwadi, Mumbai - 400 002.

Ref : Trading Account No. _____

Dear Sir,

Please refer to the trading account opened with you, in the name of
..... for the purposes of dealing in CM, F&O and CDX segments of securities on BSE, NSE & MSX.

With reference to the same, I/We confirm that I/We am/are desirous of regularly dealing in CM, F&O & CDX segments of securities market and request you to maintain a running account for funds and securities on my/our behalf without settling the account on settlement of each transaction on my/our behalf. I/we further request you to retain all amounts payable and securities receivable by me/us until specifically requested by me/us in writing to be settled or to be dealt with in any other manner. This authorization can be revoked at any point of time.

I/we understand and agree that no interest will be payable to me / us on the amounts or securities so retained with you.

I wish to settle my account with you on Monthly / Quarterly basis.

Thank you.

Yours truly,

2) _____

Name

ANNEXURE - 3

(Voluntary / Non - Mandatory)

FROM : _____

Date : _____

To,

Ajmera Associates Ltd.

Regd. Office : 63/67, Carmello Building, 4th Floor, Pathakwadi, Mumbai - 400 002.

Sub : Letter of Standing Instructions

Respected Sir,

I/We am/are a client of **M/s. AJMERA ASSOCIATES LTD. (AAL)** Member of the Stock Exchange Mumbai & member of the National Stock Exchange of India Ltd. & Member of MCX Stock Exchange Ltd. and having client code..... and I/We hereby willfully and unconditionally issue following standing instructions with references to personal discussion between us :

1. I/We will make payments to your for bills raised by you I / We am / are agreeable for maintaining running account and instruct you that no Cheque / Shares be issued to me / us towards credit balance in my account. unless specifically requested by me / us and only to the extent of amount specified by me / us and you are also authorised to withhold delivery due to me / us against any debit balance or pending sale in my / our account for margin / future obligation.
2. I/We shall be buying / selling / trading in securities or derivatives & currency derivatives across various segments of various Exchange through your company and for the consideration thereof, shall have to make payment and a situation may emerge when accounts may show a debit balance in my / our running account with a segment of an Exchange and a credit balance in my / our running account with another Segment / Exchange. With a view to efficiently utilize the funds, you are hereby authorised to transfer the surplus funds from one account to another across segments / Exchange of your company whenever the need arises.
3. I/We am / are agreeable for transfer of credit / debit balances from margin account to client account and client account to margin account in cash and derivatives & currency derivatives segment.
4. I/We am / are agreeable for transfer of credit / debit balances from Mark to Market/premium account to Margin Account and vice versa for transfer to credit / debit balance from margin account to mark to Market/ Premium account in the Derivatives & currency derivatives segment.
5. I / We am are agreeable for inter-settlement transfer of securities towards pay-in/pay-out of securities in the future / past settlements.
6. I / we am / are agreeable for and authorize you to withhold funds pay-out towards all the applicable margins debits.
7. I / we am / are agreeable for inter-exchange, inter segment adjustment of pay-in/pay-out of securities from cash segments of AAL (BSE) (NSE) (MSX) to collateral margin of derivatives & currency derivatives segment of AAL (BSE) (NSE) (MSX).
8. As regards the placement of orders, although you had insisted on written instruction for the placing orders, considering the practical difficulties faced by me / us in complying the same. I/We would request you to consider my / our telephonic instructions for order placing / order

modification / order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I / We am / are getting required details from contract issued by you.

9. In Case of Orders, which could not be executed fully or in part, I / we hereby request you to inform me / us about its status telephonically to enable me / us to take judicious decisions.
10. I / We acknowledge receipt of intimation with regards to your business volumes comprising of client as well as proprietary trades.
11. I / We acknowledge receipt of the Cash Derivatives & currency derivatives & currency derivatives Risk Disclosure Documents and have understood the same.

These standing instructions are valid from the date the account is opened at your end to the day of closure of Account at your end.

Thanking You,

Yours Faithfully,

3) 

.....
Name

ANNEXURE - 4

(Voluntary / Non - Mandatory)

FROM : _____

Date : _____

To,

Ajmera Associates Ltd.

