



Important Instructions:

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

For office use only	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update
(To be filled by financial institution)	KYC Number <input style="width: 100px; border: 1px solid black;" 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 style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
Maiden Name (If any*)	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
Father / Spouse Name*	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
Mother Name*	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
Date of Birth*	<input style="width: 100%; border: 1px solid black;" 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 style="width: 20px; border: 1px solid black;" 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		
	Applicant Signature / Thumb Impression		<div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; margin: 0 auto;"> </div>

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 style="width: 100%; border: 1px solid black;" type="text"/>	Passport Expiry Date	<input style="width: 100%; border: 1px solid black;" type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input style="width: 100%; border: 1px solid black;" type="text"/>		
<input type="checkbox"/> C- PAN Card	<input style="width: 100%; border: 1px solid black;" type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input style="width: 100%; border: 1px solid black;" type="text"/>	Driving Licence Expiry Date	<input style="width: 100%; border: 1px solid black;" type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input style="width: 100%; border: 1px solid black;" type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input style="width: 100%; border: 1px solid black;" type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input style="width: 100%; border: 1px solid black;" type="text"/>	Identification Number	<input style="width: 100%; border: 1px solid black;" type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input style="width: 100%; border: 1px solid black;" type="text"/>	Identification Number	<input style="width: 100%; border: 1px solid black;" 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 style="width: 100px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Simplified Measures Account - Document Type code <input style="width: 20px; border: 1px solid black;" type="text"/>
Address	
Line 1*	<input style="width: 100%; border: 1px solid black;" type="text"/>
Line 2	<input style="width: 100%; border: 1px solid black;" type="text"/>
Line 3	<input style="width: 100%; border: 1px solid black;" type="text"/>
District*	<input style="width: 20%; border: 1px solid black;" type="text"/> Pin / Post Code* <input style="width: 20%; border: 1px solid black;" type="text"/> State / U.T Code* <input style="width: 10%; border: 1px solid black;" type="text"/> ISO 3166 Country Code* <input style="width: 10%; border: 1px solid black;" type="text"/>

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

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)

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 :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date --
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]


INSTITUTION DETAILS

Name **SURESH RATHI SECURITIES PVT. LTD.**
Code

[Institution Stamp]



BANK ACCOUNT(S) DETAILS						
No.	Bank Name	Branch Address & Tel. No.	A/c. Type	Account No.	MICR No.	IFSC Code
1.						
2.						
Saving / Current / Others in case of NRI/NRE/NRO			Please provide Cancelled Cheque leaf for MICR & IFSC Code			
DEPOSITORY ACCOUNT(S) DETAILS						
Sr. No.	Depository Participant Name	DP ID No.	DP Account No.	Depository Name		
1.*				CDSL/NSDL		
2.				CDSL/NSDL		
* Shares bought by you will be transferred to your DPA/c stated by you at Sr. No. 1						
TRADING PREFERENCES						
Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.						
Ex. Segment	Cash	Derivatives	Currency Derivatives	Mutual Fund		
BSE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
NSE	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8		
MCX-SX	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	_____		
# If, in future, the client wants to trade on any new segment / new exchange, separate authorization / letter should be taken from the client by the stock broker.						
PAST ACTIONS						
Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors / authorized persons in charge of dealing in securities during the last 3 years:						
DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS						
If client is dealing through the sub-broker, provide the following details:						
Name				BSE SEBI Reg. No.		
Regd. Off. Address				NSE SEBI Reg. No.		
Signature	Tel. No.		Remisier/AP			
	Fax No.		Remisier/AP			
	Website		Remisier/AP			
Whether dealing with any other stock broker/sub-broker (if case dealing with multiple stock brokers/sub-brokers, provide details of all)						
Name of Stock Broker		Name of Sub Broker If any		Client Code		Exchange
Details of disputes/dues pending from/to such stock broker/sub-broker:						
ADDITIONAL DETAILS						
GROSS ANNUAL INCOME DETAILS (Please tick (✓): <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> > 25 Lacs						
Net-worth in ₹. (*Net worth should not be older than 1 year) _____ as on (date) d d / m m / y y y y						
(Please tick(✓) any one and give brief details):						
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____						
Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify):			<input type="checkbox"/> Physical Contract Note <input type="checkbox"/> Electronic Contract Note		Specify your Email id, if applicable: _____	
Whether you wish to avail of the facility of internet trading/ wireless technology (please specify): <input type="checkbox"/> Yes <input type="checkbox"/> No						
Number of years of Investment/Trading Experience: _____						
Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person For definition of PEP please refer guideline overleaf						
Any other information _____						

INTRODUCER DETAILS (Optional)			
Name Add./Tel.		Signature of the Introducer	
Status of the Introducer	<input type="checkbox"/> Sub Broker <input type="checkbox"/> Dremisier <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Other		
NOMINATION DETAILS (FOR INDIVIDUAL ONLY)			
<input type="checkbox"/> I / We wish to nominate		<input type="checkbox"/> I / We do not wish to nominate	
Name of Nominee		Relation with Nominee	
Address		PAN No.	
		Tel. No.	
If Nominee is a minor, details of Guardian		Date of Birth	
Name of Guardian			
Address & Tel No.		Signature of Guardian	
Witnesses (Only applicable in case the account holder has made nomination)			
Name		Name	
Address		Address	
Signature		Signature	
DECLARATION			
<p>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.</p> <p>2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariffsheet.</p> <p>3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on our website, www.sureshra.thi.com</p>			
Name		Client Signature	
Place	Date		
FOR OFFICE USE ONLY			
UCC Code allotted to the Client:			
Documents verified with Originals / In person verification done by		Client Interviewed / Approved by	
Name			
Signature			
Designation			
Employee Code			
Date			

