

Sl. No.:.....



**FORTUNE**

CAPITAL SERVICES PVT LTD

ALWAYS ON YOUR SIDE

(Member : NSE, BSE, MCX & ICEX)

**ACCOUNT OPENING FORM**  
**NON - INDIVIDUAL**

CLIENT NAME :

CLIENT CODE

# INDEX OF DOCUMENTS



## MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

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| 2      | Rights and Obligations         | Document stating the Rights & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).                  | Annexure A |
| 3      | Risk Disclosure Document (RDD) | Document detailing risks associated with dealing in the securities market.                                                                                                                                                                   | Annexure B |
| 4      | Guidance note - DO's & Don'ts  | Document detailing do's and don'ts for trading on exchange, for the education of the investors.                                                                                                                                              | Annexure C |
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Annexures A, B, C & D are available in the link <http://ftconline.in/download/Annexures A to D.pdf>

## VOLUNTARY DOCUMENTS AS PROVIDED BY THE MEMBER

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**KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR NON-INDIVIDUALS ONLY)**



**Fortune Capital Services Private Limited**

Regd. Office : "Kochar Technology Park", 6th Floor, SP 31-A, 1st Cross Road,  
Ambattur Industrial Estate, Ambattur, Chennai – 600 058.  
Phone : 044 - 4560 9696 E-mail : ftc@ftconline.in Website :www.ftconline.in

Application No. \_\_\_\_\_

Photograph of Director

Please fill this form in ENGLISH and in BLOCK LETTERS.

**A. IDENTITY DETAILS**

1. Name of Applicant : \_\_\_\_\_ **Registered company name**

2. Date of Incorporation : \_\_\_\_\_ **Date of Incorporation** (dd/mm/yyyy) &

Place of Incorporation : \_\_\_\_\_ **Place of incorporation**

3. Date of Commencement of business: \_\_\_\_\_ **Date of business Started** (dd/mm/yyyy)

4. a. PAN : \_\_\_\_\_ **Corporate PAN**      b. Registration No. (E.g. CIN) : \_\_\_\_\_ **Registration Number**

4. Status (Please tick any one) : \_\_\_\_\_ **Select Registration type**

- 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 \_\_\_\_\_

PHOTOGRAPH

1  
35

Please affix the recent passport size photograph of Authorised Signatory and sign across it

Company Seal and Directors Sign crossed Photo

**B. ADDRESS DETAILS**

1. Address for correspondence : \_\_\_\_\_ **Company Registered Address**

City/town/village: \_\_\_\_\_ Pincode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

2. Contact Details: Tel.(Off.) \_\_\_\_\_ Tel.(Res.) \_\_\_\_\_ Mobile No: \_\_\_\_\_

Fax: \_\_\_\_\_ Email id : \_\_\_\_\_

3. Specify the proof of address submitted for correspondence address : \_\_\_\_\_

4. Registered Address ( if different from above ) : \_\_\_\_\_

City/town/village: \_\_\_\_\_ Pincode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**C. OTHER DETAILS**

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees/Whole time directors :

**Name , Pan , Address and photograph of partners/directors**

2. a) DIN of whole time directors : \_\_\_\_\_ **DIN**

b) Aadhaar number of Promoters/Partners/Karta : \_\_\_\_\_ **AADHAR**

**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 may be held liable for it.

2  
35

**Company Seal and Directors Signature**

Name & Signature of the Authorised Signatory

Date : \_\_\_\_\_ (dd/mm/yyyy)

**FOR OFFICE USE ONLY**

Originals verified and Self - Attested copies received

(.....)  
Name & Signature of the Authorised Signatory

Seal/Stamp of the intermediary

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

## 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/ PIOCard/ OCICard 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/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, Mfs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

### E. List of people authorized to attest the documents:

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

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

Name of Applicant : \_\_\_\_\_ PAN of the Applicant : \_\_\_\_\_

| Sr. No. | PAN               | Name                   | DIN (For Directors) / UID (For Others) | Residential / Registered Address | Relationship with Applicant (i.e. Promoters, Whole time directors etc.) | Whether Politically Exposed                                                                  | Photograph             |
|---------|-------------------|------------------------|----------------------------------------|----------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------|
|         | PAN of Director 1 | Name of the Director 1 | DIN of Director 1                      |                                  |                                                                         | <input type="checkbox"/> PEP<br><input type="checkbox"/> RPEP<br><input type="checkbox"/> NO | Photograph of Director |
|         | PAN of Director 2 | Name of the Director 2 | DIN of Director 2                      |                                  |                                                                         | <input type="checkbox"/> PEP<br><input type="checkbox"/> RPEP<br><input type="checkbox"/> NO | Photograph of Director |
|         |                   |                        |                                        |                                  |                                                                         | <input type="checkbox"/> PEP<br><input type="checkbox"/> RPEP<br><input type="checkbox"/> NO |                        |
|         |                   |                        |                                        |                                  |                                                                         | <input type="checkbox"/> PEP<br><input type="checkbox"/> RPEP<br><input type="checkbox"/> NO |                        |