Regd. Office : 63/67, Carmello Building, 4th Floor, Pathakwadi, Mumbai - 400 002.

Sub.: Debit of charges in Trading A/c. No. _____

Respected Sir,

I/We am/are buying and selling securities through your broking unit. I/We hereby authorize you to debit my/our above mentioned account to settle all bills raised by your depository segment for my/our depository account No. 12030300 _____.

Thank you,

Yours Truly,

4) 

.....
Name

ANNEXURE - 5

(Voluntary / Non - Mandatory)

FROM : _____

Date : _____

To,

Ajmera Associates Ltd.

Regd. Office : 63/67, Carmello Building, 4th Floor, Pathakwadi, Mumbai - 400 002.

Ref.: Request for mode of delivery of documents.

Respected Sir,

I/We am/are maintaining client account's bearing ID,
to transact with your good firm on the BSE CM (SEBI Registration Number : INB 011185833),
Membership No. 911. BSE F&O (SEBI Registration Number : INF 011185833), NSE CM (SEBI
Registration Number : INB 231185837), Membership No. 11858, NSE F&O (SEBI Registration
Number : INB 231185837), NSE CDX (SEBI Registration Number : INE 231185837) & MSX CDX
(SEBI REGISTRATION NUMBER : INE 261185837 Membership No. 11400.

I/We request your good office to deliver all any documents in any of the following manner :

- a. Physical delivery to my/our representative Mr. _____
- c. By E-Mail to my Id. _____
- d. By Courier services to my postal address.

The dispatch of the above digital documents from your end shall constitute delivery of the same and it shall be our responsibility to check our E-mail for the same. Discrepancy if any shall be brought to your notice within reasonable time frame of dispatch of the digital documents failing which the document shall be considered as accepted and Acknowledged.

"The Client hereby agree that the e-contract notes (digitally signed and encrypted as attachment), bills, ledger, transaction statements, reports, letters, circulars, notices etc. in Cash and or Derivatives segments that are sent from time to time in the client's e-mail id shall be deemed to have been delivered to the client in the event of non receipt of bounced mail notification by the member through e-mail id. Further, client hereby agree that if no queries are raised in respect of trades / transactions or transfer of securities that are appearing in the e-contract notes, bills, ledger, transaction statements, reports, letters, circulars, notices etc. issued to the client from time to time by member, member shall not be responsible for non delivery and it shall presume that the aforesaid documents are in order."

I/We understand that I am required to intimate any change in the email id / account mentioned here-in above through physical letter to you.

Thanking You,

Sincerely,

6)  _____

Name

ANNEXURE - 6

FROM : _____

Date : _____

To,
Ajmera Associates Ltd.

Regd. Office : 63/67, Carmello Building, 4th Floor, Pathakwadi, Mumbai -400 002.

Re: Beneficial Owner BO Account No. 12030300000

I/We _____ would like to open a demat a/c with you, I/We confirm having opted to receive the statement of accounts pertaining to the above mentioned BO account in electronic mode in lieu of physical copy of the statement of account. I/We confirm that the dispatch of statement of account to me/us at the following email address shall constitute full and absolute discharge of your obligation under the above agreement to provide me/us with statement of my/our BO account. But, I/we reserve my/our right to receive the physical copy of statement of accounts despite receiving the same in electronic mode, if such a demand is made in writing on you.

Email address : _____

I/We confirm that any change in the aforesaid email address or any other instructions with regard to dispatch/service of my/our statement of account on me/us shall not be binding upon you unless you are intimated in writing by me/us by acknowledged delivery.

Yours faithfully,

7) _____

First Holder Name Second Holder Name Third Holder Name

ANNEXURE - 7

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

To,
Ajmera Associates Ltd.

Dated :

Regd. Office : 63/67, Carmello Building, 4th Floor, Pathakwadi, Mumbai - 400002.

A/c No.

