## CLIENT REGISTRATION FORM

Note: This form is divided in two Booklets (i.e. Booklet-I and Booklet-II)

#### **BOOKLET-I**



## **UNLOCK WEALTH SECURITIES LIMITED**

(FORMERLY UPSE SECURITIES LIMITED)

CIN: U67120UP2000PLC025330

"PADAM TOWERS", 14/113, CIVIL LINES, KANPUR - 208 001

**Telephone No.**: 0512-2338134 • **Telefax No.**: 0512-2338220

Website: www.upsecindia.com

Email: upsesecltd@gmail.com, upse@vsnl.in

Email ID for Investor Complaints : upseseccomplaints@gmail.com

#### Member:

BSE LIMITED (BSE)

NATIONAL STOCK EXCHANGE OF INDIA LIMITED (NSE)
METROPOLITAN STOCK EXCHANGE OF INDIA LIMITED (MSE)

AUTHORISED PERSON NAME	
CLIENT NAME	
CLIENT CODE	

#### **SEBI Registration Numbers**

BSE CASH	INZ 000159835
BSE F&O	 111/2 000 159655
BSE C D	N.A
NSE CASH	
NSE F&O	
MSE CASH	INZ 000159835
MSE F&O	

MSE C D

# ACCOUNT OPENING KIT INDEX OF DOCUMENTS

S. No.	Name of the Document	Brief Significance of the Document	Booklet No.	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES				
- 1	Account Opening Form	A. Client Registration Document	I	1-2
		B. KYCApplication Forms- (I) For Individuals (Including CKYC) (ii) For Non-Individuals Aforesaid documents capture the basic information about the client and an instruction/ check list.	1	3-10 11-14
		C. Document captures the additional information about the constituent relevant to trading account and an instruction/ check list.	l	15-18
		D.Authorised Person Details (Non-Mandatory)	1	19
2	Rights and Obligations	Document stating the Rights & Obligations of stock broker/trader member, Authorised Person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading.	II	1-5
3	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	II	6-9
4	Guidance Note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	Ш	10-11
5	Policies and Procedures	Document describing significant policies and procedures of the stock broker.	I	20
6	Tarrif sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange (s).		20
7	Format of declaration by the proprietorship firm and letter of authority for partnership firm.	For DP Operations and Authorised Partner/s	I	21
8	Board Resolution in case of Corporate Client and Shareholding Pattern	Delegation of Authority to Director (s) on behalf of the Company and Details of Shareholding.	I.	22
VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER				
9	Margin and Running Account Authorisations	Deposit of margin and Running Account Authorisations	I	23
10	Sms and e-mail alerts	Investor willing to avail SMS and e-mail alerts facility	I	24
	OTHER DOCUMENTS			
11	Acknowledgement	Broker's and Client's Copy	I	25-26

## **CLIENT REGISTRATION DOCUMENT**



Client Registration form received on			
Client Registration form received & checked by			
Client Registration form entered in Webex and / or UCI/ and/or Exchange by			
Client Registration form entered in Back Office by			
UNLOCK WEALTH SECURITIES LIMIT	ED		
(FORMERLY UPSE SECURITIES LIMITED)  CIN: U67120UP2000PLC025330  "PADAM TOWERS", 14/113, CIVIL LINES, KANPUR - 208 001  Telephone No.: 0512-2338134 • Telefax No.: 0512-2338220  Website: www.upsecindia.com  Email: upsesecltd@gmail.com, upse@vsnl.in  Email ID for Investor Complaints: upseseccomplaints@gmail.co  Authorised Person Name:		<u> </u>	
Authorised Person :		BSE	
Exchange Registration No.(s):		NSE	
		MSE	
Client Name :  Client Code :			

#### **CONTACT DETAILS**

Name of Stock Broker/Trading Member/Clearing Member: Unlock Wealth Securities Limited

Exchange-Segment	SEBI Registration No.	Date of Registration
BSE CASH	14.12.2017	INZ 000159835
BSE F&O	11.12.2011	1142 000 100000
BSE C D*	N.A.	N.A
NSE CASH		
NSE F&O		
MSE CASH	14.12.2017	INZ 000159835
MSE F&O		
MSE C D		
*BSE approval letter no	. MO/CS/AK/ANK/2013/4622 Dt. 25.11.2013	
Registered and Corresp	oondence Office Address : Padam Towers, 14/113, Civil Lines	, Kanpur-208 001 (U.P.)

Phone Number

0512-2338134

Fax Number

0512-2338220

Website

www.upsecindia.com

#### **Details of Senior Officials**

S.No.	Name	Designation	Phone No.	E-mail ID
1.	agesh Kumar Dixit	CEO & Compliance Officer	0512-2338134	upsesecltd@gmail.com
2.	Sandeep Seth	Designated Director	0512-2338134	upsesecltd@gmail.com

For any grievance/dispute please contact Unlock Wealth Securities Limited at the above address or email ID upseseccomplaints@gmail.com and Phone No. 0512-2338134.

In case not satisfied with the response, please contact the concerned Exchange (s) at:

Exchange	E-mail-ID	Phone No.
BSE	iscdelhi@bseindia.com	011-43007413
BSE	is@bseindia.com	022-22728097
NSE	nseiscdel@nse.co.in	011-23459148
NSE	ignse@nse.co.in	1800 22 00 58
MSE	investorcomplaints@mcx-sx.com	022-67319000

#### CENTRAL KYC REGISTRY | Know your Customer (KYC) Application Form | Individual



#### 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.
- 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.
- D) Please read section wise detailed guidelines / instructions H) For particular section update, please tick (🗸) in the box available before the

n jo Ne	at the end.	section number and strike on the sections not required to be updated.	
For office use only	Application Type* ☐ New	□Update	
	institution) KYC Number	(Mandatory for KYC update re	equest)
	Account Type* Normal		
TI DEPSONAL D	ETAILS (Please refer instruction A at the end)		
I. FERSONAL D	Prefix First Name		ast Name
☐ Name* (Same as ID		Winding Harrie	ist realite
Maiden Name (If any*)			
Father / Spouse Name	e*		
Mother Name*			
Date of Birth*	D D - M M - Y Y Y		PUOTO
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgender	РНОТО
Marital Status*	Married	☐ Unmarried ☐ Others	
Citizenship*	☐ IN- Indian	Others (ISO 3166 Country Code )	
Residential Status*	Resident Individual	Non Resident Indian	
Troolaomiai olalao	☐ Foreign National	Person of Indian Origin	
Occupation Type*	☐ S-Service (☐ Private Sector	☐ Public Sector ☐ Government Sector )	
	☐ O-Others (☐ Professional	☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)	
	<ul><li>□ B-Business</li><li>□ X- Not Categorised</li></ul>		Signature / Thumb Impression
2. TICK IF APPL	ICABLE   RESIDENCE FOR TAX PURI	POSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instru	ction B at the end)
	S REQUIRED* (Mandatory only if section 2 is	sticked)	
	de of Jurisdiction of Residence*		
	nber or equivalent (If issued by jurisdiction)*		
Place / City of Birth*		ISO 3166 Country Code of Birth*	
3. PROOF OF ID	ENTITY (Pol) (Please refer instruction C at	the end)	
(Certified copy of any on	e of the following Proof of Identity[Pol] needs to	be submitted)	
☐ A- Passport Num	ber	Passport Expiry Date	-7888
☐ B- Voter ID Card			
☐ C- PAN Card			
☐ D- Driving Licenc	е	Driving Licence Expiry Date	- Y Y Y Y
☐ E- UID (Aadhaar)			
F- NREGA Job C	ard		
Z- Others (any doo	cument notified by the central government)	Identification Number	
S- Simplified Mea	sures Account - Document Type code	Identification Number	
4. PROOF OF A	ADDRESS (PoA)		
THE RESERVE OF THE PARTY OF THE	RMANENT / OVERSEAS ADDRESS DETAILS	(Please see instruction <b>D</b> at the end)	
	e of the following Proof of Address [PoA] needs		
Address Type*	Residential / Business Resid	dential Business Registered Office	Unspecified
Proof of Address*	☐ Passport ☐ Drivin	ng Licence UID (Aadhaar)	
4	☐ Voter Identity Card ☐ NREC	GA Job Card Others please specify	
Address	Simplified Measures Account - Docum	nent Type code	
Line 1*			
Line 2			
Line 3		City / Town / Village*	
District*	Pin / Post Code	* State / U.T Code* ISO 3166 Co	untry Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)  Unlock Wealth Securities Ltd.
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')
Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*
4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)
Same as Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details
Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*
TE CONTACT DETAILS (A)
5. CONTACT DETAILS (All communication will be sent on provided Mobile no. / Email ID) (please refer instruction F at the end)
Tel. (Off)  Tel. (Res)  Mobile
FAX Email ID
☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)
Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)
Related Person Type*  Guardian of Minor  Assignee  Authorized Representative
Prefix First Name Middle Name Last Name
Name*
(If KYC number and name are provided, below details of section 6 are optional)
PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the end)
☐ A- Passport Number Passport Expiry Date
☐ B- Voter ID Card
C- PAN Card
D- Driving Licence     Driving Licence Expiry Date
□ E- UID (Aadhaar)
F- NREGA Job Card
Z- Others (any document notified by the central government)  Identification Number
S- Simplified Measures Account - Document Type code Identification Number
T. KEMAKKO (II aliy)
8. APPLICANT DECLARATION
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes
therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
Date: Signature / Thumb Impression of Applicant
9. ATTESTATION / FOR OFFICE USE ONLY
Documents Received
KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS
Date Name Name
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch
[Institution Stamp]