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

Date _____

Signature of the Authorised Signatory

Seal/Stamp of the stock broker

OPERATIONAL BUSINESS POLICIES AND PROCEDURE

Suresh Rathi Securites Pvt. Ltd. (SRSPL)

> Refusal of orders for penny stocks.

The Penny stocks shall be identified as notified/declared by BSE/NSE as illiquid and/or included in the any sort of caution lists by the Exchanges and/or any other authorities. SRSPL does not ban dealings in such securities ab-initio, however, dealings by the clients in such securities shall be monitored and the trades above certain threshold quantity/value shall be inquired upon as to its recent price/volume movements, profile and background of the client who have dealt and its objectives. The Indicative threshold quantity/value limit shall be revised upwards or downwards on a scrip to scrip basis depending upon the market volumes and any other scrip specific market developments having reasons to attract the attention of the investors/traders. However, any such revision shall be within the limits/restriction, if any prescribed by the Exchanges/SEBI and if in the opinion of the person in charge of surveillance, any such scrip specific market development is likely to cause or induce some kind of market manipulation, the management may ban the dealings and/or deny to accept any order from any client in such securities and/or may call for the additional margins and/or advance pay-in of funds and securities before accepting such orders.

> Setting up client's exposure limits.

Default Exposure Limit to clients shall be set as per available margin deposits which includes ledger credits, collaterals and margins in any other Exchange approved form. The Exposure Limit can be revised upwards or downwards by the Surveillance desk after taking into account the client's profile, financial standing, client's business strategies and objectives, tenure of the business relationship and orderly conduct of the account. However, under any abnormal market conditions and/or any client or scrip specific risk Exposure limit multiples are subject to change and may vary on prevailing market conditions or other factors perception, the exposure limits given to any clients may be revoked or reduced with or without any intimation to the clients. The Exposure limits shall always be subject to and within the prevailing limit prescribed by the Exchange/SEBI. It shall be an obligation of the client to declare and observe the compliance with regard to any such exposure limit applicable on across the market exposure, if client is dealing with more than one broker member of one or more than one Exchange.

> Applicable Brokerage Rate.

The brokerage will be charged within the limits prescribed by SEBI / Exchange. The Sub-broker, Authorised Persons, Branch Managers or sales persons (herein after referred to as 'sub-intermediaries') who are in charge of the respective client account or serving the client as an accounts manager or relationship manager have authority to offer any concession in brokerage rates keeping in mind the clients business profile and potential business growth. Any such concession in brokerage rates shall be in conformity with the prevailing business policies of SRSPL. It is to be noted that all other statutory levies and transaction and clearing charges and other charges levied by the Exchange/Depositories/ Regulatory Bodies would be recovered separately from the client.

> Imposition of penalty/delayed payment charges.

Any penalties / charges imposed on SRSPL by Exchanges/SEBI or any other authorities on account of violations of any Rules/Regulations or circulars on the part of client may be recovered from the client if it is not specifically prohibited by such authorities to do so. SRSPL does not offer funding facilities in any of the exchange/segment. For operational convenience, it may agree to maintain a running account of client under their written authority and may retain the funds and securities for day to day margin and/or pay-in from the own funds while fulfilling its pay-in obligation with the Exchanges. However, in case of the delayed payments by the clients, SRSPL may, at its discretion, debit the clients account towards delayed payment charges from the due date till the date of realisation of payments with a view to ensure orderly conduct of the account. Such delayed payment charges shall be debited directly to the client's account at the end of the every month. It is to be noted that such delayed payment charges will be deterrent in nature and as such cannot be assumed to be financing/funding the client's settlement obligations. Delayed payment charges rate would be 18% pa & SRSPL reserves its right to change the delayed payment charges rate at its sole discretion without assigning any reason thereof.

> **The right to sell clients' securities or close clients' positions, without giving notice to the client, on account of nonpayment of client's dues:**

Clients' outstanding positions across all exchange/segment, the overdue pay-in obligation, online mark to market and margins are monitored against the available funds and collaterals for the respective client as a stand alone account. When the short fall in MTM and/or margins are observed, the concerned sub-intermediary and the client are instructed to bring back the account in order within the reasonable time frame taking into account the size and nature of the outstanding position and quantum of shortfall in the context of prevailing market conditions. If the client is unable to bring in the required additional funds/margins and/or to reduce the position, then SRSPL shall have the right to sell client's securities or close client positions, without giving notice to the client as permitted in the rules/regulations/bye laws/circulars of the concerned exchanges. The loss, if any, incurred in this regard, shall be borne by the client and will be met from the margin money/deposit of the client lying with SRSPL. The squaring up of clients outstanding position and selling of collateral securities by SRSPL can be done to the extent of shortfall of margins\ and/or to meet the overdue outstanding of Mark to Market and pay-in obligations of the particular client.