- 1. WHEREAS the Hindu Undivided Family of ... is carrying on business in the firm name and style of ... at ... or we intent to deal, have or desire to have Share Trading Account with AJMERA ASSOCIATES LTD. (hereinafter referred as 'Member') We, undersigned, hereby confirm and declare that we are the present adult co-parceners of the said joint family; that ... is the present Karta of the said joint family.
2. We confirm that affairs of the H.U.F. firm are carried on mainly by the Karta ... on behalf and in the interest and for the benefit of all the co-parceners We hereby authorize the Karta ... on behalf of the H.U.F. to deal on Capital Market segment (CM), Futures and Options segment (F&O), Retail Debt Market segment (RDM) Currency Derivative Segment or any other segment that may be introduced by BSE/NSE & MSX in future, CDSL (DP. ID. : 30300) and the said Trading Member is hereby authorized to honor all instructions oral or written, given by him on behalf of the H.U.F.
Mr./Mrs. ... is authorized to sell, purchase, transfer, endorse, negotiate documents and / or otherwise deal through AJMERA ASSOCIATES LTD. on behalf of the H.U.F. ... He is also authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said H.U.F. Firm to the Member and agree and confirm that any claim due to the Member from the said H.U.F. firm shall be recoverable from the assets of any one, or all of us and also form the estate of the said joint family including the interest thereon of every co-parcener of the said joint family, including the share of the minor co-parceners, if any.
3. We undertake to advise the Member in writing of any change that may occur in the Karta ship or in the constitution of the said joint family or of said H.U.F. firm and until receipt of such notice by the Member which shall be binding on the said joint family and the said H.U.F. firm and on our respective estates. We shall, however, continue to be liable jointly and severally to the Member for all dues obligations of the said H.U.F. firm in the Member's book on the date of the receipt of such notice by the Member and until all such dues and obligations shall have been liquidated and discharged.
4. We recognize that a beneficiary account can be opened with Depository Participant only in the name of Karta as per regulations. To facilitate the operation of the above share trading account with you and for the purpose of completing the share transfer obligations pursuant to the trading operations, we authorize you to recognize the beneficiary account no. 12030300 with Depository AJMERA ASSOCIATES LTD. Opened in name of ... who is the Karta of this H.U.F.
5. The names and dates of birth of the present minor co-parceners of the said joint family are given below. We undertake to inform you in writing as and when each of the said members attains the age of majority and is authorized to act on behalf of, and bind the said H.U.F. Firm.

Table with 4 columns: Name of the Co-Parceners, Father's Name, Date of Birth, Relationship with Karta. Includes three rows of blank lines for entry.

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

Thank you, Name :
Address :

Yours Truly

(Signature of Karta) (Signature of Co-parcener) (Signature of Co-parcener) (Signature of Co-parcener)

ANNEXURE - 8

AUTHORITY LETTER IN FAVOUR OF MANAGING PARTNER(S)
(To be obtained on pre-printed Letterhead of Firm)

To,
Ajmera Associates Ltd.

Dated :

Regd. Office : 63/67, Carmello Building, 4th Floor, Pathakwadi, Mumbai - 400002.

Dear Sir,

We the partners of M/s..... a partnership firm, having its office at city state hereby authorize Mr. / Ms. ad Mr. / Ms. to open a security trading account in capital market segment, F&O Segment, Retail Debt. Market Segment & Currency Derivatives on the behalf of the firm M/s. with the trading Member **AJMERA ASSOCIATES LTD.** for sale and purchase of shares/debentures/ derivative & currency derivatives instruments in Capital market segment(CM) and or Futures and Options segment(F&O) and/or Retail Debt Market segments (RDM) & currency derivatives segment or any other segment that may be introduced by BSE, NSE & MSX in future. He/She/They is/are authorized on behalf of the firm to deal in equities, derivatives, debentures, debt products and the said Trading Member is hereby authorized to honor all instructions oral or written, given on behalf of the firm by him / her / them.

Mr./Ms. and Mr./Ms. is/are authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through **AJMERA ASSOCIATES LTD.** on behalf of the firm M/s. he/She/They is/are also authorized to sign, execute and submit such applications, undertakings, agreements, and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose.