Company Seal and Directors Signature



Name of the Trading Member : **Fortune Capital Services Private Limited**

SEBI Registration No. : INZ000201438

NSE : NSE Code No. 14572

BSE : BSE Clearing No. 6524

MCX : MCX ID No. 16765

Registered office address : **M/s. Fortune Capital Services Private Ltd.,**  
"Kochar Technology Park"  
6th Floor, SP 31-A, 1st Cross Road,  
Ambattur Industrial Estate,  
Ambattur, Chennai – 600 058.  
Phone : 044- 4560 9696 / 6132 9696 E-Mail : [ftc@ftconline.in](mailto:ftc@ftconline.in)  
Website: [www.ftconline.in](http://www.ftconline.in)

*Compliance officer name* : **S. PremKumar**  
*phone no* : 044- 4560 9696  
*e-mail id* : [ftc@ftconline.in](mailto:ftc@ftconline.in)

*Managing Director name* : **K. Narayana Moorthy**  
*phone no.* : 044- 4560 9696  
*e-mail id* : [ftc@ftconline.in](mailto:ftc@ftconline.in)

*For any grievance / dispute please contact Fortune Capital Services Private Limited at the above address or email id- [ftc@ftconline.in](mailto:ftc@ftconline.in) and Phone no. 91- 44 4560 9696. In case not satisfied with the response, please contact the concerned exchange(s) at*

**National Stock Exchange of India Ltd. (NSE)**

Ph : (022) 26598190  
Fax : (022) 26598191  
E-mail : [ignse@nse.co.in](mailto:ignse@nse.co.in)

**Multi Commodity Exchange of India Ltd. (MCX)**

Ph : (022) 6731 8888 Fax : (022) 6649 4151  
E-mail : [grievance@mcxindia.com](mailto:grievance@mcxindia.com)  
Website : [www.mcxindia.com](http://www.mcxindia.com)

**Bombay Stock Exchange Ltd. (BSE)**

Ph : (022) 2272 1233 / 34  
Fax : (022) 2272 3677  
E-mail : [is@bseindia.com](mailto:is@bseindia.com)

**Indian Commodity Exchange Ltd. (ICEX)**

Ph : (022) 40381546  
E-mail : [grievance@icexindia.com](mailto:grievance@icexindia.com)  
Website : [www.icexindia.com](http://www.icexindia.com)

**Central Depository Services (India) Ltd (CDSL)** Ph : (022) 2272 3333 E-mail : [complaints@cdslindia.com](mailto:complaints@cdslindia.com)

**Annexure - 1**

**KNOW YOUR CLIENT (KYC) APPLICATION FORM - FOR NON INDIVIDUALS**

**FORTUNE CAPITAL SERVICES PRIVATE LIMITED**

Regd. Office : "Kochar Technology Park", 6th Floor, SP 31-A,  
1st Cross Road, Ambattur Industrial Estate, Ambattur,  
Chennai – 600 058.  
Ph. : 044 - 4560 9696 Email : ftc@ftconline.in  
Web : www.ftconline.in

Photograph of Director

Please affix the recent passport size photograph of Authorised Signatory and sign across it



Company Seal and Directors Sign crossed Photo

(Please fill up the forms in **ENGLISH** and in **BLOCK LETTERS**)

Dear sirs,

I / We request you to register me / us as your client and enable me / us to trade in the Capital Market & Derivatives segment of the stock Exchanges. I/We have read the Rules. Bye -laws and Regulations of Capital Market & Derivatives segment of the above exchanges and agree to abide by them. In this regard, I/We give the following information :

