

INDEX

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MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

1	Account Opening Form - Individual	KYC Form for Individual Client - Basic information about the client.	2-16
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4	Uniform Risk Disclosure Document	Document detailing the risk associated with dealing in Securities & Commodities Market.	Provided Separately
5	Rights & Obligations - Trading	Document stating the rights & obligations of member, authorised person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	
6	Rights & Obligations - DP	Document stating the rights & obligations of member and client for depository services on depositories.	
7	Rights & Obligations - RP	Document stating the rights & obligations of member and client for electronic warehouse receipts services on repositories.	
8	Do's & Don'ts for Investors	Document detailing do's & don'ts for trading on exchanges, for the education of investors.	
9	Policies & Procedures	Document detailing significant policies & procedures of the member.	

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6	Additional Terms & Conditions	Additional terms and conditions agreed between the client and the member.	Provided Separately

= Affix full signature

Y = Corporate Account

● = Second Holder signature

◆ = Third Holder signature

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.
- 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 of 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"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<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* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

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

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

 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*

 5. CONTACT DETAILS (All communications 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 [PoI] 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

 7. REMARKS (If any)**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 : -- Place :

 2 [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

 Documents Received Certified Copies

 Intermediary Name: **Acumen Capital Market (India) Ltd**

 IPV Done on --
Document Verified With Originals

Emp. Name:

Emp. Code:

Emp. Designation:

Emp. Signature:

Client Interviewed by

Emp. Name:

Emp. Code:

Emp. Designation:

Emp. Signature:

KYC and In Person Verification (IPV) Carried Out By

Emp. Name:

Emp. Code:

Emp. Designation:

Emp. Signature:

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.
- 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 of 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"/> B-Business	<input type="checkbox"/> Student		
	<input type="checkbox"/> X- Not Categorized			

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* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

Version X 2020-2021

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

 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*						

 5. CONTACT DETAILS (All communications 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*	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative			
Name*	Prefix	First Name	Middle Name	Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction **H** at the end)

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

 7. REMARKS (If any)

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 : -- Place :

[Signature / Thumb Impression]



Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

 Documents Received Certified Copies

 Intermediary Name: **Acumen Capital Market (India) Ltd**

 IPV Done on --
Document Verified With Originals
Client Interviewed by
KYC and In Person Verification (IPV) Carried Out By

Emp. Name:
Emp. Code:
Emp. Designation:
Emp. Signature:

Emp. Name:
Emp. Code:
Emp. Designation:
Emp. Signature:

Emp. Name:
Emp. Code:
Emp. Designation:
Emp. Signature:

CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC APPLICATION FORM | INDIVIDUAL)

Important Instructions:

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- 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 of the sections not required to be updated.




For office use only <i>(To be filled by financial institution)</i>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update
	KYC Number <input type="text"/> (Mandatory for KYC update request)
	Account Type* <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> 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* City / Town / Village* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

 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*						

 5. CONTACT DETAILS (All communications 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*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative		
Name*	Prefix	First Name	Middle Name	Last Name			

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction **H**) at the end)

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

 7. REMARKS (If any)

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 : -- Place :

[Signature / Thumb Impression]



Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY
Documents Received Certified Copies

 Intermediary Name: **Acumen Capital Market (India) Ltd**

 IPV Done on --
Document Verified With Originals

 Emp. Name:
 Emp. Code:
 Emp. Designation:
 Emp. Signature:

Client Interviewed by

 Emp. Name:
 Emp. Code:
 Emp. Designation:
 Emp. Signature:

KYC and In Person Verification (IPV) Carried Out By

 Emp. Name:
 Emp. Code:
 Emp. Designation:
 Emp. Signature:

CENTRAL KYC REGISTRY | 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.
- 5 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 (✓) 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 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/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 mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes 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 [PoI]' section

- 1 If driving license 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 one of the following documents can also be submitted and undernoted 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, Scheduled Commercial Banks, and Public Financial Institutions.
02	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 PoI does not have an address or address as per PoI 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
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	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 listed companies. Similarly, leave and license 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

- 1 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 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 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 [PoI] 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	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two - digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	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)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	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	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

Acumen Capital Market (India) Limited
Part II - Trading Account Opening Form
Information related to opening of Trading Account
SEBI Registration No: INZ000170434

A. Income & Other Details of Sole / First Holder

1. Applicant Name: _____	
1. Gross Annual Income Details (Please Specify):	
Income Range Per Annum: <input type="checkbox"/> Below Rs.1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50-100 Lac <input type="checkbox"/> Above 1Cr or	
Networth as on (date) _____ is _____ (Networth should not be older than 1 year)	
2. Occupation: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other (Please tick any one and give brief details, if any): _____	
3. Please tick, as applicable: (PEP - Politically Exposed Person) <input type="checkbox"/> Not PEP <input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Related to PEP	

B. Trading Preferences

Sl	Name of Exchange & Segment	Date of Consent for Trading on Exchange	Signature of Applicant
1	BSE - Cash Segment		<input checked="" type="checkbox"/> 3
2	NSE & BSE - Mutual Fund Segment		<input checked="" type="checkbox"/> 3
3	NSE - Cash Segment		<input checked="" type="checkbox"/> 3
4	NSE - Futures & Options Segment		<input checked="" type="checkbox"/> 3
5	NSE - Currency Segment		<input checked="" type="checkbox"/> 3
6	NSE - Commodity Segment		<input checked="" type="checkbox"/> 3
7	BSE - Commodity Segment		<input checked="" type="checkbox"/> 3
8	MCX - Futures Segment		<input checked="" type="checkbox"/> 3
9	MCX - Options Segment		<input checked="" type="checkbox"/> 3
10	NCDEX - Futures Segment		<input checked="" type="checkbox"/> 3
11	NCDEX - Options Segment		<input checked="" type="checkbox"/> 3
12	ICEX - Futures Segment		<input checked="" type="checkbox"/> 3
13	ICEX - Options Segment		<input checked="" type="checkbox"/> 3
14	MSE - Currency Segment		<input checked="" type="checkbox"/> 3

Note: In future, if client wants to trade on any new segment/exchange, then a separate authorization/letter should be obtained from the client.

C. Bank Account Details

		Bank 1 (Default Account)	Bank 2
Bank Name			
Bank Address with PIN Code			
Account No			
Account Type	Resident	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other _____	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other _____
	NRI	<input type="checkbox"/> NRE <input type="checkbox"/> NRO	<input type="checkbox"/> NRE <input type="checkbox"/> NRO
IFSC Code			
MICR No			
Note: Provide copy of cancelled cheque leaf/passbook/bank statement specifying name of Client, IFSC and/or MICR of Bank.			

D. Depository Account Details (For Holding Securities in Demat Form)

	Demat 1 (Default Account)	Demat 2
Depository Name	<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL
Depository Participant Name	Acumen Capital Market (India) Limited	
DP Id		
Client Id		
Client Name		

E. Repository Account Details (For Holding Commodities in Demat Form)

	Demat 1 (Default Account)	Demat 2
Repository Name	<input type="checkbox"/> CCRL <input type="checkbox"/> NERL	<input type="checkbox"/> CCRL <input type="checkbox"/> NERL
Repository Participant Name	Acumen Capital Market (India) Limited	
DP Id		
Client Id		
Client Name		

F. GST Details

GST Registration Details	Registration No.	State

G. Investment/Trading Experience

<input type="checkbox"/> No Prior Experience <input type="checkbox"/> __ Yrs in Securities <input type="checkbox"/> __ Yrs in Commodities <input type="checkbox"/> __ Yrs in other investment related fields

H. Introducer Details (Optional)

Name of Introducer	
Status of Introducer	<input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Employee <input type="checkbox"/> Others (Specify) _____
Signature of Introducer	

I. Dealing Through Other Members

If client is dealing through any other member, provide the following details (in case dealing with multiple members, provide details of all in separate sheet containing all the information as mentioned below):