However any partner/authorized signatory(ies) can issue cheques from bank account(s) in favour of **AJMERA ASSOCIATES LTD.** for credit to Share trading account of the firm with **AJMERA ASSOCIATES LTD.** even though his/their signatures may not be available on the records of **AJMERA ASSOCIATES LTD.** These cheques will be from the account of partnership firm the said amount so given shall be solely / exclusively for the account of the firm maintained with **AJMERA ASSOCIATES LTD.**

We also recognize that a beneficiary account can not be opened with a Depository Participant in the name of the partnership firm as per Depository regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the securities transfer obligations, pursuant to the trading operations, we authorize you to recognize the beneficiary account No. with Depositor having DP ID opened as a singly/jointly in the name of Managing partner/partners of the firm. We agree that the obligations for shares purchased and/or sold by the firm will be handled and completed through transfers to/from the above-mentioned account. We recognize and accept transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of the firm.

Thank you.

Name :

Address :

Yours Truly,

.....
.....

(X) (X) (X) (X)
(Signature of Partner) (Signature of Partner) (Signature of Partner) (Signature of Partner)

(Signatures of all the Partners with the rubber stamp required)

ANNEXURE - 9

**FORMAT FOR BOARD RESOLUTION IN CASE OF CORPORATES (DEMAT A/C ONLY)
(ON THE LETTERHEAD OF THE CORPORATE)**

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF DIRECTORS OF
(company's name) AT THE BOARD MEETING HELD ON _____ (date) AT THE
REGISTERED OFFICE OF THE COMPANY SITUATED AT _____

(registered office address) AT _____ (time).

RESOLVED THAT the Company do open a Demat account with **AJMERA ASSOCIATES LTD.** a recognized Depository Participant of Central Depository Services (India) Ltd. having its office at 63/67, Carmello Building, 4th Floor, Pathakwadi, Mumbai - 400 002, for company's investment in shares/securities of various companies in the electronic form.

RESOLVED FURTHER THAT the under-mentioned person be and are hereby authorized to operate the so mentioned Demat account.

| No. | Name | Designation | Specimen Signature |
|-----|------|-------------|--------------------|
| 1. | | | |
| 2. | | | |

RESOLVED FURTHER THAT the above signatories are hereby authorized singly / jointly to do all such acts as may be required to give effect to this resolution.

(The above signatures to be attested by the person signing the resolution for account opening on behalf of the company.)

ANNEXURE - 10

FORMAT FOR BOARD RESOLUTION IN CASE OF CORPORATES (TRADING A/C ONLY)

(To be obtained on pre-printed letterhead of the company.)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF..... AND HAVING ITS REGISTERED OFFICE AT.....

HELD ON DAY OF..... 20..... AT.....

Resolved that the Company is empowered to deal on Capital Market segment, Futures and Options segment, Currency Derivatives Segment, Retail Debt segment or any other segment that may be introduced by **BSE / NSE & MSX** and in pursuance of the same do enter into agreement with **AJMERA ASSOCIATES LTD.** Member of the **National Stock Exchange of India Ltd. (NSE)** and **Bombay Stock Exchange Ltd., (BSE) & MCX Stock Exchange Ltd. (MSX)** & the said Trading Member be and is hereby authorized to honor instructions, oral or written, given on behalf of the company by any of the under noted authorized signatories.

| Sr. No. | Name | Designation |
|---------|-------|-------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

who is / are authorized to sell, purchase, transfer, endorse, negotiate documents and / or otherwise deal through **AJMERA ASSOCIATES LTD.** on behalf of the Company.

RESOLVED FURTHER THAT Mr. and / or Mr., Directors and/or Mr. Authorized Signatory of the Company be and are here by authorized to sign, execute and submit such applications, undertakings agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this resolution.

RESOLVED FURTHER THAT, the common Seal of the Company be affixed, wherever necessary, in the presence of any Directors or of any one director and Company Secretary, who shall sign the same in token of the presence.

For Ltd.