#### CENTRAL KYC REGISTER | Instructions / Check list/ Guidelines for filling Individual KYC Application Form

#### General Instructions:

- 1. Fields marked with'\*' are mandatory fields.
- 2. Tick "wherever applicable.
- 3. Self-Certification of documents is mandatory
- 4. Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format.
- 6. Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7. KYC number of applicant is mandatory for updation of KYC details.
- 8. For particular section update, please tick (3) in the box available before the section number and strike off the sections not required to be updated.
- 9. In case of 'Small Account type' only personal details at section number 1& 2, photograph, signature and sel certification required.

#### A. Clarification / guidelines on filling 'Personal Details' section

- 1. **Name**: Please state the name with Prefix(Mr/Mrs/Ms/etc.) The name should match the name as mentioned in the proof of Identity submitted failing which the application is liable to be rejected.
- 2. Either father's name or spouse's name is to be mandatory furnished. In case PAN is not available father's name is mandatory.

#### B. Clarification / guidelines on filling details if applicant residence for tax purpose in jurisdiction(s) outside India

1. **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction, However, If the said jurisdiction has issued a high integrity number with an equivalent level of identification (a" Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

#### C. Clarification / guidelines on filling 'Proof of Identity [Pol] 'section

- 1. If driving licence number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2. Mention identification/reference number if 'Z-Others (any document notified by the central government)' is ticked.
- 3. In case of Simplified Measures Accounts for verifying the identity of the applicant, any on e of the following documents can also be submitted and under noted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings,
02	Scheduled Commercial Banks, and Public Financial Institutions.  Letter issued by a gazetted officer, with a duly attested photograph of the person.

#### D. Clarification / guidelines on filling 'Proof of Address [PoA] - Current/Permanent/Overseas Address details' section

- 1. PoA to be submitted only if the submitted pol does not have an address as per Pol is invalid or not in force.
- 2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3. In case of Simplified Measures Accounts for Verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

# Document Code Description Utility bill which is not more than two months old any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).

- Property or Municipal Tax receipt.
   Bank account or Post Office savings bank account statement.
- Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Public Sector Undertakings, If they contain the address.
- Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and companies, Similarly, leave and licence agreements with such employers allotting official accommodation.
- 06 Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

#### E. Clarification / guidelines on filling 'Proof of Address [PoA]-Correspondence / Local Address details' section

- To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2. In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

#### F. Clarification / guidelines on filling on filling 'Contact details' section

- 2. Do not add '0' in the beginning of Mobile number.

#### G. Clarification / guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

#### H. Clarification / guidelines on filling 'Related Person details- Proof of Identity [Pol] of Related Person' section

1. Mention identification / reference number if 'Z-Others (any document notified by the central government)' is ticked.

### List of Two-Digit state / U.T Codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	CH
Chattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State / U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	JH
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State / U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarakhand	UA
WestBengal	WB
Other	XX

#### List of ISO 3166 Two-Digit Country Code

Country	Country Code	Country	Country Code	Country	Country	Country	Countr
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	THE RESERVE OF THE PERSON NAMED IN
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI		PM
Albania	AL	Egypt	EG	Lithuania	LT	Saint Vincent and the Grenadines Samoa	VC
Algeria	DZ	El Salvador	SV	Luxembourg	LU		WS
American Samoa	AS	Equatorial Guinea	GQ	Macao		San Marino	SM
Andorra	' AD	Eritrea	ER		MO	Sao Tome and Principe	ST
Angola	AO	Estonia		Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Anguilla	Al		EE	Madagascar	MG	Senegal	SN
Antarctica		Ethiopia	ET	Malawi	MW	Serbia	RS
	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	
Aruba	AW	France	FR	Marshall Islands	MH		SX
Australia	AU	French Guiana	GF	Martinique		Slovakia	SK
Austria	AT	French Polynesia	PF		MQ	Slovenia	SI
Azerbaijan	AZ	French Southern Territories		Mauritania	MR	Solomon Islands	SB
Bahamas	BS		TF	Mauritius	MU	Somalia	SO
Bahrain		Gabon	GA	Mayotte	YT	South Africa	ZA
	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Island	
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	
Belarus	BY	Ghana	GH	Monaco	MC		ES
Belgium	BE	Gibraltar	GI	Mongolia		Sri Lanka	LK
Belize	BZ	Greece			MN	Sudan	SD
Benin	BJ	Greenland	GR	Montenegro	ME	Suriname	SR
Bermuda	BM		GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bhutan		Grenada	GD	Morocco	MA	Swaziland	SZ
717070017	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	ВО	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA		
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru		Syrian Arab Republic	SY
Botswana	BW	Guinea	GN		NR	Taiwan, Province of China	TW
Bouvet Island	BV	Guinea-Bissau		Nepal	NP	Tajikistan	TJ
Brazil	BR	Guyana	GW	Netherlands	NL	Tanzania, United Republic of	TZ
British Indian Ocean Territory			GY	New Caledonia	NC	Thailand	TH
	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	
Burundi	BI	Hong Kong	HK	Niue	- NU		TO
Cabo Verde	CV	Hungary	HU	Norfolk Island		Trinidad and Tobago	TT
Cambodía	KH	Iceland	IS		NF	Tunisia	TN
Cameroon	CM	India		Northern Mariana Islands	MP	Turkey	TR
Canada	CA		IN	Norway	NO	Turkmenistan	TM
Cayman Islands		Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UG
Chile	CL	Isle of Man	IM	Panama			UA
China	CN	Israel	IL	Papua New Guinea	PA	United Arab Emirates	AE
hristmas Island	CX	Italy			PG	United Kingdom	GB
cocos (Keeling) Islands	CC	Jamaica	IT	Paraguay	PY	United States	US
Colombia			JM	Peru	PE	United States Minor Outlying Islands	UM
	CO	Japan	JP	Philippines	PH	Uruguay	UY
omoros	KM	Jersey	JE	Pitcaim	PN	Uzbekistan	UZ
congo	CG	Jordan	JO	Poland	PL	Vanuatu	
ongo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT		VU
ook Islands	CK	Kenya	KE	Puerto Rico		Venezuela, Bolivarian Republic of	VE
osta Rica	and the first of the same of t	Kiribati	KI	Qatar	PR	Viet Nam	VN
ote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of			QA	Virgin Islands, British	VG
roatia			KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
		Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
uba		Kuwait	KW	Russian Federation	RU	Western Sahara	EH
uracao !Curaçao	CW	Kyrgyzstan	KG	Rwanda		Yemen	
yprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy			YE
zech Republic		Latvia	LV	Saint Helena, Ascension and Tristan da Cunha		Zambia	ZM
enmark		Lebanon				Zimbabwe	ZW
iibouti		Lesotho	LB	Saint Kitts and Nevis	KN		
ominica				Saint Lucia	LC		
AVITIE IIVA	DM	Liberia	LR	Saint Martin (French part)	ME		

#### CENTRAL KYC REGISTRY | Know your Customer (KYC) Application Form | Individual | Correspondence | Local Address



#### Important Instructions

- A) Fields marked with '\*' are mandatory fields.
- A) Fields marked with a die mendeue, ...

  B) Please fill the form in English and in BLOCK letters.