> **Shortages in obligations arising out of internal netting of trades**

Internal shortage arises when the buyer and the seller of a scrip are client of SRSPL and the seller fails to deliver the scrip to fulfill his settlement obligation. In case of internal positions, the same shall be sent for self auction or shall be purchased back in the shortage covering account and the seller debited by an amount equivalent to purchased rate or auction rate provided by the exchange and the securities so purchased shall be given to the buyer in the receipt of the same. In case the securities cannot be purchased back for any reason whatsoever, the same shall be closed out at the 20% above the closing price on T day. Any Loss of corporate benefit to the buyer of the securities shall be recovered from the defaulting seller's account.

> **Conditions under which a client may not be allowed to take further position or the broker may close the existing position of a client.**

Under some abnormal and/or special circumstances, the clients may not be allowed to take further position or the positions of a client may be squared off regardless of availability of funds and margins. Such circumstances may include;

- a. Abnormal price movement in the market triggering index circuit or halting of the market.
- b. Any other situation beyond the control of SRSPL.
- c. If there is any order to that effect from any regulatory/statutory authority.
- d. If there is any enquiry/investigation by any regulatory/statutory authority into the affairs of the client.
- e. Non-receipt of funds / securities and / or bouncing of cheques received from the client towards the obligations / margin /ledger balances;

> **Temporarily suspending or closing a client's account at the client's request:**

SRSPL shall keep the client's account suspended/closed for a temporary period of time at the specific written request, 15 days in advance, of the client, under certain circumstances such as the client going out of the town/country, undergoing medical treatment requiring his hospitalization etc., However, such suspension/closure will be effected, subject to clearance of all dues and settlement obligations by the client. During the period of such temporary suspension, trading in the client's account shall not be permitted. Notwithstanding any such suspension/closure, all right, liabilities and obligations of the parties arising out of or in respect of transactions entered into prior to such suspension/closure shall continue to subsist and binding on the client. The client's account shall be reactivated only at the specific written request of the client.

> **Deregistering a client.**

SRSPL may initiate the process of suspension/closure of the operation in clients account and/or deregistration of client in the event of any activities or dealings in the client's accounts are found to be in violation of any Rules, Regulations, Circulars of Exchanges/SEBI and/or in violation of any provisions of any other laws of the land. The de registration may also be done by SRSPL if any dealings or other activities in client's accounts are found to be suspicious and/or without any economic rational and/or likely to fall within the purview of manipulative market practices.

> **Treatment of inactive accounts:**

A client account in which there is no trade transaction during the 6 months of a financial year shall be identified as 'Inactive Account'. At the end of every financial year, a process shall be carried out to identify the account in which there is no transaction during the year and such accounts shall be marked as 'Inactive'. The credit of funds and securities, if any in such accounts shall be returned to the clients. In the event of activation of such account in future, the validity of all the relevant KYC data and documents shall be checked and the changes, if any shall be updated before putting such account in an active state.

> **Miscellaneous Operational Policies**

- i. SRSPL neither accept nor does any transaction in exchange of Cash Money. Therefore, client should not deal / exchange money in cash with any sub-intermediaries and/or any of the employees of SRSPL.
- ii. SRSPL shall not accept or recognize and give credit of any payment made by clients to SRSPL other than in 'Crossed Account Payee' Cheque in favour of SRSPL or direct credit in the designated banking accounts of SRSPL. Payments to client by SRSPL shall also be made through 'Crossed Account Payee Cheque' in the registered name of Client and/or through direct credit to the registered banking account of the client.
- iii. SRSPL shall not give/receive any securities other than to/from the registered demat account of client and shall not recognize any claim by the client for securities and/or its value for the securities delivered to any demat account other than the various designated demat accounts of SRSPL.
- iv. The sub-intermediaries and the employees of SRSPL are not authorized to make independent decision and buy / sell for the client and the client should promptly report to the SRSPL head office if unauthorized trades in his accounts are found.
- v. SRSPL and / or its group concerns do not accept Power of Attorney in favour of company, its directors, employees or sub intermediaries for the exclusive operations of clients trading and/or bank/demat account except the limited POA in favour of SRSPL for auto pay-in of client's sales obligations, collateral against margin, public issues of securities, rights, offer for sale, tendering shares in open offers and mutual funds with SRSPL from the demat account of client, if it is required and requested by the client.

> **Client Acceptance of Policies and Procedures stated here in above:**

I/We have fully understood the same and do hereby sign the same and has the right of enforcement. These Policies and Procedures may be amended / changed unilaterally by the broker, provided the change is informed to me / us through any one or more means of methods. I/we agree never to challenge the same on any grounds including delayed receipt / non receipt or any other reasons whatsoever. These Policies and Procedures shall always be read and shall be compulsorily referred to while deciding any dispute / difference or claim between me / us and stock broker before any court of law / judicial / adjudicating authority including arbitrator/ mediator etc.

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(Client Signature)

Date :/...../.....