Chairman / Company Secretary

(Signature to be verified by the Banker)

Specimen Signatures of the Authorized Persons

| Sr. No. | Name | |
|---------|-------|---------|
| 1. | | ⊗ |
| 2. | | ⊗ |

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

ANNEXURE - 13

DECLARATION FOR AVAILING OF BASIC SERVICES DEMAT ACCOUNT (BSDA) FACILITY

Date

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

To,
Ajmera Associates Ltd.
 63/67, Carmello Building, Pathakwadi, L. T. Marg, Mumbai - 400 004.

Dear Sir / Madam

- I/We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form
- I/We wish to avail the BSDA facility for my / our below mentioned demat account number

| | | | |
|--------------|--|------------------|--|
| DP ID | | Client ID | |
|--------------|--|------------------|--|

| | Name | PAN |
|-------------------|------|-----|
| Sole/First Holder | | |
| Second Holder | | |
| Third Holder | | |

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issby SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first / sole holder.

| Signature | |
|-------------------|----------|
| Sole/First Holder | ☞ 11) |
| Second Holder | |
| Third Holder | |

..... (Please Tear Here)

Acknowledgment Receipt

Received BSDA declaration form from :

| | | | |
|----------------|--|------------------|--|
| DP ID | | Client ID | |
| Name | | | |
| Address | | | |

Ajmera Associates Ltd. Seal & Signature

Date :

ANNEXURE - 14

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|
| DP ID | | | | | | | | | | | | Client ID | | | | | | | |
| First Holder Name | | | | | | | | | | | | | | | | | | | |
| Second Holder Name | | | | | | | | | | | | | | | | | | | |
| Third Holder Name | | | | | | | | | | | | | | | | | | | |

To,
Ajmera Associates Ltd.
63/67, Carmello Building, Pathakwadi, L. T. Marg, Mumbai - 400 004.

Dear Sir / Madam

I/We hereby state that : (Select one of the options given below)

OPTION 1 :

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I / we have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with (name of the attorney/ Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades (settlement related transactions) effected through such Clearing Member / by PMS manager

Yours faithfully

| | First / Sole Holder | Second Joint Holder | Third Joint Holder |
|-----------------|---------------------|---------------------|--------------------|
| Name | | | |
| Signatures 12) | | | |

OPTION 2 :

OR

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA / executed PMS agreement in favour of / with (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades (settlement related transactions) effected through such Clearing Member / by PMS manager, However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

| | First / Sole Holder | Second Joint Holder | Third Joint Holder |
|-----------------|---------------------|---------------------|--------------------|
| Name | | | |
| Signatures 13) | | | |

----- (Please Tear Here) -----

Acknowledgement Receipt

Received **OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET** from :

| | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|
| DP ID | | | | | | | | | | | | Client ID | | | | | | | |
| First Holder Name | | | | | | | | | | | | | | | | | | | |
| Second Holder Name | | | | | | | | | | | | | | | | | | | |
| Third Holder Name | | | | | | | | | | | | | | | | | | | |

Ajmera Associates Ltd. Seal & Signature



Central Insurance Repository Limited

Aaj Digital... Tom Kal Bepanar.

AP Name - _____

Unregistered User

To

Central Insurance Repository Limited,
17th Floor, P.J.Towers,
Dalal Street, Fort,
Mumbai 400 001.

Consent Form

Opening an e-Insurance Account (eIA) to hold Insurance Policies in Electronic form.

I have submitted account opening form with my full details alongwith KYC documents to a Bank/DP of CDSL for opening banking account/demat account in my name. Based on the information/details/KYC documents given therein. I hereby give my consent to (i) open an e-Insurance Account (e-IA) in my name with Central Insurance Repository Ltd. (CIRL). (ii) receive my e-insurance policies in the said e-IA and (iii) to send any policy and account related information through email and/or SMS to the contact details given therein.

The rules and regulations of Insurance Regulatory and Development Authority & CIRL pertaining to an e-IA have been read by me and I have understood the same and I agree to abide by and to be bound by the same so long as my e-IA is active and valid. I hereby declare that the particulars given therein are true, correct and complete to the best of my knowledge and belief, the documents submitted are genuine. I agree that any false / misleading information given by me or suppression of any material fact will render my e-IA liable for termination and further action.