  A die mendeue in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- 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.
- D) Please read section wise detailed guidelines / instructions H) For particular section update, please tick ( $\checkmark$ ) in the box available before the section number and strike off the sections not required to be updated.

113011		at the end.					0000011	namber and	ounce on the	c section	S not roquit	od to be di	odatod.			
For office	use onl	у	Applica	ation Typ	e* [	New	Up	date								
(To be filled	by financ	ial institutio	n) KYC N	lumber							(Mandate	ory for I	KYC upd	ate requ	uest)	
7						<b>(D)</b>		=	0							
						(Please see (In case of						EU (A		411		
	Current /	remanent	Overseas	S Address	details	(in case of	multiple co	rresponde	ence / loca	ii addres	sses, pieas	se IIII Ar	inexure A	1)		
Line 1*																
Line 2																
Line 3											City / Tow	n / Villa				
District*					Pin / Po	ost Code*			State	/ U.T (	Code*		ISO 316	6 Coun	try Code	<b>*</b>
2. CON	TACT DE	TAILS (AI	communic	cation will		on provided Tel. (Res)	d Mobile n	o. / Email	ID) (please	e refer i	nstruction Mob		end)			
AX						Email ID										
3. APP	LICANT	DECLAR	ATION													
I hereby dec therein, imm for it.						of my knowled untrue or mislea										
<ul> <li>I hereby con</li> </ul>	nsent to receiv	ing information	from Central K	YC Registry to	hrough SM	S/Email on the a	above registere	ed number/en	nail address.							
Date :				F	Place :							Sign	ature / Thu	mb Impres	ssion of App	plicant

#### Annexure B1

#### CENTRAL KYC REGISTRY | Know your Customer (KYC) Application Form | Individual | Related Person



#### Important Instructions

- A) Fields marked with '\*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- 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.

For office use only (To be filled by financial insti		Update (Mandatory for KYC update request)
1. DETAILS OF RELAT	ED PERSON (please refer instruction G at the end)	
Addition of Related Person	Deletion of Related Person K	YC Number of Related Person (if available*)
Related Person Type*	Guardian of Minor Assignee	Authorized Representative
ame*		
	(If KYC number and name are provided, below details	of section 1 are optional)
PROOF OF IDENTITY [Pol	OF RELATED PERSON* (Please see instruction (H) a	at the end)
A- Passport Number		Passport Expiry Date
B- Voter ID Card		
C- PAN Card		
D- Driving Licence		Driving Licence Expiry Date
E- UID (Aadhaar)		
F- NREGA Job Card		
	t notified by the central government) s Account - Document Type code	Identification Number
S- Simplified Measure     APPLICANT DECI     I hereby declare that the details fur therein, immediately. In case any of for it.	ARATION  Also a decount and correct to the best of my knowledge and the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be false or untrue or misleading or the above information is found to be above information in the above in the a	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable
S- Simplified Measure     APPLICANT DECI     I hereby declare that the details fur therein, immediately. In case any of for it.	ARATION  hished above are true and correct to the best of my knowledge and	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable
S- Simplified Measure  2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any o for it.  I hereby consent to receiving inform Date:	ARATION  hished above are true and correct to the best of my knowledge and fithe above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above registers.	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.
S- Simplified Measure  2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any of for it.  I hereby consent to receiving inform Date:  3. ATTESTATION / Formal State of the Consensus of the Con	ARATION  Inished above are true and correct to the best of my knowledge and the above information is found to be false or untrue or misleading or the above the control of the above the above information is found to be false or untrue or misleading or the above responsible to the above responsibl	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.
S- Simplified Measure  2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any of for it.  I hereby consent to receiving inform Date:  3. ATTESTATION / For Documents Received	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or nation from Central KYC Registry through SMS/Email on the above registry	Identification Number  belief and 1 undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.
2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any o for it.  I hereby consent to receiving inform Date:  3. ATTESTATION / For Documents Received  KYC VER	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above reginated in the second of	belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant  INSTITUTION DETAILS
2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any o for it.  I hereby consent to receiving inform Date:  3. ATTESTATION / For Documents Received  KYC VER	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above reginated in the second of	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant
2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any of for it.  I hereby consent to receiving inform Date:  3. ATTESTATION / For Documents Received  KYC VER Date Emp. Name	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above reginated in the second of	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant  INSTITUTION DETAILS  Name
2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any of for it.  I hereby consent to receiving inform Date:  3. ATTESTATION / For Documents Received  KYC VER  Date  Emp. Name  Emp. Code	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above reginated in the second of	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant  INSTITUTION DETAILS  Name
2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any of for it.  I hereby consent to receiving informodate:  3. ATTESTATION / For Documents Received  KYC VER  Date  Emp. Name  Emp. Code  Emp. Designation	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above reginated in the second of	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant  INSTITUTION DETAILS  Name
2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any of for it.  I hereby consent to receiving informodate:  3. ATTESTATION / For Documents Received  KYC VER  Date  Emp. Name  Emp. Code  Emp. Designation	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above reginated in the second of	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant  INSTITUTION DETAILS  Name  Code
2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any of for it.  I hereby consent to receiving informodate:  3. ATTESTATION / For Documents Received  KYC VER  Date  Emp. Name  Emp. Code  Emp. Designation	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above reginated in the second of	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant  INSTITUTION DETAILS  Name
2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any or for it.  I hereby consent to receiving inform Date:  3. ATTESTATION / For Documents Received  KYC VER  Date  Emp. Name  Emp. Code  Emp. Designation	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above region Place:  DR OFFICE USE ONLY  Certified Copies	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant  INSTITUTION DETAILS  Name  Code
S- Simplified Measure  2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any of for it.  I hereby consent to receiving inform Date:  3. ATTESTATION / For Documents Received	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above region Place:  DR OFFICE USE ONLY  Certified Copies	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant  INSTITUTION DETAILS  Name  Code
2. APPLICANT DECI  I hereby declare that the details fur therein, immediately. In case any of for it.  I hereby consent to receiving informodate:  3. ATTESTATION / For Documents Received  KYC VER  Date  Emp. Name  Emp. Code  Emp. Designation	ARATION  Inished above are true and correct to the best of my knowledge and if the above information is found to be false or untrue or misleading or mation from Central KYC Registry through SMS/Email on the above region Place:  DR OFFICE USE ONLY  Certified Copies	Identification Number  belief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held liable gistered number/email address.  Signature / Thumb Impression of Applicant  INSTITUTION DETAILS  Name  Code

# Know Your Client (KYC) Application Form (For Individuals)

Please fill this form in ENGLISH and in BLOCK LETTERS with black ink (Please see guidelines overleaf)

Application No.