Members / Authorised Persons (AP) Name	
Exchange & Exchange Regn No.	
Members name with whom AP is registered	
Registered Office Address of Member / AP	
Email Id & Phone No. of Member / AP	
Website of Member / AP	
Client Code with above Member / AP	
Details of disputes / dues pending from / to such Member / AP, if any:	

J. Past Regulatory Actions

Details of any action / proceedings initiated / pending / taken by SEBI / FMC / Stock Exchange / Commodity Exchange / any other authority against the client during the last 3 years:

K. Additional Details

<p>1. Whether you wish to receive communication from member in electronic form on your Email Id: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes then please fill in Appendix A)</p> <p>2. Whether you wish to avail of the facility of Internet Trading / Wireless Technology: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Wish to receive copy of standard documents like Rights & Obligations, Uniform Risk Disclosure Documents, Guidance Note detailing Do's & Don'ts and Policies & Procedures: <input type="checkbox"/> Electronic <input type="checkbox"/> Physical</p> <p>4. Wish to receive welcome kit and other communications: <input type="checkbox"/> Electronic <input type="checkbox"/> Physical</p>

DECLARATION

1. 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.
2. I/We confirm having read/been explained & understood the contents of the tariff sheet and all voluntary / non-mandatory documents.
3. I/We further confirm having read & understood the contents of the Rights & Obligations documents (both equity & commodity); Risk Disclosure Document (both equity & commodity); Guidance Note, Additional Risk Disclosure Document for Option Trading. 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 member's designated website i.e www.acumen group.in

Place:

Date:

Signature 4

Nomination Form (For Both Demat & Trading Account)
 I/we wish to make a nomination

 I/we do not wish to make a nomination

I/we the sole holder/joint holders/guardian (in case of minor) hereby nominate the following person(s) who is entitled to receive securities and other balances lying in my/our account, particulars whereof are given below, in the event of the death of the sole holder or the death of all the joint holders.

		Nominee 1	Nominee 2	Nominee 3
Nominee Name(s):				
Nominee Address:				
Mobile of Nominee:				
Email of Nominee:				
Relationship with BO:				
Date of Birth of Nominee:				
If nominee is minor, then Guardian's	Name			
	Relation			
	Address			
	Signature			
Percentage of Allocation:				
Residual Securities:				

Note: In case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

Date: _____

Place: _____

Signature _____ _____ _____

Note: One witness shall attest signature(s)/Thumb impression(s) in case of nomination.

Signature of Witness: |

Name of Witness: |

Address of Witness: |

(To be filled by Acumen)

Nomination accepted & registered with Registration No. _____ dated: _____.

For Office Use

UCC allotted to the Client:

I/we undertake that we have made the client aware of Policies and Procedures, Tariff Sheet and all the Voluntary/Non-Mandatory Documents. I/we have also made the client aware of Rights and Obligations Document(s), RDD and Do's & Don'ts, 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 Voluntary/Non-Mandatory Documents would be duly intimated to the clients. I/we also undertake that any change in the Rights & Obligations and RDD would be made available on my/our website **www.acumengroup.in** for the information of the clients.

Date:

Signature of the Authorised Signatory:

Seal of the Member

Acumen Capital Market (India) Limited
Part III Demat Account Opening Form
Additional Information related to opening of Demat Account
SEBI Registration No: INZ000170434

I/We request you to open a Depository Account with CDSL NSDL and Repository Account with CCRL NERL as per the following details:

A. Details of Account Holders(s)

Name		PAN									
Sole / First Holder											
Second Holder											
Third Holder											
For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons; the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned below:											
Name		PAN									

B. Type of Account

Status	Sub Status
<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual HUF/AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Director Relative <input type="checkbox"/> Individual Margin Trading A/c (MANTRA) <input type="checkbox"/> Others Specify
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non – Repatriable <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non – Repatriable <input type="checkbox"/> NRI – Depository Receipts <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"/> Qualified Foreign Investor <input type="checkbox"/> Others Specify

C. In case of NRIs / Foreign Nationals

RBI Approval Reference No.	
RBI Approval Date	

D. Standing Instructions / Other Details / Email - SMS Alert

1. I/we instruct DP to receive each and every credits automatically into my/our account: Yes No (Default Yes)
2. Account to be operated through Power of Attorney: Yes No (Default No)
3. Account Statement Requirement: Daily Fortnightly Weekly Monthly
4. Share Email Id with Registrar & Transfer Agent: Yes No (Default Yes)
5. CAS & Annual Reports receiving in: Electronic Physical (Default Electronic)
6. SMS Alert Facility: Yes No (Default Yes)
7. Do you wish to receive dividend/interest directly into bank account through ECS: Yes No (Default Yes)
8. Easi / Ideas: Yes/No. If yes, contact DP for details. [Facility through CDSL's website: www.cdslindia.com / NSDL's website: www.nsdl.co.in wherein BO can view ISIN balances, transactions and value of portfolio online]
9. I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end: Yes No (Default No)
10. I / We request you to send Electronic Transaction-cum-Holding Statement at the Email Id: Yes No (Default Yes)
11. Wish to receive copy of standard documents like Rights & Obligations, Terms & Conditions for receiving Email/SMS alerts Do's & Don'ts, Policies & Procedures and Welcome Letter: Electronic Physical (Default Electronic)
12. Account for holding and dealing electronic warehouse receipts. YES NO (Default No)

E. Income & Other Details of Second Holder

1. Applicant Name: _____
2. Gross Annual Income Details (Please Specify):
 Income Range Per Annum: Below Rs.1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25-50 Lac
 10-25 Lac 25-50 Lac 50-100 Lac Above 1Cr or
 Networth as on (date) _____ is _____ (Networth should not be older than 1 year)
3. Occupation: Private Sector Public Sector Govt. Service Business Professional
 Farmer Housewife Retired Student
 Other (Please tick any one and give brief details, if any): _____
4. Please tick, as applicable: (PEP - Politically Exposed Person)
 Not PEP PEP Related to PEP Not Related to PEP

F. Income & Other Details of Third Holder

1. Applicant Name: _____
2. Gross Annual Income Details (Please Specify):
 Income Range Per Annum: Below Rs.1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25-50 Lac
 10-25 Lac 25-50 Lac 50-100 Lac Above 1Cr or
 Networth as on (date) _____ is _____ (Networth should not be older than 1 year)
3. Occupation: Private Sector Public Sector Govt. Service Business Professional
 Farmer Housewife Retired Student
 Other (Please tick any one and give brief details, if any): _____
4. Please tick, as applicable: (PEP - Politically Exposed Person)
 Not PEP PEP Related to PEP Not Related to PEP

G. Bank Account Details

Bank Name			
Bank Address with PIN Code			
Account No			
Account Type	Resident	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other _____	
	NRI	<input type="checkbox"/> NRE <input type="checkbox"/> NRO	
IFSC		MICR	

H. FATCA / CRS Declaration / Self Certification for Individual

	Sole / First Holder	Second Holder	Third Holder
Country of Birth	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
Country of Residence for Tax Purpose	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
Country of Citizenship	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
US Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If you are a US person and/or if your tax residency/nationality/citizenship is other than India, then please download and attach FATCA/CRS with this form from www.acumengroup.in			

DECLARATION

I/we have read the Rights & Obligations of Beneficial Owner & Depository Participant 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.

I/we agree and undertake to intimate any change(s) in the details/particulars mentioned by me/us in this form such as permanent/communication address, email id, mobile number, etc, to Central KYC Registry/KYC Registration Authority through the Broker/DP in the prescribed format.

I/we have understood the contents of policy and procedures document, tariff sheet, 'Rights and Obligations' document and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on Stock Broker's/DP's designated website www.acumengroup.in

In case of Non-Resident Indian, I/we also declare that I/we have complied and will continue to comply with FEMA regulations.

Signature 6

Option for Issue of Delivery Instruction Slip Booklet (DIS)

I / We hereby state that: [Select one of the options given below]

Option 1: I/we require you to issue DIS to me/us immediately on opening my/our Demat Account though I/we have issued a Power of Attorney in favor of Acumen Capital Market (India) Ltd, Trading/Clearing Member for executing delivery instruction for setting stock exchanges trades (settlement related transactions) effected through such Trading/Clearing Member.