**A. IDENTITY DETAILS**

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |                         |  |  |                                          |  |  |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|-------------------------|--|--|------------------------------------------|--|--|
| <b>Name of the Applicant</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |                         |  |  |                                          |  |  |
| <b>Date of Incorporation/ Formation</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |                         |  |  | <b>Place of Incorporation/ Formation</b> |  |  |
| <b>Date of Commencement of Business</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |                         |  |  |                                          |  |  |
| <b>PAN</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  | <b>Registration No.</b> |  |  |                                          |  |  |
| <b>Status (Please Tick any One)</b>     | <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust<br><input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF<br><input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Govt. Body <input type="checkbox"/> Non-Govt Orgn. <input type="checkbox"/> Defence Establishment<br><input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Others (Please specify.....) |  |  |  |  |  |  |                         |  |  |                                          |  |  |

**B. ADDRESS DETAILS**

|                                                              |               |                |  |  |  |                                             |  |  |  |  |
|--------------------------------------------------------------|---------------|----------------|--|--|--|---------------------------------------------|--|--|--|--|
| <b>Correspondence Address</b>                                |               |                |  |  |  |                                             |  |  |  |  |
|                                                              |               |                |  |  |  |                                             |  |  |  |  |
|                                                              | <b>City :</b> | <b>State :</b> |  |  |  | <b>PIN CODE:</b>                            |  |  |  |  |
| <b>Contact Details</b>                                       | Mobile No.    |                |  |  |  | Landline No.<br>(mention ISD and STD Codes) |  |  |  |  |
|                                                              | Fax No.       |                |  |  |  | Email ID :                                  |  |  |  |  |
| <b>Specify the proof of Correspondence Address submitted</b> |               |                |  |  |  |                                             |  |  |  |  |
| <b>Registered Address ( If different From above)</b>         |               |                |  |  |  |                                             |  |  |  |  |
|                                                              |               |                |  |  |  |                                             |  |  |  |  |
|                                                              | <b>City :</b> | <b>State :</b> |  |  |  | <b>PIN CODE:</b>                            |  |  |  |  |

**C. OTHER DETAILS**

**Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees & whole time directors :**  
Please Fill Annexure A

**DIN/UID of Promoters/Partners/Karta/Trustees & whole time directors :** Please Fill Annexure A / Annexure B

**DECLARATION**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. 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, I/We am/are aware that I/We may be held liable for it.



**Company Seal and  
Directors Signature**

Date

Place

**Signature of the Authorised signatory :**

**For Office Use Only**

- (Originals verified) True copies of documents received
- (Self-Attested) self Certified Document copies received

For **FORTUNE CAPITAL SERVICES PRIVATE LIMITED**

**Authorised Signatory**

**Seal/Stamp of the Intermediary**

Date .....



### TRADING ACCOUNT RELATED DETAILS :

#### A. BANK DETAILS (Please attach separate sheet & documentary proof if more than two Bank accounts has to be registered)

|                            |  |                       |                                                                       |
|----------------------------|--|-----------------------|-----------------------------------------------------------------------|
| <b>Bank Name</b>           |  | <b>Bank A/C Type</b>  | <input type="checkbox"/> Savings / <input type="checkbox"/> Current / |
| <b>Bank A/C Number*</b>    |  |                       | <input type="checkbox"/> Others-in case Of NRI/NRE/NRO                |
| <b>Bank Branch Address</b> |  |                       |                                                                       |
| <b>MICR</b>                |  | <b>RTGS/NEFT/IFSC</b> |                                                                       |

|                            |  |                       |                                                                       |
|----------------------------|--|-----------------------|-----------------------------------------------------------------------|
| <b>Bank Name</b>           |  | <b>Bank A/C Type</b>  | <input type="checkbox"/> Savings / <input type="checkbox"/> Current / |
| <b>Bank A/C Number</b>     |  |                       | <input type="checkbox"/> Others-in case Of NRI/NRE/NRO                |
| <b>Bank Branch Address</b> |  |                       |                                                                       |
| <b>MICR</b>                |  | <b>RTGS/NEFT/IFSC</b> |                                                                       |

\*Payment will be issued to the said Bank account by default unless & otherwise specified