Place :

This policy has been adopted by the trading member as on June 25, 2010 and may have been revised over time. Latest version of the policy is available at the trading member's website www.sureshrathi.com

TARIFFSHEET

(A) BROKERAGE DETAILS

CHARGES SEGMENT	Same day Square Off			Delivery / Any Day	
	Percentage		Minimum Rs.	Percentage	Minimum Rs.
	1st Side	2nd Side			
EQUITY CASH					
EQUITY FUTURE					
EQUITY OPTION					
CURRENCY DERIVATIVES					
IF ANY OTHER SEGMENT _____					

(B) DETAILS OF OTHER CHARGES

PARTICULARS	CHARGES	PARTICULARS	CHARGES
SECURITY TRANSACTION TAX (STT)	as applicable	EDUCATION CESS ON SERVICE TAX	as applicable
TRANSACTION CHARGES	as applicable	DELAY PAYMENT CHARGES	18% per annum
SERVICE TAX	as applicable	STAMP DUTY	as per state levies

PARTICULARS	CHARGES
PLEDGE CHARGES	Minimum 35/- OR 0.045% of pledge shares value +20/-
CHEQUE BOUNCE CHARGES	Minimum 150/- maximum 2% of the cheque amount
PENALTY FOR CHEQUE NOT CLEAR UP TO T+5	5% of the Cheque Amount
STOP PAYMENT CHARGES	Rs.150/-
DEMAT TRANSACTION CHARGES	As per given on page A-19
ONE TIME DEMAT TRANSACTION CHARGES	
LIFE TIME AMC FOR DEMAT A/C	
ANNUAL MAINTENANCE CHARGE FOR DEMAT A/C	

Tariff charges are subject to charge by the regulatory, authorities or government agencies.



Client 's Signature



Signature of Sub-broker

Signature of Broker
/ Authorised Signatory

NON - MANDATORY

AUTHORIZATION FOR RUNNING ACCOUNT & ADJUSTMENT OF BALANCES

To,
Suresh Rathi Securities Pvt. Ltd.
11/12, Mithila "A", CHS Ltd.,
J. B. Nagar, Andheri (E), Mumbai - 400 059.

I/we hereby authorize you to maintain my ledger accounts for funds and securities on a running basis. The ledger account may be treated as open, mutual and current.

I/we hereby authorize you to maintain running account for transactions executed through Suresh Rathi Securities Pvt. Ltd. on any of the stock exchanges / segments and set off/ settle/ adjust/ appropriate any outstanding debits on account of initial margin / mark-to-market and / or other settlement accounts against any credits lying in the above mentioned accounts or any other accounts maintained by you.

I/we hereby authorize you to effect transfer of my/our credit balances in the Cash market segment of any exchange to the ledger / credit of the Derivatives segment of any exchange, Currency Derivative segments of any exchange and vice-versa to meet the margin and/or settlement obligations on my/our accounts as may be necessitated.

I/we also authorize you to retain securities received in payout on my/our account with you towards margin in any exchange / segment. I/we also request you to hold my/our shares in your demat Beneficiary Owner Account unless I/we specifically request you to transfer to my/our demat Beneficiary Owner Account.

I/We agree to settle and / or request you to settle my funds and securities account once in every quarter or once in a month as below mentioned or such other higher period as allowed by SEBI / Stock exchange from time to time.

I agree to settle my account and/or kindly settle my account, for funds and/or securities

Quarterly OR Monthly

I/We also authorize you to retain funds up to Rs. 10000/- even on settlement date (across segment and across exchange) unless I / we specifically request you to release the same

I/we hereby declare that I/we can revoke this authorization at any point of time.

Thanking you

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(Client Signature)

(to be signed by the client only & not his authorised signatory)

Date :/...../.....

Place :

**NON-MANDATORY
CONSENT FOR DELIVERY OF ELECTRONIC DOCUMENTS**

To ,

Suresh Rathi Securities Pvt. Ltd.
11/12, Mithila "A", CHS Ltd.,
J. B. Nagar, Andheri (E), Mumbai - 400059.

I/We hereby authorize M/s Suresh Rathi Securities Pvt. Ltd. to send the following, digitally signed documents, with respect to my/our trading account.

1. Electronic contract note /contract cum bill(s) (ECN)/confirmation notes as applicable
2. Funds and Securities Ledger
3. Statements of Margin and Collateral
4. Securities transaction tax (STT) statements
5. Other relevant documents supplementing any/all of the above

I/We hereby authorize M/s Suresh Rathi Securities Pvt. Ltd. to send the above mentioned documents (hereinafter referred to as electronic documents) on following email id(s).

S.No.	Email Id
1.	_____
2.	_____

I/We hereby agree that the 'electronic documents' that shall be sent by M/s Suresh Rathi Securities Pvt. Ltd. from time to time to my designated email id(s) shall be deemed to have been delivered to me/us. Non receipt of bounced mail notification by M/s Suresh Rathi Securities Pvt. Ltd. shall amount to delivery of 'electronic documents' at the email id(s) mentioned above.

I/We hereby understand that whenever any of the above mentioned Electronic Documents are not delivered to me/ us or has been bounced, the member shall send the document in the physical form.