	ty Deta	ils										V <sub>e</sub>													1	rial i		164	
lame of A	Applica	nt (As a	appeari	ng in s	upporti	ng ide	ntificat	tion do	cumer	nt)														Γ					
										$\top$												1							
ather's/						_			-	_	1			_			1 1		_					-		PHO	OTO	SRAP	Н
pouse N	Name																									PI	0250	affix	
																									yo	our re	ecent	pass	
																												ograp	
Gender	Male	F	emale	Tra	ansgend	ler B.	Marita	ıl Statı	us	Single	9	Mari	ied C.	Date o	f Birth	1	D	/	M	M /	Y	Y	Y	Y					
Nationa	ality					B. Sta	atus P	lease	tick (√	1)	R	eside	nt Indiv	ridual		] No	n Res	ident			For	eign	Natio	onal					
	1 1	ſ	1 1	Ĭ	1 1		ĭ						100	1000000			10												
PAN								B. U	Inique	Ident	ificat	on N	umber	(UID)	Aadh	naar	, if any	:_											
	D	- 6 I d	liter a cole	!44																									
pecify th	ie Proof	oriden	ity sub	mitted	-																								
																										-			
Addre	ss De	ails																											
Residenc	e Addre	SS																											
		1 1			ľ	Ī									I										1				
			5	+-	-	+	+	+		+-										+						_	+		-
			-	+		+	+	-	-	+		-			-	-	-	+	+	-					+	+	+	-	
	2		_	+	$\vdash$	+	+	-	-				_		_			_	_	_					_	+	+	-	
City/Tow	vn/Village	9	7	-		_	1	_		-		_		-				+	-	_			Pin	Code	_	_	_	-	
State															Cour	ntry													
Contact [	Details																												
Tel. (Off.)	ISD	(ST	D)												Tel. (R	es.)													
Mobile	ISD	(81	D)												F	ах	ISD		STD)										
E-Mail ID.																				+									
Specify the	the proof	of add	ress su	bmitte	d for re	esiden	ce add	lress:																					
_																													
Permane	ent addre	ss (if d	ifferent	from a	above o	or over	seas a	ddres	s, man	datory	for N	lon-R	esiden	t Appli	cant)	:		1	1	ı	ī	r s	1		1	1	1	ī	
1																													
					-	_	_																						
	wn/Villag	е				+						-						+	+				Pin	Code					
	wn/Villag	е													Cour	ntry							Pin	Code					
City/Tow	wn/Villag	е					,								Cour	ntry							Pin	Code					
City/Tow	wn/Villag	e					DE	CLA	RATI	ON					Cour	ntry						S			IRE	OF A	APP	LICA	ANT
City/Tow State	clare tha	t the d	etails fu	ırnish	ed abo	ve are	e true	and co	orrect	to the	best	of my	y know	vledge	and l	belie	ef and	I und	lertal	xe to		S			IRE	OF A	APP	LICA	ANT
City/Tow State	clare tha	t the d	herein,	, imme	ediately	y. In ca	e true a	and co	orrect	to the	best	of my	y know found	rledge to be fa	and l	belie	ef and	I und	lertal	ke to		S			IRE	OF A	APP	LICA	ANT
City/Tow State	clare tha	t the d	herein,	, imme	ediately	y. In ca	e true a	and co	orrect	to the	best	of my	found	rledge to be fa	and l	belie	ef and	I und	lertal	ke to		S			IRE	OF A	APP	LICA	ANT
City/Tow State	clare tha	t the d	herein,	, imme	ediately be held	y. In ca I liable	e true a ase any for it.	and co	orrect e abov	to the	best	of my	y know found	vledge to be f	and l	belie	ef and	I und	leadi	ng or		y	IGN	ATU					
City/Tow State	clare tha	t the d	herein,	, imme	ediately be held	y. In ca I liable	e true a ase any for it.	and co	orrect	to the	best	of my	found	rledge to be f	and l	belie	ef and	I und	leadi	ng or	le 🗆	y	IGN	ATU					
City/Tow State	clare tha f any cha ting, I ar	t the danges in awa	herein, re that I	, imme may l	ediately be held	y. In ca I liable DR OI	e true asse any for it.	and co	orrect e abov	to the	rmati	on is	found Date	to be f	and I	belie or un	itrue o	rmis	leadi	ng or	le 🗆	y	IGN	ATU					
City/Tow State	clare tha f any cha ting, I ar	t the danges in awa	herein, re that I	, imme may l	ediately be held	y. In ca I liable DR OI	e true asse any for it.	and co	orrect e abov	to the	rmati	on is	Date  np of th	to be fa	and I	belie or un	itrue o	rmis	leadi	ng or	ne 🗆	y	IGN	ATU					
City/Tow State	clare tha f any cha ting, I ar	t the danges in awa	herein, re that I	, imme may l	ediately be held	y. In ca I liable DR OI	e true asse any for it.	and co	orrect e abov	to the	rmati	on is	Date  np of th	e interm	and I	belie or un	itrue o	rmis	leadi	ng or		y	IGN	ATU					
City/Tow State	clare tha f any cha ting, I ar	t the danges in awa	herein, re that I	, imme may l	ediately be held	y. In ca I liable DR OI	e true asse any for it.	and co	orrect e abov	to the	rmati	on is	Date  np of th	e interm Staff N Design	and I	belie or ur	uld con	rmis	leadi	ng or	le e	y	IGN	ATU					
City/Tow State	clare tha f any cha ting, I ar	t the danges in awa	herein, re that I	, imme may l	ediately be held	y. In ca I liable DR OI	e true asse any for it.	and co	orrect e abov	to the	rmati	on is	Date  np of th	e interm	and I	belie or ur	uld con	rmis	leadi	ng or	e 🗆	y	IGN	ATU					

#### INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

#### A. IMPORTANT POINTS:

- 1. Self attested copy of PAN card is mandatory for all clients.
- 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.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to the submitted.
- Sole proprietor must make the application in his individual name & capacity.
- 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.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 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., Head 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:

- 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).
- Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card/ Driving License.
- Identify 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.)

- Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.
- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill not more than 3 months old.

- Bank Account Statement/Passbook not more than 3 moths old.
- 4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- 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. of Statutory Authority.
- 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.
- For FII/sub account, Power of Attorney given by FII/subaccount to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
- 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.)

- 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.
- UN entities/multilateral agencies exempt from paying taxes/ filling tax returns in India.
- 4. SIP of Mutual Funds upto Rs. 50,000/- p.a.
- 5. In case of Institutional clients, namely, Fils, 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 document:

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- 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 where the client resides are permitted to attest the documents.