#### B. DEPOSITORY ACCOUNT(S) DETAILS (Attach Client Documentary Proof for each Client ID )

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

#### C. TRADING PREFERENCES:

\*Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

| Exchanges | Name of the Segment        |          | Signature                            |
|-----------|----------------------------|----------|--------------------------------------|
| NSE       | Capital Market (Cash)      | 6<br>35  | Company Seal and Directors Signature |
| NSE       | Futures & Options (F&O)    | 7<br>35  | Company Seal and Directors Signature |
| NSE       | Currency Derivatives (CDS) | 8<br>35  | Company Seal and Directors Signature |
| NSE       | Commodity (COM)            | 9<br>35  | Company Seal and Directors Signature |
| BSE       | Capital Market (Cash)      | 10<br>35 | Company Seal and Directors Signature |
| BSE       | Futures & Options (F&O)    | 11<br>35 | Company Seal and Directors Signature |
| BSE       | Currency Derivatives (CDS) | 12<br>35 | Company Seal and Directors Signature |
| BSE       | Commodity (COM)            | 13<br>35 | Company Seal and Directors Signature |
| MCX       | Futures & Options (F&O)    | 14<br>35 | Company Seal and Directors Signature |
| ICEX      | Futures & Options (F&O)    | 15<br>35 | Company Seal and Directors Signature |

# 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.

**D. 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 :

Yes  No

**E. DEALINGS THROUGH AUTHORISED PERSON AND OTHER MEMBERS**

If client is dealing through the Authorised Person, provide the following details :

| Authorised Person Name | SEBI Registration No. | Registered Office Address | Phone / Fax Details |
|------------------------|-----------------------|---------------------------|---------------------|
|                        |                       |                           |                     |

Whether dealing with any other Members/ Authorised Person  
If Yes, give details (Please Provide details of all)

Yes  No

| Member Name | Authorised Person Name | Exchange | Client Code |
|-------------|------------------------|----------|-------------|
|             |                        |          |             |
|             |                        |          |             |

Details of disputes/dues pending from / to such Member/Authorised Person :

**F. ADDITIONAL DETAILS**

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (Please specify) :

Physical contract note :  YES /  NO

Electronic contract note (ECN) :  YES /  NO

If yes, Specify your E-mail id

Whether you wish to avail of the facility of internet trading / wireless technology (Please specify)

Internet trading facility :  YES /  NO

Wireless trading facility :  YES /  NO

Wish to receive Copy of Standard Documents like Rights & Obligations, Uniform Risk Disclosure Documents, Guidance Note detailing Do's and Don'ts & Policies and Procedures

Electronic  
 Physical

|                              |                                             |                      |                           |
|------------------------------|---------------------------------------------|----------------------|---------------------------|
| <b>Investment Experience</b> | No Prior Experience_____                    | In Stocks_____ years | In Derivatives_____ years |
|                              | In other Investment related field_____years |                      |                           |

**Gross Annual Income**  < Rs.1 Lac  Rs.1-5 Lac  Rs.5-10 Lac  Rs.10-25 Lac  > Rs.25 Lac  > Rs.1 crore

**Networth as on** (Date) ..... (dd/mm/yyyy) : Rs. \_\_\_\_\_ (\*Net worth should not be older than 1 year)

Please tick, if applicable, for any of your authorized signatories / Promoters/Partners/Karta/Trustees & whole time directors :  Politically Exposed Person (PEP) /  Related to a Politically Exposed Person (PEP)  
 Not a Politically Exposed Person (PEP) /  Not Related to a Politically Exposed Person (PEP)

**Any other Information :**

**In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others :**

Please fill Annexure B

**G. INTRODUCER DETAILS (Optional)**

|                                 |                                                                                                                                                                                      |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Introducer's name</b>        | <b>Introducer's PAN</b>                                                                                                                                                              |
| <b>Introducer's address</b>     |                                                                                                                                                                                      |
| <b>Status of the Introducer</b> | <input type="checkbox"/> Remisier / <input type="checkbox"/> Authorized Person / <input type="checkbox"/> Existing Client /<br><input type="checkbox"/> Others, please specify _____ |
| <b>Client Code</b>              |                                                                                                                                                                                      |
| <b>Introducer's Signature</b>   |                                                                                                                                                                                      |

**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 and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
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 Member's designated website, if any.