I hereby confirm that I do not hold any e-IA either with CIRL or with any other Insurance Repository.

| Sr. no | Insurance company name | Insurance company name | Insurance company name | Insurance company name |
|--------|------------------------|------------------------|------------------------|------------------------|
| 1 | Policy Number | Policy Number | Policy Number | Policy Number |
| 2 | Policy Number | Policy Number | Policy Number | Policy Number |
| 3 | Policy Number | Policy Number | Policy Number | Policy Number |
| 4 | Policy Number | Policy Number | Policy Number | Policy Number |
| 5 | Policy Number | Policy Number | Policy Number | Policy Number |

Place: _____

Date: _____

For Office Use Only

Investor Name: _____

BOID: _____

PAN/UID _____

FORM and KYC documents are in order and originally seen and Verified.

Place _____

Date _____

AP Branch Name _____

Received By _____

ACKNOWLEDGEMENT

I / We have received the photocopies of all documents i.e: KYC form, Right and obligation, Risk disclosure document and all other documents executed by me/us from the member upon registration of Trading / Demat Account.

16) 

Signature

Date : _____



AJMERA GROUP OF COMPANIES

AJMERA HOUSE, PATHAKWADI, L.T.MARG, MUMBAI 400002
 TEL NO: 4062 8888 FAX NO: 4062 8989

FATCA/CRSDeclarationForm for Individual

| FATCA/CRSDeclarationForm | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Part I- Please fill in the country for each of the following: | |
| 1 | Country of: |
| a) | Birth |
| b) | Citizenship |
| c) | Residence for Tax Purposes |
| 2 | US Person (Yes / No) |
| Part II- Please note: | |
| a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature. | |
| b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functionalequivalent as issued in the specific country in the table below: | |
| i) | TIN |
| | Country of Issue |
| ii) | TIN |
| | Country of Issue |
| iii) | TIN |
| | Country of Issue |
| a. In case any of the parameters in Part I indicate that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functionalequivalent, please complete and sign the Self-Certification section given in Part IV . | |

b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate

Please also fill **Part IV** Self-Certification.

Part III- Customer Declaration (Applicable for all customers)

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

1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) a state the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**
2. The applicant is an applicant taxable as a tax resident under the laws of a country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**

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

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

(iv) I/We agree that as maybe required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CBDT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and

| | |
|---------------------|---|
| Signature: | → |
| Name : | |
| Date (DD/MM/YYYY) : | |
| | |

Part IV-

Self-Certification:

To be filled only if-

(a) Name of the country in Part I is other than India and TIN or functionally equivalent is not available, or

(b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relationship with the country outside India. Therefore, I am providing the following documents as



Document Proofs submitted (Pls tick document being submitted)

- Passport Election Card Pan Card Driving License
UIDA Letter NREGA Job Card Govt. Issued ID Card

Date:

To,

Ajmera Associates Ltd.

DP : 30300

63/67, Carmello Building, 4th Floor,

L. T. Marg, Pathak Wadi,

Mumbai – 400002.

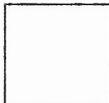
Demat Account BO ID: 12030300 _____

Client Name : _____

Dear Sir/Madam,

SUB: BSDA FACILITY NOT REQUIRED.

This is with reference to facility provided by CDSL regarding BSDA (Basic Services Demat Account" (BSDA) with limited services. I/We do not wish to opt this facility.



I DO NOT WISH TO OPT FOR BSDA FACILITY.

| | Signature |
|---------------------|-----------|
| Sole / First Holder | |
| Second Holder | |
| Third Holder | |

Date:

To,

Ajmera Associates Ltd.

DP : 30300

63/67, Carmello Building, 4th Floor,

L. T. Marg, Pathak Wadi,

Mumbai – 400002.

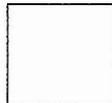
Demat Account BO ID: 12030300 _____

Client Name: _____

Dear Sir/Madam,

SUB: NO CAS REQUIRED.