# N

# Know Your Client (KYC) Application Form (For Non-Individuals)

Status   Please wife complete name as per Certificate of Incorporation   Registration, leaving one box blank between 2 words. Please do not abbreviate the Name).    Part   Please wife complete name as per Certificate of Incorporation   Please wife and abbreviate the Name).    Part   Please wife   Please wif	ease fill t	his forn	n in EN	GLISH	and	in BL	.ock	LET	TER	S wit	h bl	ack	ink (	Plea	ase	see	guio	eline	s o\	/erle	eaf)			1	Арр	lica	tion	No						
Date of Incorporation Date of Commencement of Business Date of Date of Date Stablishment Defence Establishment Defence Es	Identity	y Detai	ls																		J15_3													
Date of commencement of Business D	Name of	Applican	t (Please	e write co	omple	te nan	ne as	per Ce	ertific	ate of	Incor	pora	tion /	Reg	istra	tion; l	leavii	ng one	box	blan	k be	twee	en 2 v	word	s. Pl	ease	do n	ot at	obrevi	ate th	ne Na	ime).		
Date of commencement of Business D																																		
Date of commencement of Business D									$\dagger$	+									1														1	_
PAN B. Registration No. (e.g. CiN) Please Bick (// Physical Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charites / NGOs affix the recent passport of a string photograph of Authorised Signatory and sign across it.    Fi	Date of In	corpora	tion	0 0	/ N	M	/	Y 7	Y 1	Y	Pla	ice o	f Inc	orpo	ratio	on																		
PAN B. Registration No. (e.g. CiN) Please Bick (// Physical Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charites / NGOs affix the recent passport of a string photograph of Authorised Signatory and sign across it.    Fi	Data of o	ommone	omont o	f Bucin	000	l n l	n 1/	3.8	84	11	v I	V	v I s															Г						_
PAN	Date of C	ommenc	ement o	Dusine	255	D	U	181	199	/	3	1																	P	тон	OGF	RAPI	1	
Status Please tick (x/)   Private Ltd. Co.   Public Ltd. Co.   Body Corporate   Partnership   Trust / Chartiles / NGOs   Authorised Signatory and sign across it   Fill   HUF   AOP   Bank   Covermment Body   Non-Government Organisation   Please Spc.4y   Address Details   Address for Correspondence   Addres	. PAN							E	B. Re	gistra	ition	No.	(e.g. (	CIN)															the	rece	ent p	assp		
File	Status Pl	ease tick	(V)	Private	Ltd. (	Co.		Pub	lic Lte	d. Co.		- x	Body	y Co	rpora	ate		Partr	nersh	nip	Γ	Т	rust	Cha	rities	s/N	GOs		Auth	oris	ed S	igna	tor	
Defence Establishment Body of Individuals Society LLP Others (Piesses Specify))  Address Details  Address For Correspondence  City/Town/Village	FI	FIL					Γ	Bar	nk	Γ	Go	vern	ment	Bod	v		No	n-Gov	ernm	ent (	Orga	nisa	tion						and	ı sığ	jii ac	1055	11	
Address Details  Address for Correspondence    City/Town/Village							ال دا ک								_	_																		
Address for Correspondence    City/Town/Village	Dete	nce Esta	blishmer	IT .		Body o	ot inai	viduais	5	L		ciety		L	LL	Ρ	L	Othe	ers _	11 100	VIII.	2,000	21137				_	L		_				_
Address for Correspondence    City/Town/Village	Addres	ss Deta	ails																															III S
Cly/Town/Village				ce																														
State		0,001168	Ponden		1							=																						
State									+						1													+						
State   Country   Country			4						+	+	+		+															+						
State   Country   Country	City/Tow	n/Village	1		1					1	+	$\vdash$				1										Pir	Cod	le	+					
Contact Details Tel. (Off.) ISD (STD)   Tel. (Res.) IS										+		+					Co	untry								-	T	T						
Rel. (Off.) ISD (STD)   Tel. (Res.) ISD (STD)   Tel. (	Contact D	)etails															1										1							_
Mobile ISD (STD)  Fax			(STD)														Tel.	(Res.)											Ī					
Registered Address (if different from above):    City/Town/Village			-						12	1	$\top$							Fax	ISI	)	(ST	D)												
Specify the proof of address submitted for correspondence address:  Registered Address (if different from above):  City/Town/Village  DECLARATION  We hereby declare that details furnished above are true and correct to the best of y/our knowledge and belief and I/we undertake to inform you of any changes arein, immediately. In case any of the above information is found to be false or true or misleading or misrepresenting, I am//we are aware that I/we may be held ble for it.  Place:  Date:  FOR OFFICE USE ONLY  Seal/Stamp of the intermediary should contain Signature  Originals Verified & Self-Attested Document copies received	E-Mail ID.				$\top$			+	$\top$	+	+	+						П								$\vdash$								
DECLARATION  We hereby declare that details furnished above are true and correct to the best of y/our knowledge and belief and I/we undertake to inform you of any changes are in, immediately. In case any of the above information is found to be false or true or misleading or misrepresenting, I am/we are aware that I/we may be held ble for it.  Place:    Date:   Date:   Date:							respor	ndence	e add	ress :	1		1												1		1						,	-
DECLARATION  We hereby declare that details furnished above are true and correct to the best of y/our knowledge and belief and I/we undertake to inform you of any changes are in, immediately. In case any of the above information is found to be false or true or misleading or misrepresenting, I am/we are aware that I/we may be held ble for it.  Place:  Date:  FOR OFFICE USE ONLY  Driginals Verified & Self-Attested Document copies received  Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature																										T		T						
DECLARATION  We hereby declare that details furnished above are true and correct to the best of y/our knowledge and belief and I/we undertake to inform you of any changes are in, immediately. In case any of the above information is found to be false or true or misleading or misrepresenting, I am/we are aware that I/we may be held ble for it.  Place:  Date:  FOR OFFICE USE ONLY  Driginals Verified & Self-Attested Document copies received  Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature																	T																	
DECLARATION  We hereby declare that details furnished above are true and correct to the best of //our knowledge and belief and I/we undertake to inform you of any changes erein, immediately. In case any of the above information is found to be false or true or misleading or misrepresenting, I am/we are aware that I/we may be held ble for it.  Place:    Date:   Date:   Date:   Date:   Date:   Date:   Date:   Designation   Designation	City/Tow	n/Village							$\top$						T											Pir	Cod	le						
We hereby declare that details furnished above are true and correct to the best of your knowledge and belief and I/we undertake to inform you of any changes erein, immediately. In case any of the above information is found to be false or true or misleading or misrepresenting, I am/we are aware that I/we may be held ble for it.  Place:    Date:   Date:   Date:	State											T	1				Co	untry																
We hereby declare that details furnished above are true and correct to the best of product knowledge and belief and I/we undertake to inform you of any changes are in, immediately. In case any of the above information is found to be false or true or misleading or misrepresenting, I am/we are aware that I/we may be held ble for it.  Place:    Date:   Date:   Date:								,			_			_																_				_
FOR OFFICE USE ONLY  Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature	y/our kr erein, in ntrue or	nowledg nmedia mislead	ge and tely. In	belief case a	s fur and	nishe I/we of the	ed ab unde	ove a ertak ve in	e to form	info natio	rm y n is	ou foui	of a	ny c	char fals	nges	s r		FA	UTI	HOF	RIS	ED	<b>(S)</b>										_
Driginals Verified & Self-Attested Document copies received  Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature																		Place	:										Date :					
Staff Name Designation Name of the Organization Signature			The sale								F	OR	OF	FIC	EL	JSE	ON	LY					William Control								100			2000
	Originals	Verified	& Self-	Atteste	d Do	cume	nt co	oies re	eceiv	/ed															Sei	al/Sta		S D ne of	taff Na esigna the Or Signatu	ime tion rganiz ire		d con	ain	
ne & Signature of the Authorised Signatory	ne & Sig	nature o	of the A	uthorise	ed Sig	gnator	ry		7																									_

#### INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

#### A IMPORTANT POINTS

- 1. Self attested copy of PAN card is mandatory for all clients.
- 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.
- If any proof of Identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 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.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 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:

- 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).
- 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.
- 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.)
  - Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.

- 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.
- Self-declaration by High Court and Supreme judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazatted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
- 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.
- 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 undertake 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/filling tax returns in India.
- 4. SIP of Mutual Funds uptoRs. 50,0000/- 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:

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank of Multinational Foreign Banks (name, Designation & Seal should be affixed on the copy).
- 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> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>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).</li> <li>Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>Photograph, POI, POA, PAN of individual promoters holding control – either directly or indirectly.</li> <li>Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>Copy of the Board Resolution for investment in securities market</li> <li>Authorized signatories list with specimen signatures</li> </ul>
Partnership firm	<ul> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>Certificate of registration (for registered partnership firms only).</li> <li>Copy of partnership deed.</li> <li>Authorized signatories list with specimen signatures.</li> <li>Photograph, POI, POA, PAN of Partners.</li> </ul>
Trust	<ul> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>Certificate of registration (for registered trust only). Copy of Trust deed.</li> <li>List of trustees certified by managing trustees/CA.</li> <li>Photograph, POI, POA, PAN of Trustees.</li> </ul>
HUF	<ul> <li>PAN of HUF.</li> <li>Deed of declaration of HUF/List of coparceners.</li> <li>Bank pass-book/bank statement in the name of HUF.</li> <li>Photograph, POI, POA, PAN of Karta.</li> </ul>
Unincorporated Association or a body of Individuals	<ul> <li>Proof of Existence/Constitution document.</li> <li>Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>Authorized signatories list with specimen signatures.</li> </ul>
Banks/Institutional Investors	<ul> <li>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</li> <li>Authorized signatories list with specimen signatures.</li> </ul>
Foreign Institutional Investors (FII)	<ul> <li>Copy of SEBI registration certificate.</li> <li>Authorized signatories list with specimen signatures.</li> </ul>
Army/Government Bodies	Self-certification on letterhead.     Authorized signatories list with specimen signatures.
Registered Society	<ul> <li>Copy of Registration Certificate under Societies Registration Act.</li> <li>List of Managing Committee members.</li> <li>Committee resolution for persons authorized to act as authorized signatories with specimen signatures.</li> <li>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>

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

Name of App	olicant				PAN of the Applicant		
Sr. PAI	N	Name	DIN (For Directors)/ UID (For Others)	Residential/ Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
		·				PEPRP NO	.*
						PEP RPEP NO	
						PEP RPEP NO	
						☐ PEP ☐ RPEP ☐ NO	
	2					☐ PEP ☐ RPEP ☐ NO	
Name & Sign	ature of the /	Authorised Signatory(ies)	Date	D D / M M / Y	. PI	EP : Politically	Exposed Person to Politically Exposed Person

#### **DECLARATION BY HUF AND CONSENT LETTER**

	To, <b>Unlock</b>	Wealth Securities Limited				
V	Vith reg	ard to Trading Account maintained in	n the name & St	yle		with Unlock Wealth
S	Securitie	s Ltd., we the following family members	s, being the co-par	ceners in the	aforesaid HUF ac	count do hereby give
C	ur conse	ent that the Karta, viz	would	operate abov	e mentioned Tradi	ng account.
		Details of our HUF a	and all its co-pare	ceners are s	tated below :	
	Sr. No.	Name of Family Member	Date of Birth (DD/MM/YYYY)	Gender	Relationship with Karta	Signature
			y .			
			*			
	I hereb	y state that details mentioned above a	re true and any ch	ange in them	would be intimate	ed to you in writing
	Name	of HUF				Signature of Karta
	Name	of Karta	_			(HUF Rubber Stamp)
			á			