Option 2: I/we do not require the DIS for the time being, since I/we have issued a Power of Attorney in favor of Acumen Capital Market (India) Ltd, Trading/Clearing Member for executing delivery instruction for setting stock exchanges trades (settlement related transactions) effected through such Trading/Clearing Member. However, the DIS booklet should be issued to me/us immediately on my/our request at any later date.

Signature 7

Declaration for Availing / Opting out of Basic Service Demat Account (BSDA)

I/we do not wish to avail BSDA facility I/we wish to avail BSDA facility

Signature 8

NOMINATION FOR NSDL DEMAT ACCOUNT ONLY



FORM 10																					
FORM FOR NOMINATION/ CANCELLATION OF NOMINATION																					
(To be filled in by individual applying singly or jointly)																					
Date		D	D	M	M	Y	Y	Y	Y	DP ID	I	N	3	0	0	8	9	6	Client ID		
<input type="checkbox"/>		I/We wish to make a nomination. [As per details given below]																			
<input type="checkbox"/>		I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below]																			
Nomination Details																					
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.																					
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 <input type="checkbox"/>		%				%				%									
		[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)																				
4	Address of Nominee(s)																				
		PIN Code																			
5	Mobile/Telephone No. of nominee(s)																				
6	Email ID of nominee(s)																				
7	Nominee Identification details – [Please tick any one of following and provide details of same]																				
		<input type="checkbox"/> Photograph & Signature		<input type="checkbox"/> PAN		<input type="checkbox"/> Aadhaar		<input type="checkbox"/> Saving Bank account no.		<input type="checkbox"/> Proof of Identity		<input type="checkbox"/> Demat Account ID									
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																					
8	Date of Birth {in case of minor nominee(s)}																				
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}																				
10	Address of Guardian(s)																				
		PIN Code																			
11	Mobile/Telephone no. of Guardian																				
12	Email ID of Guardian																				
13	Relationship of Guardian with nominee																				
14	Guardian Identification details – [Please tick any one of following and provide details of same]																				
		<input type="checkbox"/> Photograph & Signature		<input type="checkbox"/> PAN		<input type="checkbox"/> Aadhaar		<input type="checkbox"/> Saving Bank account no.		<input type="checkbox"/> Proof of Identity		<input type="checkbox"/> Demat Account ID									
Name(s) of holder(s)											Signature(s) of holder										
Sole/ First Holder (Mr./Ms.)											X										
Second Holder (Mr./Ms.)											X										
Third Holder (Mr./Ms.)											X										
Signature of Witness for Nomination																					
Name of the Witness				Address				Signature of witness													
		Date		D	D	M	M	Y	Y	Y	Y										

Notes:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where demat details is required to be provided.

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



Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. Date of Incorporation / / Place of Incorporation

3. Registration No. (e.g. CIN) Date of commencement of business / /

4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charities / NGOs FI FII HUF
 AOP Bank Government Body Non-Government Organisation Defence Establishment Body of Individuals Society LLP
 Others (Please specify) _____

5. Permanent Account Number (PAN) (MANDATORY) Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City/Town/Village	Postal Code	
State	Country	

2. Contact Details

Tel.(Off)	Tel.(Res.)
Mobile	Email ID

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf). (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted / /

4. Registered Address (If different from above)

City/Town/Village	Postal Code	
State	Country	

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf). (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted / /

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)

2. Any other information: _____

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.

Place: _____
 Date: _____

**NAME & SIGNATURE(S)
OF AUTHORISED
PERSON(S)**

NAME
<input type="checkbox"/> I

FOR OFFICE USE ONLY

Intermediary Name: **Acumen Capital Market (India) Ltd**

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature Date

Name of the Firm : M/s.				
Permanent Account Number (PAN) of the Firm				
Details of Promoters/Partners/Karta/Trustees/Whole Time Directors/ Authorised Signatories				
	1	2	3	4
Name				
Relationship with Applicant (Eg. Promoter, Director, etc.)				
PAN				
Residential Address				
Photograph	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 100%;"> Paste Recent Photograph and sign across <input type="checkbox"/> Y </div>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 100%;"> Paste Recent Photograph and sign across <input type="checkbox"/> Y </div>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 100%;"> Paste Recent Photograph and sign across <input type="checkbox"/> Y </div>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 100%;"> Paste Recent Photograph and sign across <input type="checkbox"/> Y </div>
DIN/UID				
Signatures	<input type="checkbox"/> Y 2	<input type="checkbox"/> Y 2	<input type="checkbox"/> Y 2	<input type="checkbox"/> Y 2
Whether Politically Exposed	<input type="checkbox"/> PEP <input type="checkbox"/> NO <input type="checkbox"/> RPEP	<input type="checkbox"/> PEP <input type="checkbox"/> NO <input type="checkbox"/> RPEP	<input type="checkbox"/> PEP <input type="checkbox"/> NO <input type="checkbox"/> RPEP	<input type="checkbox"/> PEP <input type="checkbox"/> NO <input type="checkbox"/> RPEP
	PEP: Politically Exposed Person		RPEP: Related to Politically Exposed Person	

Date: ___ / ___ / ___

Name of the Authorised Signatory(ies):

Signature of the Authorised Signatory(ies) <input type="checkbox"/> Y 3

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/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. 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 FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be 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/ling 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, FVCI, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as denied 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	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	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	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	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	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	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)	Copy of SEBI registration certificate Authorized signatories list with specimen signatures
Army/Government Bodies	Self-certification on letterhead Authorized signatories list with specimen signatures
Registered Society	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

Acumen Capital Market (India) Limited
Part IV - Trading Account Opening Form
Information related to opening of Trading Account
SEBI Registration No: INZ000170434

A. Income & Other Details of Account Holder

1. Gross Annual Income Details (Please Specify):

Income Range Per Annum: Below Rs.1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25-50 Lac
 10-25 Lac 25-50 Lac 50-100 Lac Above 1Cr

2. Networth as on (date) _____ is _____ (Networth should not be older than 1 year)

B. Trading Preferences

Sl	Name of Exchange & Segment	Date of Consent for Trading on Exchange	Signature of Applicant
1	BSE - Cash Segment		<input checked="" type="checkbox"/> 4
2	NSE & BSE - Mutual Fund Segment		<input checked="" type="checkbox"/> 4
3	NSE - Cash Segment		<input checked="" type="checkbox"/> 4
4	NSE - Futures & Options Segment		<input checked="" type="checkbox"/> 4
5	NSE - Currency Segment		<input checked="" type="checkbox"/> 4
6	NSE - Commodity Segment		<input checked="" type="checkbox"/> 4
7	BSE - Commodity Segment		<input checked="" type="checkbox"/> 4
8	MCX - Futures Segment		<input checked="" type="checkbox"/> 4
9	MCX - Options Segment		<input checked="" type="checkbox"/> 4
10	NCDEX - Futures Segment		<input checked="" type="checkbox"/> 4
11	NCDEX - Options Segment		<input checked="" type="checkbox"/> 4
12	ICEX - Futures Segment		<input checked="" type="checkbox"/> 4
13	ICEX - Options Segment		<input checked="" type="checkbox"/> 4
14	MSE - Currency Segment		<input checked="" type="checkbox"/> 4

Note: In future, if client wants to trade on any new segment/exchange, then a separate authorization/letter should be obtained from the client.

C. Bank Account Details

	Bank 1 (Default Account)	Bank 2
Bank Name		
Bank Address with PIN Code		
Account No		
Account Type	<input type="checkbox"/> Current <input type="checkbox"/> OD <input type="checkbox"/> Other _____	<input type="checkbox"/> Current <input type="checkbox"/> OD <input type="checkbox"/> Other _____
IFSC Code		
MICR No		
Note: Provide copy of cancelled cheque leaf/passbook/bank statement specifying name of Client, IFSC and/or MICR of Bank.		