I am given to understand that M/s Suresh Rathi Securities Pvt. Ltd. simultaneously publishes the 'electronic documents' on its designated website / online portal 'www.sureshrathi.com' in order to further strengthen the electronic communication channel.

In case of any change in my/our said email id, I/We undertake to intimate the same to you in writing through a physical letter. I am an internet client, I/ We undertake to intimate the same to you through the secured access by way of my User ID and password.

Thanking you

Yours faithfully,

 16

(Client Signature)

Date :/...../.....

Place :

**NON - MANDATORY
LETTER OF AUTHORITY AND STANDING INSTRUCTIONS**

To ,

Suresh Rathi Securities Pvt. Ltd.
11/12, Mithila "A", CHS Ltd.,
J. B. Nagar, Andheri (E), Mumbai 400 059.

Dear Sir,

Re.: Letter of Authority-Our Trading Account with you on NSECM / F&O / CD, BSE CM / F&O / CD.

I/We have been / shall be dealing through you as my / our broker on the Capital Market and/ or Futures & Options Segments / Currency Derivative Segments. This instruction is applicable for all the exchanges / segments in which I / we have opened account with you. As my / our broker i.e. agent I / We direct and authorize you to carry out trading / dealings on my/our behalf as per instructions given below

- 1. VERBAL ORDER ACCEPTANCE AUTHORISATION:** As I/We shall be dealing by ordering over phone and even if I/we visit your branch/dealer, the fluctuations in market are so rapid that it is not practical to give written instruction for order placement /modification and cancellation. I/we hereby authorise you to accept my/our or my/our authorised representative's verbal instructions for order placement / modification and cancellation in person or over phone (fixed line or mobile phone) and execute the same. I/we understand the risk associated with verbal orders and accept the same, and agree that I/we shall not be entitled to disown orders and consequent trades (if any) under the plea that the same were not under mine /our instructions. I/we agree that I/we will not have the right to shift the burden of proof by asking you to prove the placement of orders through telephone recording or otherwise. Further, I/we shall be exclusively and entirely responsible for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above.
- 2. STANDING INSTRUCTIONS FOR NO PRINTED ORDER / TRADE CONFIRMATION SLIPS:** I/We hereby authorise you NOT to provide me/us Order Confirmation / Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paperwork. I/We shall get the required from contracts/bills issued by you.
- 3. AUTHORITY TO MAINTAIN COLLECTIVE BOOKS OF ACCOUNT :** I/We hereby authorise you to maintain combined / collective ledger account for all the trades done by me on any of the Segment of any of the Exchange. I/We do not need separate statement of accounts for each segment/exchange. Cheques paid by me/us or issued to me/us can also be considered as having been paid/ issued for any or all the segments /exchanges collectively.
- 4. PLEDGE AUTHORISATION:** I/We hereby authorise you to Pledge /deposit my/our securities whether deposited as collateral/margin or permitted by us to be retained in the running account etc. by you with any person(s) including but Not limited to any one or more bank(s) and/or stock exchange(s) and/or clearing corporation(s)/clearing house(s).
- 5. PRINTED FINANCIAL STATEMENTS / BILLS / CONTRACT NOTES:** I/We authorise you to refrain from sending printed copies of financial statements / holding statements / bills / contracts notes / etc. by hand / post / courier to me, unless specifically requested by me/us, in which case you are authorised to charge postage cost from my/our Trading account. I/We prefer to obtain all the required statements / information in digital format by emails or from your website, if I/we have opted for ECN.
- 6. AUTHORISATION FOR DEBITING DEMAT ACCOUNT CHARGES TO TRADING ACCOUNT :** I/We authorize you to debit my/our account against the charges raised by you on account of Depository Services provided by you or by on account of Depository Services provided by them and bill raised by them in this regard. The details of Demat account(s) are as follows:

Depository	DP	BO Account No	BO Name
CDSL	Suresh Rathi Securities Pvt. Ltd.		