#### TRADING ACCOUNT RELATED DETAILS

w						or Individu	uals & Non-Inc	dividuals
TAIL	Bank Name					ank A/c No.		
S) DE	Dank Name				Die	ATIK AVC INO.		
BANK ACCOUNT(S) DETAILS	Branch Address							~
K ACC	Account Type	Saving A/c			(	Current A/c		
	/ toocant Typo	Others - In cas	e of NRI-NRE	/NRO				
A.	MICR Number					IFSC Code		
VT(S)	Depository Particip	oant Name						
DEPOSITORY ACCOUNT(S) DETAILS	Depository Name (NSDL/CDSL)		-					<
TORY ACC	Beneficiary Name							
POSI	DP ID		1 10000					
B. DE	Beneficiary ID (BC	DID)						
3. Ple	Net-worth in ₹ (*Net *) ccupation (Please tick (* Private Sector Service Housewife	/) any one and give br	ief details) :  Government ex Dealer  Exposed Person	Service Busi Others (Please sp	ness ecify)	Professional	Agriculturist	Retired
CO	ther Details for on-Inc	lividuals						
1. Gr 2. Ne 3. Is - F	toss Annual Income Det-worth in ₹("Net work the entity involved/pit for Foreign Exchange / Money Lending / Pawning the Other information:	th should not be older  roviding any of the oney Changer Services  YES NO	than 1 year) following servi	as on (date	e) D D	/ M M /	YYYY	
	D TOATI	IC DDEEEDERS					,	
		IG PREFERENCE		a vou wich to tr	ade Di	ease strike	off the segment	t not
	chosen by		noxes where	e you wish to tr	aue. Pi	ease strike (	on the segment	, not
	Exchanges			NSE, BSE 8	MSEI			
	All C	t- C-sl-		F 9 0		Curron		

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

	ACT	

Details of any action/proceedings imitated /pending / taken by SEBI / Stock Exchange (s) / 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:

F. DEALINGS THROUG	H AUTHORISE	ED PERSONS AND	OTHER STO	CK BROKERS	
If client is dealing thre	ough the Auth	orised Person, prov	ide the follo	wing details :	
Authorised Person's Na	ime :				
SEBI Registration number	per(s):	BSE : INS	NSE	: INS	MSE : INS
Registered Office Addre	ess:		,		
Ph:		Fax:			
Website/E-mail ID :					
Whether dealing wire     Authorised Persons			rised Persor	ı (In case dealing wit	h multiple stock brokers/
Name of Stock Broker :					
Name of Authorised Pe	rson if any :				
Client Code :			Exchange :		
Details of disputes/dues stock broker/Authorised		/ to such		2	
<ul> <li>In case of any</li> <li>Whether you</li> <li>Number of ye</li> <li>In case of not authorized to</li> <li>I wish to rece</li> </ul>	change in the of	e-mail Id, I/We shall covail of the facility ent/Trading Experience ame, designation, PA es on behalf of compa	ommunicate to of interne ce: N, UID, signa ny/firm/others	ture, residential address: Information is given o	
H. INTRODUCER DE	TAILS				
Name & Code of the Introducer	Surname	N	ame	Middle Nan	ne Code
Status of the Introducer	Authorise	d Person		Existing Cli	ent
Address of the Introducer					
Ph. No. of the Introducer				Signature of the Introducer	



#### UNLOCK WEALTH SECURITIES LIMITED

(FORMERLY UPSE SECURITIES LIMITED)
CIN: U67120UP2000PLC025330

"PADAM TOWERS", 14/113, CIVIL LINES, KANPUR - 208 001 DPID: 13061300 SEBI Reg. No. IN-DP-CDSL-691-2013

MEMBER: BSE, MSEI, NSE • SEBI Regn. No.: INZ000159835.• IDs BSE-298, NSE-11168, MSE-15000 Telephone No.: (0512) 2338220 • Fax No.: (0512) 2338220 • Email: upsesectd@gmail.com

#### **Nomination Form**

[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

TM / DP Unlock Wealth Securities Limited "Padam Towers", 14/113, Civil Lines, Kanpur - 208 001					(	To be					NATION ing singly or join	ntly)				и	
Date	е			UCC/ DP	ID						Client ID						
Nor	mination De	ke a nomination tails ke a nomination account in the	on and	do hereby	nomin	ate t		llowi	ng per	rson	(s) who sha	all n	eceiv	e all	the a	sse	ts
No	mination ca	in be made u	pto unt.	Details o	f 1 <sup>st</sup> No	min	iee	De	tails o	f 2 <sup>™</sup>	Nominee	De	tails	of 3	No.	min	ee
1.	Name of the (Mr./Ms.)	e nominee(s)															
2.	Share of each Nominee	Equally [If not equally,					%				%					0	/6
		please specify percentage]		Any odd lot after division shall be transferred to the first nominee mentioned in the form.													
3.	Relationshi Applicant (																
4. Address of Nominee(s)  City / Place: State & Country:					2* g	. ,								9			
	The state of the s	PIN Code															
5.	Mobile / Te	lephone No. o	f										E		. 19		
6.	Email ID of	nominee(s)															
7. Nominee Identification details [Please tick any Tole of following and provide details of same]  Photograph & Signature PAN Adhaar Saving Bank account no.  Proof of Identity  Demat Account ID		g and AN															

Signature(s) of holder*
V
Si

#### Note:

- 1. This nomination shall supersede any prior nomination made by the account holder(s), if any.
- The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

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

		Officek Wealth Securities Ltd.			
I. NOMINATION DETAILS (For	· Individual only)				
I wish to nominate		I do not wish to nominate			
Name of the Nominee		Relationship with the Nominee			
PAN of Nominee					
Date of Birth of Nominee	D D / M M / Y Y	Y   /			
Address and Phone No. of Nominee					
If Nominee is a minor, details	of guardian :				
Name of Guardian :					
Address and phone No. of Guar	rdian :				
Signature of Guardian :					
WITNESSES (only applicable in	n case the account holder has	made nomination)			
Name		Name			
Signature		Signature			
Address		Address			
I/we undertake to inform yo	ne details furnished above are to ou of any changes therein, imme	<b>RATION</b> true and correct to the best of my/our knowledge and belief and ediately. In case any of the above information is found to be false ware that I/we may be held liable for it.			
I/We confirm having read/ stock broker and the tariff s		d the contents of the document on policy and procedures of the			
I/We further confirm havin Disclosure Document'. I/W	ng read and understood the co	ontents of the 'Rights and Obligations' document (s) and 'Risk d by such provisions as outlined in these documents. I/We have has been displayed for information of Unlock Wealth Securities			
Place		()			
Date		Signature of Client (all) Authorized Signatory (ies)			
UNDERTAKING					
We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. We have also made the client aware of 'Right and Obligations' document (s), RDD and Guidance Note. We have given/sent him a copy of all the KYC documents. We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents will be duly intimated to the clients. We also undertake that any change in the 'Rights and Obligations' and RDD will be made available on our website for the information of the clients.					
Signature of the Authorized Signatory of Unlock Wealth Securities Lim	iited	Seal/Stamp of			
Date		Unlock Wealth Securities Limited			

#### 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/Authorised Person'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 document 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. For 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.

Authorised Parson Details (Unlock Wealth Securities Ltd. - BSE/NSE/MSE Authorised Person)
(Through Whom Client Want to Trade)

Name of Authorised Person : (Through Whom Client Want to Trade	·)					
Address:						
City:	Pin Code :		State:			
Country:	Tel. No. :		Mobile :			
Fax:	Email ID :					
PAN:						
Client Name :	Date :		ate or Other Signatory, then sign. with seal)			
Declaration by the Authorized I	Person (Unlock Wealth	h Securities Ltd. –	BSE/NSE/MSE Authorised Person)			
trades of the above client.  I/We hereby authorize you to adjust the Account or to capital adequacy deposit  I/We further authorize you to credit th	I/We hereby authorize you to adjust the shortfall, if any, of margin/settlement dues of the above client by debit to my/our Bank Account or to capital adequacy deposit.  I/We further authorize you to credit the shortfall amount so debited to my/our bank account or to my/our capital adequacy account to the client account for meeting the shortfall reducing thereby balance in the bank account or in the capital adequacy					
Authorised Person Name :		Authorised Person Signature				
Place :	Date :	(If Partner, Corporate or Other Signatory, then sign. with seal)				
DOCUMENTARY EVIDENCE OF FINANCIAL DETAILS FOR TRADING IN DERIVATIVES SEGMENTS  In respect of trading in derivatives segments, I/we here with submit self attested two documentary evidence (ticked) for financial information, out of following:  1. Copy of income tax return acknowledgment.  2. Copy of annual accounts.  3. Copy of Form 16 in case of salary income.  4. Net worth certificate.  5. Salary Slip.  6. Bank Account Statement for last 6 months.  7. Copy of Demat Account Holding Statement.						
Client Signature		Authorised	Person Signature			

#### **Policies and Procedures**

#### 1. Penny Stocks

Unlock Wealth Securities Limited shall be at liberty to refuse trades in Penny stocks i.e. illiquid securities identified by the Exchanges.