D. Depository Account Details (For Holding Securities in Demat Form)

	Demat 1 (Default Account)	Demat 2
Depository Name	<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL
Depository Participant Name	Acumen Capital Market (India) Limited	
DP Id		
Client Id		
Client Name		

E. Repository Account Details (For Holding Commodities in Demat Form)

	Demat 1 (Default Account)	Demat 2
Repository Name	<input type="checkbox"/> CCRL <input type="checkbox"/> NERL	<input type="checkbox"/> CCRL <input type="checkbox"/> NERL
Repository Participant Name	Acumen Capital Market (India) Limited	
DP Id		
Client Id		
Client Name		

F. GST Details

GST Registration Details	Registration No.	State

G. Investment/Trading Experience

<input type="checkbox"/> No Prior Experience <input type="checkbox"/> __ Yrs in Securities <input type="checkbox"/> __ Yrs in Commodities <input type="checkbox"/> __ Yrs in other investment related fields

H. Introducer Details (Optional)

Name of Introducer	
Status of Introducer	<input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Employee <input type="checkbox"/> Others (Specify) _____
Signature of Introducer	

I. FATCA / CRS Self Declaration

Is Country of Incorporation / Formation / Tax Residency is in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If above answer is "NO", then please download and attach FATCA/CRS self declaration in detail with this form from www.acumengroup.in	

J. Details of Key or Authorized Person / Managing Director / Managing Partner / Karta

	Details 1	Details 2
Name		
PAN		
UID/Aadhaar		
Date of Birth		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Qualification		
Designation		
Experience in Yrs		
Residential Status	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> Others _____	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> Others _____
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____
% of Stake in Entity		
Address		
City & PIN		
Telephone		
Mobile		
Email		

K. Dealing Through Other Members

If client is dealing through any other member, provide the following details (in case dealing with multiple members, provide details of all in separate sheet containing all the information as mentioned below):

Members / Authorised Persons (AP) Name	
Exchange & Exchange Regn No.	
Members name with whom AP is registered	
Registered Office Address of Member / AP	
Email Id & Phone No. of Member / AP	
Website of Member / AP	
Client Code with above Member / AP	
Details of disputes / dues pending from / to such Member / AP, if any:	

L. Past Regulatory Actions

Details of any action / proceedings initiated / pending / taken by SEBI / FMC / Stock Exchange / Commodity Exchange / any other authority against the client during the last 3 years:

M. Additional Details

1. Whether you wish to receive communication from member in electronic form on your Email Id: Yes No
 (If yes then please fill in Appendix A)

2. Whether you wish to avail of the facility of Internet Trading / Wireless Technology: Yes No

3. Wish to receive copy of standard documents like Rights & Obligations, Uniform Risk Disclosure Documents, Guidance Note detailing Do's & Don'ts and Policies & Procedures: Electronic Physical

4. Wish to receive welcome kit and other communications: Electronic Physical

DECLARATION

1. 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.
2. I/We confirm having read/been explained & understood the contents of the tariff sheet and all voluntary / non-mandatory documents.
3. I/We further confirm having read & understood the contents of the Rights & Obligations documents (both equity & commodity); Risk Disclosure Document (both equity & commodity); Guidance Note, Additional Risk Disclosure Document for Option Trading. 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 member's designated website i.e www.acumengroup.in

Place:

Date:

 Signature 5

For Office Use

 UCC allotted to the Client:

I/we undertake that we have made the client aware of Policies and Procedures, Tariff Sheet and all the Voluntary/Non-Mandatory Documents. I/we have also made the client aware of Rights and Obligations Document(s), RDD and Do's & Don'ts, 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 Voluntary/Non-Mandatory Documents would be duly intimated to the clients. I/we also undertake that any change in the Rights & Obligations and RDD would be made available on my/our website www.acumengroup.in for the information of the clients.

Date:

Signature of the Authorised Signatory:

Seal of the Member

Acumen Capital Market (India) Limited
Part V - Demat Account Opening Form
Additional Information related to opening of Demat Account
SEBI Registration No: INZ000170434

I/We request you to open a Depository Account with CDSL NSDL and Repository Account with CCRL NERL as per the following details:

A. Details of Account Holders(s)

Name		PAN									
First Holder											
Second Holder											
Third Holder											
For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons; the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned below:											
Name		PAN									

B. Type of Account

Status	Sub Status (To be filled by DP)
<input type="checkbox"/> Body Corporate <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> Bank <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Trust <input type="checkbox"/> CM <input type="checkbox"/> Clearing House <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Others Specify _____	

C. For OCBs / Others (as may be applicable)

Date of Incorporation		Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others Specify _____
SEBI Regn. No.		SEBI Regn. Date	
ROC Regn. No.		ROC Regn. Date	
RBI Regn. No.		RBI Regn. Date	
RBI Reference No.		RBI Approval Date	

D. Bank Account Details

Bank Name			
Bank Address with PIN Code			
Account No			
Account Type	<input type="checkbox"/> Current <input type="checkbox"/> OD <input type="checkbox"/> Other _____		
IFSC		MICR	

D. Standing Instructions / Other Details / Email - SMS Alert

1. I/we instruct DP to receive each and every credits automatically into my/our account:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
2. Account to be operated through Power of Attorney:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default No)
3. Account Statement Requirement:	<input type="checkbox"/> Daily	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
4. Share Email Id with Registrar & Transfer Agent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
5. CAS & Annual Reports receiving in:	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical	(Default Electronic)
6. SMS Alert Facility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
7. Do you wish to receive dividend/interest directly into bank account through ECS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
8. Easi / Ideas: Yes/No. If yes, contact DP for details. [Facility through CDSL's website: www.cdslindia.com / NSDL's website: www.nsdl.co.in wherein BO can view ISIN balances, transactions and value of portfolio online]			
9. 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default No)
10. I / We request you to send Electronic Transaction-cum-Holding Statement at the Email Id:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
11. Wish to receive copy of standard documents like Rights & Obligations, Terms & Conditions for receiving Email/SMS alerts Do's & Don'ts, Policies & Procedures and Welcome Letter:	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical	(Default Electronic)
12. Account for holding and dealing electronic warehouse receipts.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(Default No)

DECLARATION

We have read the Rights & Obligations of Beneficial Owner & Depository Participant and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. We declare that the particulars given by us above are true and to the best of our knowledge as on the date of making this application. We further agree that any false/misleading information given by us or suppression of any material information will render our account liable for termination and suitable action.

We agree and undertake to intimate the DP any change(s) in the details/particulars mentioned by us in this form, such as permanent/communication address, email id, mobile number, etc, to Central KYC Registry/KYC Registration Authority through the DP in the prescribed format.

We have understood the contents of Policies & Procedures, Tariff Sheet and Rights & Obligations document. We do hereby agree to be bound by such provisions as outlined in these documents. We have also been informed that the standard set of documents have been displayed for information on DP's designated website www.acumengroup.in

Place:

Date:

 Signature 6

Option for Issue of Delivery Instruction Slip Booklet (DIS)

I / We hereby state that:	[Select one of the options given below]
<input type="checkbox"/> Option 1: I/we require you to issue DIS to me/us immediately on opening my/our Demat Account though I/we have issued a Power of Attorney in favor of Acumen Capital Market (India) Ltd, Trading/Clearing Member for executing delivery instruction for setting stock exchanges trades (settlement related transactions) effected through such Trading/Clearing Member.	
<input type="checkbox"/> Option 2: I/we do not require the DIS for the time being, since I/we have issued a Power of Attorney in favor of Acumen Capital Market (India) Ltd, Trading/Clearing Member for executing delivery instruction for setting stock exchanges trades (settlement related transactions) effected through such Trading/Clearing Member. However, the DIS booklet should be issued to me/us immediately on my/our request at any later date.	