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

**Company Seal and  
Directors Signature**

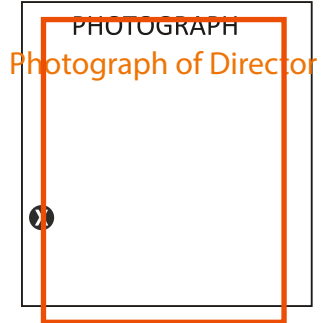
**Date :** \_\_\_\_\_

**Signature of (all) Authorized Signatory (ies)**

- Note:** 1) All the Authorised Signatories should sign the Application Form and the relevant Stamp (i.e Director, Partner, Karta etc.,) should be affixed.  
2) Use Additional sheets, if required

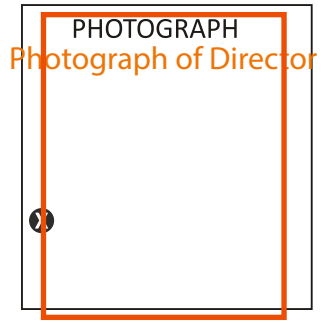
**ANNEXURE A - DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS**

Full Name \_\_\_\_\_ Aadhaar No. \_\_\_\_\_  
PAN \_\_\_\_\_ DIN/UID \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Designation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Qualification \_\_\_\_\_ Experience \_\_\_\_\_ Equity Stake \_\_\_\_\_  
RESIDENTIAL STATUS Resident Indian / Non-Resident Indian / Others Signature : \_\_\_\_\_



Company Seal and Directors Signature

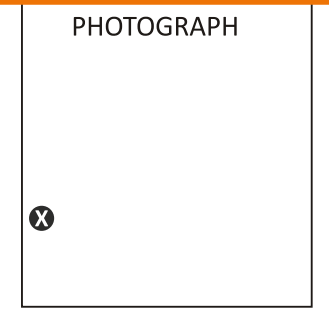
Full Name \_\_\_\_\_ Aadhaar No. \_\_\_\_\_  
PAN \_\_\_\_\_ DIN/UID \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Designation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Qualification \_\_\_\_\_ Experience \_\_\_\_\_ Equity Stake \_\_\_\_\_  
RESIDENTIAL STATUS Resident Indian / Non-Resident Indian / Others Signature : \_\_\_\_\_



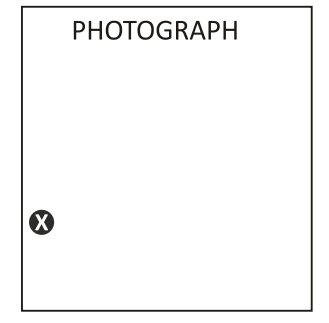
Company Seal and Directors Signature

**ANNEXURE B - DETAILS OF AUTHORISED PERSONS TO DEAL IN SECURITIES ON BEHALF OF COMPANY**

Full Name \_\_\_\_\_ Aadhaar No. \_\_\_\_\_  
PAN \_\_\_\_\_ DIN/UID \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Designation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Qualification \_\_\_\_\_ Experience \_\_\_\_\_ Equity Stake \_\_\_\_\_  
RESIDENTIAL STATUS Resident Indian / Non-Resident Indian / Others Signature : \_\_\_\_\_



Full Name \_\_\_\_\_ Aadhaar No. \_\_\_\_\_  
PAN \_\_\_\_\_ DIN/UID \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Designation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Qualification \_\_\_\_\_ Experience \_\_\_\_\_ Equity Stake \_\_\_\_\_  
RESIDENTIAL STATUS Resident Indian / Non-Resident Indian / Others Signature : \_\_\_\_\_



Note : Use Additional sheets, if required

## FOR OFFICE USE ONLY

UCC Code allotted to the Client :

|                             | Documents verified with Originals | Client Interviewed By | In-Person Verification done by |
|-----------------------------|-----------------------------------|-----------------------|--------------------------------|
| Name of the Employee        |                                   |                       |                                |
| Employee Code               |                                   |                       |                                |
| Designation of the employee |                                   |                       |                                |
| Date                        |                                   |                       |                                |
| Signature                   |                                   |                       |                                |

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

**For FORTUNE CAPITAL SERVICES PRIVATE LIMITED**

**Authorised Signatory**

**Date .....**

**Seal/Stamp of the stock broker**

## INSTRUCTIONS/ CHECK LIST

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

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

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

2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For non-individuals:
  - a. Form need to be initialized by all the authorized signatories.
  - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

## TARIFF SHEET TRADING ACCOUNT

I / we agree to pay the charges as per following charges structure for our Trading account with you effective \_\_\_\_\_

Trading Client ID \_\_\_\_\_

| CHARGE HEAD                   | Value Pack Scheme                                    |
|-------------------------------|------------------------------------------------------|
| Equity Intraday               | Nil                                                  |
| Equity Delivery               | Nil                                                  |
| Equity Futures                | Nil                                                  |
| Equity Options                | Nil                                                  |
| Currency Futures              | Nil                                                  |
| Currency Options              | Nil                                                  |
| Commodity Futures             | Nil                                                  |
|                               | Nil                                                  |
| Commodity Options             | Nil                                                  |
|                               |                                                      |
| <b>Terms &amp; Conditions</b> | Digital Contract sent through email at free of cost. |

In addition to the brokerage charge the following charges will also be levied.