#### 2. Client's Exposure Limits

The Client shall abide by the exposure limits, if any, set by the Sub-broker or Unlock Wealth Securities Limited or by the Exchanges or Clearing Corporation or SEBI from time to time.

#### 3. Brokerage Rate

The Client shall pay to Unlock Wealth Securities Limited brokerage and statutory levies as applicable from time to time and as they apply to client's account, transactions and to the services that Unlock Wealth Securities Limited and/or Authorised Person render to the client. Unlock Wealth Securities Limited/Authorised Person shall not charge brokerage more than the maximum brokerage permissible as per the Rules, Bye-Laws and Regulations of the Exchanges/ SEBI.

#### 4. Imposition of Penalty

All Parties i.e. Unlock Wealth Securities Limited, Authorised Person and Client shall abide by the penalty norms, if any, for delayed payments and other violations, set by the Unlock Wealth Securities Limited or by the Exchanges or Clearing Corporation or SEBI from time to time, as per below mention in Tariff sheet.

5. Right to Sell Client's Securities (including Return of Excess Securities, Liquidation of Securities in case of Non-fulfillment of fund obligation and Payment Terms)

Without prejudice to the other rights, Unlock Wealth Securities Limited shall be entitled to liquidate (sell Client's securities)/close out all or any of the Client's

**BSE. NSE &** 

positions for non payments of margins, pay-ins, outstanding debts or other amounts, limited to the extent of settlement/margins obligations, and adjust the proceeds of such liquidation/close out, if any, against the client's liabilities/obligations, without giving notice to the client. All losses and financial charges on account of such liquidation/close out shall be charged to and borne by the client. However, no excess securities will be retained and returned to client's respective demat account.

#### 6. Shortages in internal Nettings

Client shall be liable to make good all the shortages in obligations arising out of internal netting of trades.

#### 7. Client's Position

Under the conditions, if any, specified by Unlock Wealth Securities Limited or by the Exchanges from time to time, the Client shall not be allowed to take further position or Unlock Wealth Securities Limited may close the existing position of the client.

#### 8. Client's Request

On receipt of written request of the client, his account shall be closed or temporarily suspended.

#### 9. Deregistration of Client

The Client shall be put in the inactive list or finally deregistered, under the policy specified Unlock Wealth Securities Limited or by the Exchanges or Clearing Corporation or SEBI from time to time.

#### 10. Prevention of Money Laundering Act, 2002

**BSE, NSE &** 

The Client and Authorised Person shall abide by and adhere to policy framed by Unlock Wealth Securities Ltd. from time to time on prevention of Money Laundering.

BSE &

#### **TARIFF**

**BSE, NSE &** 

BOKERAGE DETAILS :	MSE Cash	MSE Futures	MSE Option	MSE C D
JOBBING				
MINIMUM				
DELIVERY			20 21 2 3, -	
MINIMUM				
GST, Securities Transaction also be charged as applicable Other charges minimum Rs.	e from time to time. 10/-  /per	contract note adjustable	against total brokerage.	nd other levies, if any, will
DP Charges, if any, will also b	e charged. Delay Payme	ent Charges (DPC) will b	e charged @ 18% p.a	
Client	Aut	horised Person	CEO-Unlo	ck Wealth Securities Ltd
Date :				

## MANDATORY Declaration by the Proprietorship Firm

	y the Proprietorship Firm					
Date:		ANNEXURE – 1				
Unlock Wealth Securities Limited						
Padam Towers, 14/113, Civil Lines, Kanpur – 20800	)1					
Dear Sir/Madam,						
Ref. : Cli	ent Code					
I refer to the trading account opened with you in authorize you as under;	n the name of	and declare and				
I recognize that a beneficiary account cannot be concern as per regulations. To facilitate the operations the share transfer obligations pursuant to the trace	on of the above trading account with y ding operations, I authorize you to re	you and for the purpose of completing ecognize the beneficiary account no.				
Opened in the name of the undersigned who is the s		Tidino				
I agree that the obligation for shares purchased and transfer (s) to/from the above mentioned account. I completion of obligations by you in respect of trade	I recognize and accept transfers made	e by you to the beneficiary account as				
Further, I, the undersigned, am the sole proprietor advise you in writing of any change that takes place liable to you for all the obligations that the concern discharge such liabilities.	ce in the constitution of the proprietor	rship concern and I will be personally				
else. The said amounts so given shall be solely/e	The cheques/DDs (electronic/physical) may be issued by me from my individual account or my joint account with someone else. The said amounts so given shall be solely/exclusively for credit to the account of my sole proprietorship concern M/s with Unlock Wealth Securities Limited. I					
shall/not lay any claim whatsoever in future against issued from any individual/Joint account, credit of w	shall/not lay any claim whatsoever in future against Unlock Wealth Securities Limited for affording credit of such cheques/DDs issued from any individual/Joint account, credit of which has been provided by Unlock Wealth Securities Limited to the account of my proprietorship concern M/s.					
Thanking you,						
Yours faithfully,						
Signature of the Proprietor along with the Stamp of	the Proprietorship Concern					
Name of the Proprietor:						
M	ANDATORY					
Date: Authority Lette	er by the Partnership Firm	ANNEXURE – 2				
Unlock Wealth Securities Limited		7.111E/1017E				
Padam Towers, 14/113, Civil Lines, Kanpur – 20800	01					
Dear Sir/Madam,						
	ient Code					
We the undersigned, Partners of M/sand/or other investment product (s) or the services		carrying on business of securities				
We the partners, Jointly authorize our partner, Mr./ to you as our stock broker for securities, trades, fun connection purporting to be done on behalf of the fin until liabilities, if any, accrued in respect of such acts	nds, investments etc. and undertake th rm shall be binding on the firm and eac	at all the acts of the said partner in this				
Thanking you,						
Full Name of the Partners	Individual Signatures	Signature on behalf of the Firm				
1.		ga.a				
2.		,				
2						

Signature of Authorised Partner Stamp/Seal of the Partnership Firm

4.

#### **MANDATORY**

(Details on this page are meant for Corporate Client) Board resolution in case of the Corporate Client

Date:					ANNEXURE-3
CERTIFIEN	D TRUE COP	Y OF THE I	RESOLUTION PASSED	IN THE MEETING OF TH	HE BOARD OF DIRECTORS OF
M/S					HAVING ITS
					DAY
RESOLVED Limited, Me Unlock Wea	THAT mber of BSE, NaIth Securities	ISE & MSE f	or dealing in the capital r and is hereby authorized	(name of the Company) ag narket (cash, F & O and Cui	ree with Unlock Wealth Securities rrency Derivatives Market and that I/written or electronic, as the case
Sr. No.			Name		Designation
1.	= = = = = = = = = = = = = = = = = = = =				d.
2.					
3.					
governmen Securities L	t Securities ar imited on beha	nd/or any other	ner investment products pany.	s of services and/or other	s, debentures, debt, IOPs, MFs, wise deal through Unlock Wealth
Authorized agreement	signatory of the	company be uisite docum	e and are hereby authoriz	Director and/or Mr./ red to sign, execute and sub s may be deemed necessar	/Ms mit such applications, undertaking, y or expedient to open account and
			mon seal of the Compan en of the presence.	y be affixed, wherever nece	ssary, in the presence of any of the
For			(name o	of the Company)	
	Signature of th Resolution	e director au	thorized		nature of the Authorized Signatory der this Resolution
,		(ATTESTI	ED TO BE TRUE COPY	OF THE BOARD RESOLU	JTION)
Date:			MANDA Shareholding pattern		ANNEXURE – 4
	ealth Securities	Limited			
	wers, 14/113, 0		•		
Dear Sir/N	nadam,		Ref. : Client Code _		
We hereb	y certify that the	e understate	d director/individual etc.	hold 5% or more of the sha	reholding in our company :
	Name of the F	erson	No. of shares	% of shareholding	Relationship/Designation
1.					
2.					
3.		1	,		
4.					
5.					
				· ,	