 Signature 7 _____

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO)

A. For clients other than individuals or trusts:

I/ We hereby certify that below mentioned is the latest and updated list of natural persons, who whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest as follows:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- iv. In case, if there exists doubt under the above points (i) to (iii), as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exercises control through ownership interests, the identity of the natural person exercising control over the juridical person through voting rights, agreement, arrangements or in any other manner.
- v. Where no natural person is identified under the above points (i) to (iv), the identity of the relevant natural person who holds the position of senior managing official.

Sr. No.	NAME	% of Holding	PAN	KRA Completed/applied

B. For client which is a trust:

I/ We hereby certify that following are the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership as follows:

Sr. No.	NAME	% of Holding	PAN	KRA Completed/applied

DECLARATION UBO

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the Investment Manager/Fund/Trustee shall reserve the right to reject the application and/or reverse the allotment of units and the Investment Manager/Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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 end.

Signature g

Name:

Designation: Company Secretary Managing Director Whole Time Director

Date: / /

Other _____

Place:

Note: The Listed Company and its subsidiaries are exempt from providing the UBO Declaration

ACKNOWLEDGEMENT OF COPY OF THE DOCUMENTS EXECUTED

I hereby acknowledge that I have received the copy of all the documents executed with regard to the Client Registration with M/s. **Acumen Capital Market (India) Ltd.**

I acknowledge the receipt of copy of the document, "Additional Rights and Obligations for Broking and Other Products and Services." I understand and acknowledge that this is a voluntary (non-mandatory) document for availing value added products and services as provided by Acumen Capital Market India Ltd. and unconditionally agree to abide by the terms and conditions mentioned therein. I agree that I will receive an electronic copy/ physical copy of the said document after I am enrolled as a client of **Acumen Capital Market India Ltd.**

I also confirm that I have received the relevant clarifications, if any, wherever required from the officials of **Acumen Capital Market (India) Ltd.**

Name of the Client:

Signature of the Client: g

Trading Tariff / Brokerage for MCX/NCDEX/ICEX/NSE/BSE

Segment	Offline Trade				Online Trade			
	On Turn Over (Maximum)	Client Preference	On Lot (Maximum)	Client Preference	On Turn Over (Maximum)	Client Preference	On Lot (Maximum)	Client Preference
Agri Commodities (Futures & Options)	2.5%		Rs. 250		2%		Rs. 200	
Non - Agri Commodities (Futures & Options)	2.5%		Rs. 250		2%		Rs. 200	
Other Charge: 0.004% on turnover is leviable extra; and for Futures & Options it will be 0.1% on premium								
Admin Charge of Rs.5 per order upto a maximum of Rs.100 per day is leviable extra								
Physical Contract Note / Statement of Account, Rs.5 per page (Minimum Rs.100) plus actual postage is leviable								
For Cheque Bounce/Dishonor/Cancellation, higher of Rs.500 or 1% per instance, plus actual bank charge is leviable								
Account Opening Charge is Rs.500 (One Time). Penalty on delayed payment will be charged @ 2% per month								
Request for Client Account Modification / Segment Modification / Addition will be charged Rs.200 per instance								
KRA/CKYC charge of Rs.100 (per instance) is leviable								
SMS/Email Alert charge of Rs.50 per month is leviable								
Stamp duty, GST, Exchange / Statutory charges will be charged extra as per applicable rules								

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RP Client Tariff for CCRL / NERL

SI	Category	Tariff (Rs. Per MT or Part thereof)
1	Account Maintenance Charges (Per Quarter)	Rs.125
2	Pledge ^	Rs. 50
3	Depledge ^\$	Rs. 50
4	Invocation ^	Rs. 50
5	On market ^	Rs. 50
6	Off market ^	Rs. 100
7	Deposit ^	Rs. 100
8	Withdrawal ^	Rs. 100
9	Custody \$ ^	Rs. 100
10	Conversion ^	Rs. 100
11	Extension of validity ^	Rs. 100

Note:

- \$ - Rates are levied on the basis of Rupees per Metric Tonne (Rs/MT) or part thereof. Further the rates are levied every month for the duration for which the eNNWR/ eNWR is stored / present in the CCRL/NERL system.
- ^ - The rates are applicable on the basis of quintal or metric tonne or part thereof.
- Statutory Charges and Charges to Repository will be charged extra.

Authorization

I/We authorize you to transfer above repository services charges to my/our trading account with you after the transaction.

Signature
 10 11


Trading Tariff / Brokerage for NSE/BSE/MSE

Segment	Offline Trades	Client Preference	Online Trades	Client Preference
Equity Cash (Delivery)	Higher of 2.5% on turnover or 5 paise per share		Higher of 2% on turnover or 3 paise per share	
Equity Cash (Intra)	Higher of 2.5% on turnover or 5 paise per share		Higher of 2% on turnover or 3 paise per share	
Equity Future	Higher of 2.5% on turnover or 5 paise per share		Higher of 2% on turnover or 3 paise per share	
Equity Option	Higher of 2.5% on turnover or Rs.150/Lot		Higher of 2% on turnover or Rs.100/Lot	
Currency Future	2.5% on turnover		2% on turnover	
Currency Option	Higher of 2.5% on turnover or Rs.150/Lot		Higher of 2% on turnover or Rs.100/Lot	
Other Charge: 0.004% on turnover is leviable extra; and for Futures & Options it will be 0.1% on premium				
Admin Charge of Rs.5 per order upto a maximum of Rs.100 per day is leviable extra				
Physical Contract Note / Statement of Account, Rs.10 per page (Minimum Rs.250) plus postage is leviable				
For Cheque Bounce/Dishonor/Cancellation, higher of Rs.500 or 1% per instance, plus actual bank charge is leviable				
Settlement Charge of Rs.25 per instruction for debits from Client Margin Account to Member Pool Account				
Account Opening Charge is Rs.500 (One Time). Penalty on delayed payment will be charged @ 2% per month				
*Request for Client Account Modification / Segment Modification / Addition will be charged Rs.200 per instance				
*KRA/CKYC charge of Rs.100 (per instance) is leviable. SMS / Email Alert charge of Rs.50 per month is leviable				
Stamp duty, GST, Exchange / Statutory charges will be charged extra as per applicable rules				

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Demat Tariff for CDSL/NSDL

SI	Description	Regular A/C	Basic Services Demat A/C	
		Category A	Category B	Category C
1	POA Stamp Charges (One Time)	Rs.100	Rs.100	Rs.100
2	Account Maintenance Charges (Per Quarter)	Rs.125	Rs.25	Nil
3	Dematerialization Charges (Per ISIN)	Rs.250	Rs.250	Rs.250
4	Rematerialization Charges (Per Certificate)	Rs.250	Rs.250	Rs.250
5	On Market Debit Transactions within Acumen with POA ^	Rs.25	Rs.35	Rs.45
6	On Market Debit Transactions within Acumen without POA ^	Rs.100	Rs.100	Rs.100
7	On Market Debit Transactions Outside Acumen ^	Rs.100	Rs.100	Rs.100
8	Off Market Debit Transactions within Acumen ^	Rs.30	Rs.90	Rs.100
9	Off Market Debit Transactions Outside Acumen ^	Rs.100	Rs.100	Rs.125
10	Pledge Creation, Invocation & Closure ^	Rs.100	Rs.150	Rs.150
11	Delivery Instruction Slip (DIS) Book	Rs.100 per book of 10 leaves		
12	Postage fee for Demat/Remat/DIS Books/Others (Every 200 grams)	Rs.100 (Rs.1500 outside India)		
Definition of Basic Services Demat Account: All Individuals who have or propose to have only one demat account (across all depositories), where they are the sole or first holder shall be eligible to have a BSDA provided that the valuation of securities held in demat account does not exceed Rs.2Lac. BSDA clients with valuation below Rs.50000 will come under CategoryC; valuation between Rs.50001 - Rs.2Lac will fall under Category B. All other Individuals will fall under CategoryA.				
Miscellaneous Charges ^ (Charged per Debit Instruction Irrespective of Transaction Value)				
NRI & Corporate Account – Rs.250 will be charged as Account Maintenance Charges per quarter				
For Physical Statements, Rs.5 per page (Minimum Rs.200) plus actual postage is leviable				
*KRA/CKYC charge of Rs.100 (per instance) is leviable				
*Request for Client Account Modification will be charged Rs.200 per instance				
Stamp Duty, GST, Depository / Statutory charges will be charged extra as per applicable rules				

*Per application

Authorization

I/We authorize you to transfer above depository services charges to my/our trading account with you after the transaction.