This is with reference to facility provided by CDSL regarding CAS (consolidated account statement) I/We do not wish to opt this facility.



I DO NOT WISH TO OPT FOR CAS FACILITY.

| | Signature |
|---------------------|-----------|
| Sole / First Holder | |
| Second Holder | |
| Third Holder | |



| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--------------------|---------------------------|--|
| Broker/Agent Code ARN: | | SUB-BROKER: | | EUIIN: | |
| Unit Holder Information | | | | | |
| Name of the First Applicant : | | | | | |
| PAN Number : | | KYC: | | Date of Birth : | |
| Father Name : | | | Mother Name : | | |
| Name of Guardian : | | | PAN : | | |
| Contact Address : | | | | | |
| City : | | Pincode : | | State : | |
| Tel.(Off) : | | Tel.(Res) : | | Country : | |
| Fax (Off) : | | Fax (Res) : | | Email : | |
| Income Tax Slab/Networth : | | Mobile : | | | |
| Place of Birth : | | Occupation Details | | | |
| Country of Tax Residence : | | Tax Id No. : | | | |
| Politically exposed person / Related to Politically exposed person etc.? | | Yes | | No | |
| Mode of Holding : | | | Occupation : | | |
| Name of Second Applicant : | | | | | |
| PAN Number : | | KYC: | | Date of Birth : | |
| Income Tax Slab/Networth : | | | Occupation Details | | |
| Place of Birth : | | Country of Tax Residence : | | | |
| Tax Id No. : | | | | | |
| Politically exposed person / Related to Politically exposed person etc.? | | Yes | | No | |
| Name of Third Applicant : | | | | | |
| PAN Number : | | KYC: | | Date of Birth : | |
| Income Tax Slab/Networth : | | | Occupation Details | | |
| Place of Birth : | | Country of Tax Residence : | | | |
| Tax Id No. : | | | | | |
| Politically exposed person / Related to Politically exposed person etc.? | | Yes | | No | |
| Other Details of Sole/ 1st Applicant | | | | | |
| Overseas Address : | | | | | |
| (In case of NRI investor) | | | | | |
| City : | | Pincode : | | Country : | |
| Bank Mandate Details | | | | | |
| Name of Bank : | | | Branch : | | |
| A/C No. : | | A/c Type : | | IFSC Code: | |
| Bank Address : | | | | | |
| City : | | Pincode : | | State : | |
| Country : | | | | | |
| Nomination Details | | | | | |
| Nominee Name : | | | Relationship : | | |
| Guardian Name (If Nominee is Minor) : | | | | | |
| Nominee Address : | | | | | |
| City : | | Pincode : | | State : | |
| Declaration and Signature | | | | | |
| I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us. | | | | | |
| Date : | | | Place : | | |
| 1st applicant Signature : | | 2nd applicant Signature : | | 3rd applicant Signature : | |

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE
MODIFY
CANCEL

I/We hereby authorize **BSE Limited**

to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 (Mandate Reference No.)

Phone No.

Reference 2 (Unique Client Code-UCC)

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or Until Cancelled

1. _____ 2. _____ 3. _____

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

BSE StAR MF

(Letter to be provided by the Investor to the MFI)

To

Date: _____

Sir,

Sub: BSE StAR MF

I/We _____ am/are registered as your client with Client Code No. _____ and have executed the Trading Member and Client Agreement for the purpose of trading in the Capital Market segment of Bombay Stock Exchange Ltd. (Exchange).

I/We am/are interested in availing the trading facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE StAR MF.

For the purpose of availing this facility, I/we state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE StAR MF and I/we further confirm that the details contained in same remain unchanged as on date.

I/We are willing to abide by the terms and conditions as mentioned in the Circular dated December 2, 2009 and as may be specified by the Exchange from time to time in this regard.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).

I/We shall read and understand the contents of the of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/we choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/we therefore request you to register me/us as your client for participating in BSE StAR MF.