- 7. RECEIPT OF TRADE CONFIRMATION BY SMS :** I/We hereby agree and give my/our consent for sending the trade confirmations via SMS and I/We have also understood that I/we will not receive the telephonic trade confirmations.
- 8. OUTSTANDING POSITION SQUARE - OFF AUTHORISATION :** I/We authorise you to square-off my position entirely or in part as per your discretion anytime if the mark-to-market loss on my outstanding position exceeds 80% of the amount lying to the credit of my account held with you. Further, I/We authorise you to square-off my position entirely or in part as per your discretion anytime during of a trading session, in case the amount lying to the credit of my account with you after adjusting the MTM losses if any, is not sufficient to cover the margin required to carryover my outstanding position for the next trading session or to take delivery thereof.
- 9. ELECTRONIC TRADING PLATFORM :** Trading on NSE/ BSE is in electronic mode, based on VSAT, Leased Line, ISDN and Internet and a combination of technologies and computer systems to place and route orders. I/We understand that there exists a possibility of communication failure or system problems or slow / delayed response from the system or halt in trading or any such other problem / glitch whereby not being able to establish access to the trading system/network, which may be beyond our control and may result in delay in processing or not processing buy or sell orders either in part or in full. I/We agree that I/we shall liable and responsible for any such problems/ glitch.
- 10. ELECTRONIC CONTRACT NOTES :** I/ We agree not to hold you responsible for late / non-receipt of contract notes sent in electronic form and any other communication for reason to failure of email servers, loss of connectivity, email in transit etc. I/We agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me/us and such dispatch shall be deemed to mean receipt by me /us and shall not be disputed by me/us on account of any non-receipt/delayed receipt. I /We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email account . In case, in any of the above segments/exchanges due to bounced mail, I / we here by permit you to send the same in physical mode. I/We understand that I am required to intimate any change in the email id mentioned herein above needs to be communicated by me through a duly signed request letter in original to you, provided however that if I/we am/are an internet client then in that event the request for change in email id can be made by me/ us through a secured access using client specific user id and password. Please treat this authorization as written ratification of my / our verbal directions / authorizations given and carried out by you earlier. I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above.
- 11. COMPLIANCE OF EXCHANGE NORM :** I/We hereby authorize you to take all such steps on my/our behalf as may be required or advisable in your opinion for compliance with the exchange provisions or any other law or provisions or to complete or settle any transactions entered into through or with you or executed by you on my/our behalf. However, nothing contained herein shall oblige you to take such steps.
- 12. VOICE RECORDING:** I/We agree to your tape-recording the conversations between me/us, my/our representative and your officers/ employees/ agents etc. in its absolute discretion, either personally or over the telephone. Such recordings may be relied upon by you as and when required, and I/we agree not to challenge the evidentiary value of such recordings.
- 13. AUTHORISED REPRESENTATIVE (applicable only in case of non-individual) :** I/We authorise Mr/Ms R/o _____ (hereinafter referred to as 'Authorised. Representative') to deal/ transact on my/our behalf and to place orders, give instructions, make & receive payments of securities and monies, collect contract note bills, order confirmations, trade confirmations, account statements and any other documents or communication. The Authorised Representative is also authorised by me/us to sign any document, settle the account, enter into any compromise and to do any and all act (s) on my/our behalf which I/we can do. I/we the undersigned do hereby agree and declare and confirm that all the acts and things done by him/ her substitute shall bemy/our act, deeds and things validity done by me/us to all intents and purposes. Please treat this authorization as written ratification of my/our verbal directions/ authorizations given and carried out by you earlier. I/We agree to indemnify you and keep your indemnified against all losses, damages and actions which you may suffer or face as a consequence of adhering to and carrying out my/our authorisation given above.

14. INVESTMENT IN IPO/FPO/MUTUAL FUNDS: In order to make investments in mutual funds, initial public offerings/follow on public offerings, rights issue, fixed deposit(s) etc. and generally to invest in various avenues / products and to redeem/liquidate any investments, I/we authorise you to give effect to the requirements by giving orders/ instructions (electronic/ physical/verbal) for the same and to sign any documents and / or do any and all act(s) as may be required or are deemed necessary in your opinion for these purposes from time to time.

15 .PORTFOLIO MANAGEMENT SERVICE: I/We understand and agree that you or any of your agent do not provide Portfolio Management Service and do not offer any promises or returns on investment in stock market. You shall be in no way responsible for profits/loss that accrue to me from investment in stock market.

Yours faithfully,

17 

(Client Signature)

Date :/...../.....

Place :

ACKNOWLEDGMENT FROM CLIENT

To ,

Suresh Rathi Securities Pvt. Ltd.
11/12, Mithila "A", CHS Ltd.,
J. B. Nagar, Andheri (E), Mumbai 400 059.

I/We, hereby confirm that I / We have received a copy of the KYC Form along with the Risk Disclosure Document, Rights & Obligations, Guidance Note, Policy & Procedures, Tariff Sheet and all non-mandatory documents.

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(Client Signature)

Date :/...../.....

Place :

FATCA DECLARATION

Please seek appropriate advice from your tax professional on your tax residency and related FATCA & CRS guidance

PAN*		Mob.	
------	--	------	--

Name	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
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DPID	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	BO ID	<input type="text" value="0"/>	<input type="text" value="0"/>				
------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	-------	--------------------------------	--------------------------------	--	--	--	--

Trading Code		Branch	
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Type of address given at KYC KRA	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Business
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Place of Birth	
----------------	--

Country of Birth	
------------------	--

Nationality	
-------------	--

Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	Net Worth in INR. In Lakhs
	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> > 1 Crore	
				Net Worth as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

(Date should not be older than one year)

Occupation Details	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	Others [Please specify]
	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	

Politically Exposed Person [PEP]	<input type="checkbox"/> Yes	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Not Applicable
----------------------------------	------------------------------	---	---

Are you a tax resident of any country other than India?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

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

[#]To also include USA, where the individual is a citizen / green card holder of The USA

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

DECLARATION:

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to / any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required by domestic or overseas regulators/ tax authorities.

Date	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
Place								

Signature

Additional KYC Form for Opening a Demat Account For Individuals

Suresh Rathi Securities Pvt. Ltd.