 Signature 12 13


APPENDIX A (VOLUNTARY)
Consent for Electronic Contract Notes & Demat Account Statements

To,
Acumen Capital Market (India) Limited

Dear Sir,

I/We, _____ a client with Acumen Capital Market (India) Limited, Member of NSE/BSE/MCX/NCDEX/ICEX/NSDL/CDSL/NERL/CCRL undertake as follows:

- I/We am aware that the Member has to provide physical contract note / statement of account in respect of all the trades / transactions placed by me unless I myself want the same in the electronic form.
- I/We am aware that the Member has to provide electronic contract note / statement of account for my convenience on my request only.
- Though the Member is required to deliver physical contract note / statement of account, I find that it is inconvenient for me to receive physical contract note / statement of account. Therefore, I am voluntarily requesting for delivery of electronic contract note / statement of account pertaining to all the trades / transactions carried out / ordered by me.
- I/We have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
- My/our email id is* _____ .This has been created by me and not by someone else. * (Email id must be written in own handwriting of client.)
- I/We am aware that this declaration form should be in English or in any other language known to me.
- I/We am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note / statement of account at the above Email Id.
- I/We reserve right to receive the physical contract notes / statement of accounts despite receiving the same in electronic mode, if such a demand is made in writing to you.
- I/We undertake to intimate Acumen Capital Market (India) Limited in writing, whenever there is change in my/our email id.

The above consent have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same. Further I confirm that the dispatch of contract note/ statement of account to above email address shall constitute full and absolute discharge of your obligation with respect to my Trading & Demat Account with you.

Yours faithfully,

Signature 13 14

Date:

Verification of the client signature done by,
 Name of the designated officer of the Member:
 Signature:

Date:

Running Account Authorization (Voluntary)

To,
Acumen Capital Market (India) Limited

I/We are dealing through you as a client in securities/commodities segment in order to facilitate ease of operations, I/We hereby authorize you to maintain a running account instead of an account on 'settlement to settlement basis' for payout of funds/securities due to me/us unless specifically requested by me/us otherwise. All the funds and securities kept to my/our credit by you may be treated as upfront margins/ securities deposit, at per your discretion, for allowing exposure to me. Under this arrangement I/We shall not claim any interest on the funds and securities kept in the running account with you.

I/We have been duly informed, that I/We reserve the right to revoke the authorization by giving notice to you, and also understand that the revocation made by me/us shall not be applicable against the outstanding obligations across exchanges and that you shall retain such securities/funds expected to be required for meeting the obligations/margin obligations, as calculated in the manner specified by the member/exchanges.

I/We authorize you to hold my/our securities/commodities received as payout in your Pool/Beneficiary account as security margin for availing limits for trading purpose & further authorize you to utilize the same to meet my/our existing and future payin obligations with you. I/We further authorize you to charge cost of holding securities/commodities to my/our account with you including the charges for effecting the payin on my/our behalf.

I/We request you to settle my/our fund and securities/commodities account

- Once Every Calendar Quarter or
- Once Every Calendar Month or
- Such Other Higher Period Allowed By SEBI/Exchange

In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds/ securities/commodities towards such obligations, and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges. I/We further authorize, you to also retain an amount as may be permitted by SEBI/Exchange from time to time, while settling my/our account. I/We agree that you shall not be liable for any claim for loss or loss of profit or for any consequential, incidental, special or exemplary damages, or otherwise, caused by retention of such funds/securities/commodities.

I/We agree to bring to your notice in writing at your registered office, in case any discrepancy is observed in the statement of account/securities/commodities, within 7 working days from the date of receipt of such statement. I/We also agree that if discrepancy if any, is not addressed to you in writing within 7 working days by me/us, then the statement of account/securities/commodities sent by you to me/us by any permissible mode of communication shall be deemed to be correct and stand deemed to be confirmed by me.

I/We further agree and confirm that above agreed periodic settlement of running account may not be necessary, if availed margin trading facility as per SEBI guidelines or if provided funds received towards collaterals/margins in the form of Bank Guarantee (BG)/ Fixed Deposit Receipts (FDR).

Signature 14 15

Consent for Mobile and EMail Registration



To,

Acumen Capital Market (India) Limited

I/We hereby request you to update my/our Email and Mobile in my/our Demat Account and Trading Account with you. Send all your communication pertaining to all my/our transactions in Demat Account and Trading Account, like Confirmations, Contract Notes, Intimation of Margin, any other communication from your compliance point of view, etc., to below mentioned Mobile Number/ Email Id, even if my/our Mobile Number is registered under do not call registry.

Mobile Number: _____

Email Id: _____

The said mobile number is registered in the name of _____

Self Spouse Dependent Child Dependent Parent (Please attach valid document to support relationship)

The said email id is registered in the name of _____

Self Spouse Dependent Child Dependent Parent (Please attach valid document to support relationship)

PAN of account holder (in case if mobile/email already exists): _____

Signature 15

SI	Check List - Individual Account	Remark
1	Photograph & PAN of Applicant(s)	<input type="checkbox"/>
2	Aadhaar & POA of Applicant(s)	<input type="checkbox"/>
3	Bank Passbook / Statement / Name printed Cheque leaf	<input type="checkbox"/>
4	Client Master Report with DP Seal (in case applicant wish to link outside demat a/c with trading a/c)	<input type="checkbox"/>
5	Additional Documents for Trading in Derivatives Segments (Any one from the following)	
5a	Bank Account Statement for the previous 6 months	<input type="checkbox"/>
5b	Latest Demat Account Holding Statement	<input type="checkbox"/>
5c	Latest ITR Acknowledgment	<input type="checkbox"/>
5d	Latest Form 16 issued by the employer	<input type="checkbox"/>
5e	Latest Salary Slip	<input type="checkbox"/>
Note: All above documents submitted should be self attested by the applicant. All above documents submitted by the applicant should be verified with the original.		

Signature of Relationship Manager / AP

ACKNOWLEDGEMENT OF COPY OF THE DOCUMENTS EXECUTED

I hereby acknowledge that I have received the copy of all the documents executed with regard to the Client Registration with M/s. Acumen Capital Market (India) Ltd.

I acknowledge the receipt of copy of the document, "Additional Rights and Obligations for Broking and Other Products and Services." I understand and acknowledge that this is a voluntary (non-mandatory) document for availing value added products and services as provided by Acumen Capital Market India Ltd. and unconditionally agree to abide by the terms and conditions mentioned therein. I agree that I will receive an electronic copy/ physical copy of the said document after I am enrolled as a client of Acumen Capital Market India Ltd.

I also confirm that I have received the relevant clarifications, if any, wherever required from the officials of **Acumen Capital Market (India) Ltd.**

Name of the Client :

Signature of the Client : 16

REVOCABLE POWER OF ATTORNEY

Voluntary

 To all to whom these presents shall come I/ we _____

 17
 residing at _____ (2) _____

 residing at _____ (3) _____ residing at _____

_____ whereas I/we hold Beneficial Owner Account _____

with **Acumen Capital Market (India) Limited** registered with Securities and Exchange Board of India (SEBI) having its Registered Office at II Floor, ST Reddiar & Sons Building, Veeekshanam Road, Kochi - 682035, Kerala, hereinafter called "ACMIL", which expression shall, unless repugnant to the context or meaning there of, be deemed to mean and include its executors, administrators, successors and assigns by way of amalgamation and/or merger.

And Whereas I/ we am/ are desirous to buy and sell securities through ACMIL who is also a stock broker registered with SEBI and member of recognized stock exchanges.