Thanking you,

Yours faithfully,

Declaration:

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [CAMS/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs (the Authorized Parties) or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date:

Place:

Annexure A



Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.



Signature of Client

Ajmera Associates Ltd.

CDSL DP Id.: 30300 SEBI Reg. No.: IN-DP-CDSL-715-2022

Corp. Off. : Ajmera House, 4th Floor, L. T. Marg, Pathakwadi, Mumbai - 400002

Tel.: 022 40628888/40628912 cdsl@ajmera.co.in

Charges for Depository Services through C.D.S.L. w.e.f. 01.04.2024

| Sr. No. | Services | SCHEME 'A' | SCHEME 'B' |
|---------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Beneficial Owner | Beneficial Owner |
| 01. | A/C OPENING CHARGES (IND/HUF) CORPORATE) | NIL | NIL |
| 02. | A/C Maintenance Charges (AMC) FOR 1 ST Year) | NIL ONLY FOR INDIVIDUAL/HUF NEXT YEAR AMC RS.300 + 54 GST 18% | ONE TIME 1500/- + 270/- GST 18% TOTAL RS.1770/- (NON REFUNDABLE) LIFETIME AMC FREE ONLY FOR INDIVIDUAL /HUF |
| 03. | CORPORATE AMC CHARGES | RS.800 + 144 GST 18% TOTAL Rs.944 | RS.800 + 144 GST 18% TOTAL Rs.944 |
| 04. | Custody Charges | NIL | NIL |
| 05. | POA Charges | Rs.100/- Charges. | Rs.100/- Charges. |
| 06. | Transaction - Debit | 0.01% OR Rs.10/-Whichever is maximum + GST | 0.015 % OR Rs.15/-Whichever is maximum + GST |
| 07. | No Trading a/c with Ajmera | 0.02% OR Rs.20/-Whichever is maximum + GST | 0.02% OR Rs.20/-Whichever is maximum + GST |
| 08. | Off market/Inter depository | 0.02% OR Rs.20/-Whichever is maximum + GST | 0.02% OR Rs.20/-Whichever is maximum + GST |
| 09. | A) Dematerialization B) Rematerialisation | A) Per Request Rs.25 /- OR Per Certificate Rs.5/- whichever is higher + courier at actual + GST B) Per Request Rs.25/- OR Per Certificate Rs.20/- Whichever is higher + GST | A) Per Request Rs.25 /- OR Per Certificate Rs.5/- whichever is higher + courier at actual + GST B) Per Request Rs.25/- OR Per Certificate Rs.20/- Whichever is higher + GST |
| 10. | Pledge/Un-pledge/ Invocation | Per Instruction Rs.25/- + GST | Per Instruction Rs.25/- + GST |
| 11. | Instruction Book | 05 Leaves 20/- + GST | 05 Leaves 20/- + GST |
| 12. | KYC Registration | Per KYC registration charges Rs.30 + GST | Per KYC registration charges Rs.30 + GST |
| 13. | BSDA Active | AMC Nil | Per Transaction charges Rs.25/- + 4 GST Total Rs.29/- |
| | CLIENT NAME | SCHEME A SIGNATURE | SCHEME B SIGNATURE |
| 1 | | | |
| 2 | | | |
| 3 | | | |

Client I.D.: 12030300_____

TERMS & CONDITIONS

- 1 Client need to select scheme 'A' or 'B' and signature on above mention table.
- 2 Demat charges can also be debited to Trading account with Ajmera Associates Ltd. having client Id 12030300_____.
- Bills are raised monthly, which should be paid before due date, beyond which interest @ 1% per month will be chargeable. In case of non-receipt of payment by due date, services will be discontinued till the time client makes payment along with interest. Deposit will be adjusted against outstanding dues only in case of Closure of Account.
- 3 Extra request for Transaction/Holding Statement shall be charged Rs.25/- per page.
- 4 Any service, which is not mentioned above will be charged extra.
- 5 The **scheme 'A'** once selected will be valid for one year.
- 6 In case Instruction Book Lost/Misplaced Rs.100/- Penalty charges for New DIS Book Issue.