#### VOLUNTARY

Date:	ANNEXURE-5
Unlock Wealth Securities Limited Padam Towers, 14/113, Civil Lines, Kanpur – 208001	
Dear Sir/Madam,	
Sub Authorization for Deposit of Collateral (margin)	with BSE/NSE/MSE/ICCL/NCL/MSECCL and Clearing Member for trading.
I/We, being registered with	you to trade in am/are required to deposit margins with you.
·	th BSE/NSE/MSE/ICCL/NCL/MSECCL and Clearing Member as the
Thanking you,	
Yours Faithfully,	
Signature (s)	(Counter Signature of Authorised Person)
Name (s)	With Stamp/Seal
Stamp/Seal of the Client:	
Note: If Authorised Person himself/itsel	If is client, then he/it has to sign at both the places.
V	OLUNTARY ANNEXURE-6
	- AMEAGNE'S
Date:	
Unlock Wealth Securities Limited	· ·
Padam Towers, 14/113, Civil Lines, Kanpur – 208001	
Dear Sir/Madam,	
Ref. Client Co	
	horization Receipt & Payment of Funds
with them, instead of daily settlement of funds due to me Securities Limited and I/we agree not to claim any interest them. The funds so retained shall be available to Unlock I/we further agree that Unlock Wealth Securities Limited sequential, incidental, special or exemplary damages	orms relating to pay out of securities and funds. In order to facilitate orize Unlock Wealth Securities Limited to maintain a running account e/us. Further, the pay-out of funds may be retained by Unlock Wealth st from Unlock Wealth Securities Limited on such funds so retained by k Wealth Securities Limited for exposure/margin purposes for me/us. white shall not be liable for any claim for loss or profit or for any standard by retention of such funds under this agreement.
On written request by me/us to Unlock Wealth Securities Limited may release the funds to me/us, if sufficient may Exchanges are available with Unlock Wealth Securities L	es Limited through the Authorised Person, Unlock Wealth Securities argins in respect of my/our trading across all segments of the stock limited.
I/we hereby agree that I/we shall confirm the statement of statements in this regard being issued by Unlock W	of funds within one month (preferably within 7 working days) of receipt fealth Securities Limited, failing which it is agreed by me/us that the urities Limited is proper and correct. This running account request and
I/We request to settle my account, funds, once in a calend	dar month/quarter and accordingly send the statements.
I/we request you to send me/us statements of account of	funds and securities etc. by email on the email ID, if provided for ECN.
Thanking you,	
Yours faithfully, Signature (s)	*
Name (s)	•
Stamp/Seal of the Client:	
Note: In case the client is an individual, then the above firm/company, then the above should be signed by the pa	e should be signed by him/her and in case the client is a partnership artners/directors.

# VOLUNTARY AND OTHER DOCUMENTS

#### **VOLUNTARY**

Da	Date: ANNEXURE-7						
Un Pa	To, Unlock Wealth Securities Limited Padam Towers, 14/113, Civil Lines, Kanpur – 208001 Dear Sirs,						
	th refer	Sub. : SIrence to SEBI Circular No . CIR/MIRSD	MS and E-mail Ale /15/2011 dated 02.0		to avail the followir	ng facility (ticked in	
1.	SMS	SAlertor					
2.	Ema	ail Alerts or					
3.	Both	n (SMS and Emails) Alerts					
M	y/our M	obile No. is		(Co	ompulsory for any of	aforesaid facility).	
M	y/our E	mail ID is		(Co	ompulsory for facility	/ no. 2 & 3)	
Af af	oresaid oresaid	d Mobile no. and Email ID are also use I ticked facility, and, as per requirement, r	ed for/by your follow my PAN be recorded	wing clients (my re d as Master PAN in t	lations), who also whe Client Registration	wished to avail the on System.	
	S.No.	Relationship	Name	Client Code	PAN	Signature	
	1.	Dependent Mother					
	2.	Dependent Father					
	3.	Spouse					
	4.	Dependent Major Children :					
		(I)	v				
	(ii)						
	(iii)						
	Yours faithfully						
(S	Signatur	re of the Client)					

#### **Unlock Wealth Securities Ltd.**

Date:

#### **Unlock Wealth Securities Limited**

(Formerly known as UPSE Securities Limited) 'PADAM TOWERS'. 14/113, Civil Lines, Kanpur, 208001 CIN: U67120UP2000PLC025330

Phones: 2338134 Telefax: 91 - 512 - 2338220

E-mail:upsesecltd@gmail.com

E-mail ID for investor complaints: upseseccomplaints@gmail.com

Member: BSE Limited SEBI Registration Numbers INB 01116838 & INF 011116838

Member: National Stock Exchange of India Ltd.

SEBI Registration Numbers INB 231116832 & INF 231116832

To,

Member: Metropolitan Stock Exchange of India Ltd., SEBI Registration Numbers INE 261116838, INB 261116835 & INF 261116835

Client N	lame:	Client Code:
Addres	s:	,
Authori	ised Person	
	Sub : Client Registrat	tion Documents
	s of SEBI guidelines issued from time to time, following are tock Broker for trading:	the mandatory documents required for registration of a client
a)	KYC Application/Account Opening Form (Booklet-I)	
b)	Trading Account Related details (Booklet - I)	
c)	Rights and Obligations (Booklet-II)	
d)	Risk Disclosure document (Booklet-II)	
e)	Guidance Note (Booklet-II)	
f)	Policies and Procedure (Booklet-I)	
	onal clauses of document, as mentioned in the KYC Booklets e meant for satisfaction about the antecedents of the client.	s, are voluntary, at the discretion of the member and the client
	We undertake to submit any other document (self-attested led cheque, DP Master, etc.	d)to the member e.g. copy of Bank Statement/Pass Book,
Cl www.u	lient is requested to check his ledger account, holding, our upsecindia.com through on line office icon. You client code is	utstanding position, contract notes and margin regularly at syour login and your default password is your PAN.
The de		ilable at our websitewww.upsecindia.com you can read
		Name & Signature with Stamp of Authorised Person
Your e	-mail ID as recorded by us is as under	
		Received a copy of my KYC Application/Account Opening Form & Booklets (KYC Form with all attachment)
For Ul	NLOCK WEALTH SECURITIES LIMITED	Signature
	4	Name
Chief	Executive Officer	(Acknowledgement of the Client) Date :

Date:

#### **Unlock Wealth Securities Limited**

(Formerly known as UPSE Securities Limited)
'PADAM TOWERS'. 14/113, Civil Lines, Kanpur, 208001
CIN: U67120UP2000PLC025330

Phones: 2338134 Telefax: 91 – 512 – 2338220

E-mail :upsesecltd@gmail.com

To.

E-mail ID for investor complaints: upseseccomplaints@gmail.com

Member: BSE Limited SEBI Registration Numbers INB 01116838 & INF 011116838

Member: National Stock Exchange of India Ltd.

SEBI Registration Numbers INB 231116832 & INF 231116832

Member: Metropolitan Stock Exchange of India Ltd., SEBI Registration Numbers INE 261116838, INB 261116835 & INF 261116835

Client N	lame:	3	Client Code:			
Addres	S:	a a				
Author						
		Sub : Client Registra				
In term with Ste	s of SEBI guidelines issued from ti ock Broker for trading:	me to time, following are	the mandatory documents required for registration of a client			
a)	KYC Application/Account Openin	ng Form (Booklet-I)				
b)	Trading Account Related details	(Booklet-I)				
c)	Rights and Obligations (Booklet-	·II)				
d)	Risk Disclosure document (Book	klet-II)				
e)	Guidance Note (Booklet-II)					
f)	Policies and Procedure (Booklet	-l)				
Additio and are	nal clauses of document, as menti meant for satisfaction about the a	oned in the KYC Booklets ntecedents of the client.	s, are voluntary, at the discretion of the member and the client			
I/V cancell	Ve undertake to submit any other ed cheque, DP Master, etc.	document (self-attested	d)to the member e.g. copy of Bank Statement/Pass Book,			
Cli www.u	ent is requested to check his led osecindia.com through on line offic	ger account, holding, or e icon. You client code is	utstanding position, contract notes and margin regularly at your login and your default password is your PAN.			
The do	cuments mentioned at Serial N		lable at our websitewww.upsecindia.com you can read			
and do	wnload.					
			Name & Signature with Stamp of Authorised Person			
Your e-	mail ID as recorded by us is as und	er				
			· · · · · · · · · · · · · · · · · · ·			
			Received a copy of my KYC Application/Account Opening Form & Booklets (KYC Form with all attachment)			
For UN	LOCKWEALTH SECURITIES LIN	MITED	Signature			
			Name			
Chief E	xecutive Officer		(Acknowledgement of the Client) Date:			