(To be filled by the Depository Participant)

Application No.		Date												
DP Internal Reference No.														
DP ID	1	2	0	1	2	1	0	Client ID	0	0				

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

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

Type of Account (Please tick whichever is applicable)

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

Holders Details :

Sole/First Holder's Name		PAN											
		UID											
Second Holder's Name		PAN											
		UID											
Third Holder's Name		PAN											
		UID											
Address of Correspondence													
Permanent Address (If differ from above)													
Contact Details	Tel. No.	Mobile	E-mail ID										
Other Details													
Gross Annual Income Details (Pls tick (✓) :	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> More than Rs. 25 Lacs Net worth on (Date) _____ Rs. _____ (Net worth should not be older than 1 year)												
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agricultural <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify).....												
Please tick if applicable	<input type="checkbox"/> Politically exposed person (PEP) <input type="checkbox"/> Related to Politically exposed person (RPEP)												
Any other information													

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

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

Guardian's Name		PAN	
Relationship with the applicant			

I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other Further instruction from my/our end (if not marked, the default option would be 'NO')	<input type="checkbox"/> YES <input type="checkbox"/> NO
I/We would like to share the Email ID with the RTA	<input type="checkbox"/> YES <input type="checkbox"/> NO
I/We would like to receive the Annual Report. (Tick the applicable box. If not marked the default option would be Physical).	<input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both

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

Bank Details [Dividend Bank Details]

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

- i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
 ii) Photocopy of the Bank Statement having name and address of the BO
 iii) Photocopy of the Passbook having name and address of the BO,(or)
 iv) Letter from the Bank
 In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).										
Transaction Using Secured Texting Facility (TRUST) Refer to Terms Conditions Annexure - 2.6	I wish to avail the Trust Facility using the mobile number registered for SMS Alert Facility. I have read and understood the Terms and conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs Under my/our below mentioned BO ID registered for TRUST.										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Stock Exchange Name / ID</th> <th style="width: 33%;">Clearing Member Name</th> <th style="width: 33%;">Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)									

Nomination Details

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- I/We do not wish to nominate any one for this demat account.**
 I/We **nominate** the following person who is/are entitled to receive security balances lying in my/our accounts, particulars whereof are given below, in the event of my/our death.

I/We **nominate** the following person who is/are entitled to receive security balances lying in my/our accounts,

Nominee Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name *First Name
Middle Name
Last Name
Address			
City			
State			
Pin			
Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			
Relationship with the BO			

In case if Nominee is Minor

Date of birth (mandatory)			
Gaurdian Name *First Name
Middle Name
Last Name
Address of Gaurdian of Nominee			

In case if Nominee is Minor	Nominee 1	Nominee 2	Nominee 3
City			
State			
Pin			
Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			
Relationship of Gaudian with the Nominee			
Percentage of allocation of securities			
Fractional allocation of the securities if any [please tick the respective nominee, (any one) if tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note : One Witness shall atleast signature / thumb impression

Details of the Witness	First Witness	
Name of witness		
Address of witness		
Signature of witness		

Declaration of Email Id/mobile Number

I/We, _____ hereby declare that the

Mobile no.: _____ Email ID : _____


belongs to Mr / Ms. _____.

Your Relation: Self Spouse Dependant child Dependant Parent

I/We request you to update the same in my trading and Demat account and send all the Confirmations and other communication through SMS and EMAIL ID.

Further I/We hereby agree & undertake to indemnify and keep indemnified and save harmless you from against all claims/ demands/ penalties/suits/action or any loss or damaged suffered or uncured by you as a Consequence of such instruction

I/We have received and read the Rights and Obligations documents and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. 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.

	First / Sole Holder / or Guardian (in case of minor)	Second Holder	Third Holder
Name			
Signature 			

(To be filled by DP)

Nomination Registration No. _____ Dated _____

For Depository Participant
(Authorised Signatory)

POWER OF ATTORNEY

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

residing at _____

having Unique Code _____ being Indian Inhabitant Send Greeting.

WHEREAS I/We hold beneficial owner (BO) account number **1201210**..... with Central Depository Services (India) Limited (CDSL), through **SURESH RATHI SECURITIES PVT. LTD.** registered with Securities and Exchange Board of India (SEBI).

And Whereas I/We am/are investor engaged in buying and selling of securities through **SURESH RATHI SECURITIES PVT. LTD.** having its Registered office at 11 & 12 "A" Wing, Mithila Apartment, Opp. Jankalyan Bank, J. B. Nagar, Andheri (E), Mumbai-400 059 a member of National Stock Exchange of India Limited bearing SEBI registration Nos.: INB230976335 clearing No.:09763; & Bombay Stock Exchange Limited bearing SEBI registration No.: INB010976334 clearing No.:727 & MCX-SX Stock Exchange Limited bearing SEBI registration No.: INB260976338 clearing No. 12340. With its branch/franchise situated at

And Whereas I/We am/are desirous of appointing the aforesaid stock broker as my/our constituted attorney to operate my/our beneficial owner account on my/our behalf for limited purpose/s 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 **SURESH RATHI SECURITIES PVT. LTD.** (hereinafter referred to as "The Stock Broker") as my true and lawful attorney and authorize it to perform the following functions on my behalf:


1. To transfer securities including Mutual Fund Units held in my/our afore mentioned beneficial owner account to the stock broker from time to time to the demat account numbers such as: CM Pool BSE 1201210100071081. CM Pool NSE 1201210100071100. CM Pool MCX-SX 1201210100515571. CM Principal BSE 1201210100119868. CM BP ID BSE - IN653382. CM BP ID NSE - IN 561348. BSE / NSE Margin 1201210100227975. Client BO (CDSL) 1201210100133359. Client BO (NSDL) 19105997 DP ID: IN301330. NSE Margin (NSDL) 20149598. DP ID: IN301330. BSE early Pay-in 1100001000012769. NSE Pay-in 1100001100015105. NSE MCX-SX (NSDL) 10029408 DP ID: IN473488 of the stock broker maintained for the purpose of settlement of trades and margin obligations arising out of trades executed by me / us on any recognized stock exchange through afore mentioned stock broker. The said power will be restricted to the transfer of securities of Clearing Member ID allotted to the stock broker or to any demat accounts linked to the said Clearing Member ID. Further in case the Stock Broker is required to open any new accounts for the purpose of pay-in for trades on any recognized stock exchange, I/we hereby agree that this POA shall be applicable to all such accounts and would be covered by this POA as long as the details of such accounts are informed to me / us in writing by the said stock broker.

2. To transfer the holdings in our/my account to required account (being one of the accounts mentioned above) for meeting*my/our obligations to wards margins for my/our transactions in capital and derivatives segment or any segment of any recognized stock exchange and to pledge / unpledged the securities in favor of the stock broker. However the said power to transfer /pledge in favor of the stock broker shall be applicable for the limited purpose of meeting my/our margin requirements in connection with the trades done by me/us on any recognized stock exchange through the stock broker
3. To return to me/us, the securities that may have been received by the stock broker erroneously or those securities that the stock broker was not entitled to receive from me/us.
4. To send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.
5. To apply for various products like Mutual Funds, Public Issues of Securities, Rights, Offer for Sale, tendering shares in open offers etc pursuant to oral/written/electronic instructions given by me/us to the stock broker.

I/We ratify the instruction/s given by the aforesaid stock broker to the depository participant named hereinabove in the manner specified herein.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked (without notice) through a written notice served by me/us to the stock Broker at 11&12, Mithila "A", CHS LTD., J B Nagar, Andheri (E), Mumbai - 400 059.

Signed and delivered by the within named Beneficial Owner/s

	First / Sole Holder	Second Holder	Third Holder
Name			
 Signature			

In the presence of

	First Witness	Second Witness
Name of witness		
Address of witness		
Signature of witness		

We Accept

SURESH RATHI SECURITIES PVT.LTD

[Authorized Signatory]

Place:

Date:

AUTHORITY LETTER IN FAVOUR OF AN AUTHORISED REPRESENTATIVE

To,

Suresh Rathi Securities Pvt. Ltd.
11/12, Mithila"A",CHSLtd.,
J.B.Nagar, Andheri(E),Mumbai-400059.

Sub : Letter of Authority to place instructions to SRSPL on my/our behalf.
Please tick () for the relation Spouse Mother Father Depended Children

Ref.: Trading Code _____

Dear Sir,

I/We _____, having trading account with SURESH RATHI SECURITIES PRIVATE LIMITED (SRSPL) to deal in Equity Segment and Future Segments of NSE-BSE exchanges.

I/We hereby appoint Mr./Mrs. _____ having PAN: _____ as my/our authorized representative to operate my/our above mentioned trading account on my/our behalf and SRSPL is authorised to follow his/her instructions regarding my/our above mentioned trading account for the following purpose:

1. To place orders on my/our behalf and to receive confirmations on my/our behalf for orders placed by him/her in the said account.
2. To receive / collect contracts, bills and any other relevant document on my/our behalf in the said account and take/handover all the deliveries of Equity purchased / sold by or on behalf of me /us.
3. To receive instructions/communications for payment of margins, including margin calls made should there be a shortfall at any point of time.
4. To receive communication regarding squaring up of existing open positions, in case of shortfall of margin or otherwise.
5. To perform, do, undertake, discharge all incidental and ancillary acts, deeds, matters, things, functions and obligation in connection therewith.
6. To give and receive settlement and other instructions in the said account, including, but not limited to, instructions for payment and receipt of cheques.

His/her instructions/acts will be binding on me/us as if it is issued by me/us. I/we hereby agree and understand that, SRSPL reserves the right to refuse to execute any instruction given by the Authorised Person, if details of the Authorised Person matches or apparently resembles with the details appearing in the list of debarred entities published by SEBI/Exchanges/any regulatory authority.

I/We further agree and confirm that the powers and authorities conferred shall continue to be good, valid and effective until revoked by me/us in writing given to my/our representative and that the authorization shall not be affected by lapse of time. This authorization shall continue in full force and effect until my/our representative shall receive written notice of revocation thereof.

This authority shall remain in force until otherwise notified by me/us in writing.

Thanking you,
Yours faithfully,

(Signature of Client)

Acceptance by Authorised Person

Please refer to the above authority letter issued by _____ (Client) authorizing me to trade and settle in his/her/their aforesaid trading account. I hereby accept the authority given to me and I shall abide by the terms and conditions of KYC documentation executed by the client with SRSPL .

Yours faithfully,
Signature of
Authorised Person _____

(Note: PAN card as a Proof of identity and Signature of Authorized person is mandatory)