And Whereas I/ we am/ are desirous of appointing ACMIL as my/our constituted attorney to operate my/ our beneficial owner account on my/our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein. Now know you all and these present witness that I/ we do hereby nominate, constitute and appoint ACMIL as my/our true and lawful attorney and authorise it to perform the following functions on my/our behalf:

1. Transfer of securities held in my/our aforementioned beneficial owner account(s), to below mentioned demat accounts of ACMIL, towards stock exchange related margin / delivery obligations arising out of trades executed by me/us on the stock exchanges through ACMIL.

Beneficiary Id	CM BP Id	Purpose	Beneficiary Id	Purpose
12075800 00383996 / IN300896 10000617	IN555279	NSE Payin	11000011 00020297	NSE Early Payin
IN300896 10076253	IN651774	BSE Payin	11000010 00019181	BSE Early Payin
IN300896 10630044 / 12075800 00206921			CUSA	

2. To pledge or to create a pledge set-up request to pledge the securities/bonds/mutual fund units and other collaterals accepted by exchanges in favor of ACMIL or to create pledge closure request or to re-pledge those securities to the clearing corporation/clearing member, if so required for limited purpose of meeting my/our margin requirement/obligation in connection with the trades executed by me/us on any recognized stock exchanges through ACMIL.

3. (a) To Buy or Sell or Redeem units in the ETF / Mutual Fund / Sovereign Bond / Infrastructure Bond / Government Bond schemes on NSE / BSE / BSE STAR MF/ NSE MFSS / Demat Platform; (b) To apply for Mutual Fund NFOs, Public Issues (shares as well as bonds/debentures), Rights Issue, Offer for Sale, Tendering Securities in Open Offers, etc., pursuant to oral/written/email/electronic instructions given by me/us to ACMIL. I/we ratify the instructions given by the aforesaid stock broker to the depository participant named herein above in the manner specified herein.

I/we agree that ACMIL would return to client(s), the securities or fund that may have been received by it erroneously or those securities or fund that it was not entitled to receive from client(s). I/we further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked as per a communication in writing issued to ACMIL by me/us and that the said revocation shall be effective from the date on which the revocation notice is received by ACMIL in its office at II Floor, ST Reddiar & Sons Building, Veeekshanam Road, Kochi - 682035, Kerala.

Dated: _____

 Signed and Delivered by the within }
 named Beneficial Owner/s }

 18 16

 _____ _____

For Acumen Capital Market (India) Limited

Signature of Witness

Name of Witness :

Address of Witness :

Authorized Signatory

**SYSTEMATIC INVESTMENT PLAN CLIENT MANDATE FORM
(NACH / Direct Debit)**

Voluntary

To,
Acumen Capital Market (India) Limited

Dear Sir,

I/We the undersigned am/are in the process of registering/registered with Acumen Capital Market (India) Limited. ("the Company") as a Client by executing Trading Member – Client Agreement / Documents for the purpose of executing my/our secondary market trades from time to time in Cash/Capital segment of Bombay Stock Exchange Limited ("BSE") and/or National Stock Exchange of India Limited ("NSE") and/or Metropolitan Stock Exchange of India Limited (MSE) (hereinafter collectively referred to as "the Stock Exchanges").

I/We wish to invest a fixed amount for purchasing the selected securities identified by me/us out of the securities approved by the Company on the cash/capital market segment of the Stock Exchanges at pre-defined interval (herein after called as "the Stock-SIP"). As a Client, I/we hereby confirm and agree to abide by the following terms and conditions:

- a) The Company shall at its sole and absolute discretion approve securities from which I/we can select the security for making investments through the Stock-SIP. I/We will not be able to invest in any securities through the Stock-SIP, which is not approved by the Company.
- b) The Company at its sole and absolute discretion may change the approved securities at anytime without any intimation to me/us.
- c) If a security in which I/we am/are investing through Stock-SIP is removed from the list of the approved security, my/our existing Stock-SIP in the said security will continue.
- d) I/We shall provide the Stock-SIP Mandate, as per "Annexure A", while instructing the Company to initiate any investment through the Stock-SIP. I/We understand that each Stock-SIP Mandate is an independent instruction to the Company and I/we need to give separate Stock-SIP Mandate for investing in securities considering the fact that maximum 5 securities are allowed in a Multiple Securities Stock-SIP Mandate, and I/We also understand that the investment amount will be in the range Rs.1500 to Rs.3500 per security. I/We further understand that cancellation of a security from Multiple Securities Stock-SIP Mandate shall not affect other securities in the Multiple Securities Stock-SIP Mandate(s) and other Stock-SIP will continue.
- e) I/We understand that since the order for purchasing the security under the Stock-SIP Mandate may be placed in parts which may get executed at different point(s) of time and hence the price of the security bought on the same day could be different and I/we also agree that I/we shall never raise any dispute or claim any loss/damages with regard to the same.
- f) In case shares are not received from the Stock Exchanges towards the obligation of Stock-SIP transaction and instead, the Stock Exchanges have closed out the transaction then Stock-SIP instruction for purchase of shares as per the Stock-SIP Mandate will be executed again.
- g) I/We agree that the balance un-invested amount, if any, after each Stock-SIP investment, will be available as credit in my/our trading account.
- h) I/We also understand that in case of any change in the Stock-SIP Mandate, I/we have to cancel the existing Stock-SIP Mandate and provide a new Stock-SIP Mandate with revised details to the Company.

- i) I/We agree to pay brokerages at such rates as may be decided from time to time by the Company for Stock-SIP and charged in the contract note, which could be different from the brokerage rate charged/applied by the Company for my/our regular brokerage transaction.
- j) I/We agree to pay all the charges incurred by the Company in connection with the Stock-SIP including but not limited to the handling charges of Rs. 10/- (Rupees Ten only) per Stock-SIP charged by the Company in its sole and absolute discretion for the Stock-SIP transaction, the charges amounting to Rs. 50/- (Rupees Fifty only) payable to the service provider for registration and activation of the mandate for NACH / Direct Debit and the charges amounting to Rs 5/- for each NACH instruction and Rs. 10/- (for each Direct Debit instruction payable to the service provider for any such instructions to transfer the funds from my/our bank account, etc. I/We hereby authorize the Company to collect such charges by directly debiting my/our trading account maintained with them. In case if there is any revision in the said charges, the Company is authorized to collect such charges at revised rate without seeking any consent from me/us.
- k) The identification of security(s) by the Company shall never be used or considered as an offer or solicitation of offer to buy or sell or subscribe for any securities or other financial instruments. I/We will make my/our own investment decisions, based on my/our own investment objectives, financial positions and needs.
- l) I/We agree and authorize the Company to disclose the information relating to me/us at its sole and absolute discretion to any regulatory authority or the service providers for availing services under the Stock-SIP.
- m) I/We confirm that I/we have read and understood the Company's policy for "Deregistering a Client" and I/we am/are aware that the Company may not execute the instruction given in any Stock-SIP Mandate where my/our name apparently resembles with the name appearing in the list of debarred entities published by SEBI/Exchanges/any other regulatory authority (where no information other than name is available). I/We further confirm that the Stock-SIP stands cancelled in case any SEBI/Exchanges/regulatory order is passed against me/us restraining me/us to deal in the securities market in any manner.
- n) I/We understand that the investment in capital market is subject to market risk, hence, I/We shall make such investigations, as I/we deem necessary to arrive at an independent evaluation of an investment. The Company or its directors or its associate will not be liable for loss/damages, if any, incurred by me/us.
- o) I/We shall be entitled to terminate/cancel a particular Stock-SIP Mandate after giving notice in writing of at least fifteen days prior to the next Stock-SIP date as mentioned in that particular Stock-SIP Mandate. Further, I/We agree that, I/We shall be liable to meet the obligations arising on account of Stock-SIP transactions carried out on my/our behalf, during such notice period i.e. from the date of delivery of notice till the termination/cancellation of the Stock-SIP Mandate.
- p) I/We understand that the obligations arising out of the trades executed under Stock-SIP will have to be met by me/us as per the Exchange Settlement procedures. In case I/We default in meeting the obligations of trades under the Stock-SIP, the provisions of the Member-Client agreement would prevail. I/We understand that the Company reserves the right for not executing any Stock-SIP transaction at its sole and absolute discretion, in case I/We fail to clear the outstanding debit balance in my/our trading account before the next Stock-SIP date. Further, the Company also reserves the right to discontinue the Stock-SIP at any time without giving any reason.
- q) The Company will have a right to use the securities purchased by me/us through the Stock-SIP towards my/our margin requirement/settlement obligations arising out of trades executed by me/us in cash/capital market segment and/or F&O segment of the Stock Exchanges.
- r) The Company may reject any Stock-SIP application without assigning any reason whatsoever, at its sole discretion and I/we shall never raise any dispute or claim any loss/ damages with regard to the same.

Stock-SIP Mandate (NACH / Direct Debit)
Annexure A

a) I/we understand that I/we can opt either for Stock-SIP in Single Security or Stock-SIP in multiple securities. Further, I/we also understand that;

(i) the minimum amount for the Stock-SIP in Single Security/Scrip will be Rs.2000 (Rupees Two Thousand) and in multiples of Rs.500 (Rupees Five Hundred) thereafter and quantity of stocks purchased will be always nearest to the market lot, including brokerage / statutory charges, of the amount opted for Stock-SIP in Single Security/Scrip.

(ii) the minimum amount for the Stock-SIP in Multiple Securities is Rs.10000 (Rupees Ten Thousand) and thereafter in multiples of Rs.1000 (Rupees One Thousand). Amount invested in a single security will be in the range Rs.1500 to Rs.3500 for Stock-SIP in Multiple Securities.

b) I/we authorizes Acumen Capital Market (India) Limited. ("the Company") to invest through the Stock-SIP in **Single Security / Multiple Securities** (Strike off not applicable) as mentioned below:

Systematic Investment in Singe Security/Scrip		
Name of the Security/Scrip		
Stock SIP Amount (Minimum Rs.2000 and in multiples of Rs.500)	Rs.	
Systematic Investment in Multiple Securities/Scrips		
Name of Securities/Scrips in order of preference Note: Minimum Rs.10000 and in multiples of Rs.1000; and approximately in the range Rs.1500 to Rs.3500 per individual scrip.	Security/Scrip Name	Amount
	Grand Total	
Stock SIP Frequency	Monthly	
Stock SIP Period (Minimum 36 Months)	From MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Select any one option	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>
NACH/Auto Debit Date (Every Month)	5 th	15 th
Stock SIP Date (Every Month)	10 th	20 th

c) I/we understand and agree that the Company may not execute the Stock-SIP instruction on its respective Stock-SIP date until the service provider provides the confirmation for receipt of funds from me/us to the Company before the start of the trading session of the stock exchanges on the Stock-SIP date. I/we agree and authorizes the Company to execute the pending Stock-SIP instructions on the date of receipt of necessary confirmation from the service provider, if sufficient time is available to the Company to execute the Stock-SIP transaction, or on the next trading day, on a best effort basis and without assuming any liability.

d) I/we agree that the Company shall not be held liable for the failure of the Stock-SIP Mandate due to reasons which are beyond the Company's control e.g. amount of the Stock-SIP is insufficient to purchase the above security, illiquidity at the Stock Exchanges, failure of communication lines or computer system problems, trading in a particular security or at the

Stock Exchanges is halted due to reasons like any regulatory action or hitting circuit filters and where the Stock-SIP instruction is executed only partially or not executed at all.

e) Trade execution takes place at the exchange platform as per the order matching process of the exchange. I/we agree that there is a possibility that orders may be executed only partially or may not be executed at all.

f) I/we understand and agree that the Stock-SIP instructions would be placed at any time during the trading hours on the Stock-SIP date and if such instruction is not executed till the end of the trading hours of Stock-SIP date, then that particular unexecuted Stock-SIP instructions would be executed during trading hours on the next trading day.

g) In case the Stock-SIP date is a trading holiday as published by the Stock Exchanges, the Stock-SIP instruction will be executed on the next trading day.

h) Further, I/we agree to abide by the below mentioned terms and conditions in connection with the Stock-SIP Mandate:

1. The Stock-SIP Mandate must be submitted along with the necessary documents at least 45 days before the first NACH / Direct Debit.

2. While opting for NACH / Direct Debit, the Client will provide bank details of such bank which are having core banking facility and whose branches participate in the local MICR clearing. The Company will not be liable for any transaction failure due to rejection by the Client's bank.

3. I/we shall be one of the account holders in the bank account from where the funds will be transferred through the NACH/Direct Debit Mandate under Stock-SIP, and said bank account has to be mapped to Client's Trading Account.

4. My/Our bank account will be debited on the selected NACH / Direct Debit date and in case the date is not a business day, then the instruction will be processed on the next business day.

5. I/we agree that no Stock-SIP Mandate shall be for a period less than 36 months.

6. I/we agree and undertake to comply with FEMA and other rules, regulations or notifications prescribed by the Reserve Bank of India (RBI) including but not limited to the compliance with sector limits as specified by RBI from time to time, reporting of transactions as applicable to non-residents etc. The Company shall not be held responsible for any non-compliance on part of me/us. I/we shall not hold the Company, its affiliates or any service providers responsible if a transaction is not effected due to any such reasons.

7. I/we shall not hold the Company, its affiliates or any service providers responsible if a transaction is delayed or not effected by Client's bank or if debited in advance or after the specified NACH/Direct Debit date due to any reasons.

8. The Company shall have the sole authority to decide the manner, mode and the price at which to effect the purchase of securities and the Client hereby agrees and undertakes not to raise any dispute as to the manner, mode and the price at which the securities are purchased under the Stock-SIP.

9. I/we agree that it is the Client's responsibility to ensure that, in a situation where the Client is not allowed by any regulation to carry out intraday trades, the trades are settled on gross basis.

10. I/we shall give written request in case of cancellation of the Stock-SIP Mandate and the Company shall take necessary action within 15 days from receipt of the said request. Any such cancellation request needs to be submitted at Acumen Capital Market (India) Limited, STR & Sons Building, Veekshanam Road, Kochi – 682035, Kerala.

11. The Company shall not be responsible & liable for any damages/compensation for any loss, damage etc., incurred by Client. The Client assumes the entire risk of using NACH/Direct Debit facility & takes full responsibility for the same.

12. The Company reserves the right to terminate the Stock-SIP Mandate in case of suspension of NACH / Direct Debit or in case instruction, is rejected by the Client's bank for any reason.

13. I/we also understand that the Company may cancel / terminate the Stock-SIP if there are three consecutive instances of dishonor/rejection of NACH /Direct Debit for any reason including closure of the bank account.

i) I/we are fully aware that Stock-SIP is not a Portfolio Management Scheme or Mutual Fund, and all transactions happen with my/our consent only.

Signature

19

17

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

UMRN Date

Tick (✓) Sponsor Bank Code Utility Code

CREATE I/We hereby authorize **BSE Limited** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY
CANCEL 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

SIGNATURE
1. NAME 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.

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

UMRN Date

Tick (✓) Sponsor Bank Code Utility Code

CREATE I/We hereby authorize **Acumen Capital Market (India) Limited** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY
CANCEL 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

SIGNATURE
1. NAME 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.

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

UMRN Date

Tick (✓) Sponsor Bank Code Utility Code

CREATE I/We hereby authorize **NATIONAL SECURITIES CLEARING CORPORATION LTD.** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY
CANCEL 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

SIGNATURE

1. NAME 2. 3.

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- 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.

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

UMRN Date

Tick (✓) Sponsor Bank Code Utility Code

CREATE I/We hereby authorize **Acumen Capital Market (India) Limited** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY
CANCEL 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

SIGNATURE

1. NAME 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.

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