### Schedule of Charges:

- 1) STT, CTT, GST, Education and Higher Education Cess, as applicable will be levied.
- 2) Exchange charges as applicable from to time.
- 3) Stamp Duty-state wise stamp duty as applicable will be levied
- 4) SEBI charges @ 0.0001% on total turnover.
- 5) Statutory charges payable to Exchange / SEBI / Govt. Authorities etc.,

Signature  

Company Seal and  
Directors Signature





Client Name \_\_\_\_\_

Date \_\_\_\_\_

## VOLUNTARY ADDITIONAL TARIFF SHEET – TRADING ACCOUNT

In addition to the CHARGES mentioned in the Tariff Sheet, the following charges will be levied, if the Services opted by the Client.  
Please sign in the relevant boxes where you wish to opt the additional services and not chosen should be struck off by the client.

Trading Client ID \_\_\_\_\_

| Other Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Option Opted                                                                                                                  | Signature of the Client                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| In addition to Digital Contract, if the client requires Physical Contract Note shall be charged @ Rs.50/- per Contract.                                                                                                                                                                                                                                                                                                                                                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                      |  18/35<br>Company Seal and Directors Signature   |
| Call & Trade /Offline Trade/Intraday Square Off of MIS/CO/BO Order :<br><br><b>Equity Intraday, FAO &amp; Currency Futures</b> – Rs.50/- plus GST per executed order or 0.01% of turnover plus GST whichever is lower.<br><br><b>Equity Delivery</b> - Rs.50/- plus GST per executed order or 0.1% of turnover plus GST whichever is lower.<br><br><b>Options (Future &amp; Currency)</b> - Rs.20/- plus GST per executed order.<br><br><b>Commodity (Future &amp; Options)</b> - Rs.50/- plus GST per executed order. | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                      |  19/35<br>Company Seal and Directors Signature   |
| Atom Payment Gateway facility is available and charges of Rs.10/- per transaction plus GST irrespective of the amount transferred in single transaction                                                                                                                                                                                                                                                                                                                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                      |  20/35<br>Company Seal and Directors Signature |
| Debit my trading account for Application charges.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Physical Forms - Rs. 350/- <input type="checkbox"/><br><br>Print the form from PDF - Rs. 250/- + GST <input type="checkbox"/> |  21/35<br>Company Seal and Directors Signature |

NOTE : Account Closure Charges - Rs.300 + GST

Signature  22/35

Company Seal and Directors Signature





Client Name \_\_\_\_\_

Date \_\_\_\_\_

## VOLUNTARY ADDITIONAL TARIFF SHEET – TRADING ACCOUNT

In addition to the CHARGES mentioned in the Tariff Sheet, the following charges will be levied, if the Services opted by the Client.  
Please sign in the relevant boxes where you wish to opt the additional services and not chosen should be struck off by the client.

Trading Client ID \_\_\_\_\_

| Other Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Option Opted                                                                                                              | Signature of the Client                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| In addition to Digital Contract, if the client requires Physical Contract Note shall be charged @ Rs.50/- per Contract.                                                                                                                                                                                                                                                                                                                                                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                  |  18/35<br>Company Seal and Directors Signature   |
| Call & Trade /Offline Trade/Intraday Square Off of MIS/CO/BO Order :<br><br><b>Equity Intraday, FAO &amp; Currency Futures</b> – Rs.50/- plus GST per executed order or 0.01% of turnover plus GST whichever is lower.<br><br><b>Equity Delivery</b> - Rs.50/- plus GST per executed order or 0.1% of turnover plus GST whichever is lower.<br><br><b>Options (Future &amp; Currency)</b> - Rs.20/- plus GST per executed order.<br><br><b>Commodity (Future &amp; Options)</b> - Rs.50/- plus GST per executed order. | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                  |  19/35<br>Company Seal and Directors Signature   |
| Atom Payment Gateway facility is available and charges of Rs.10/- per transaction plus GST irrespective of the amount transferred in single transaction                                                                                                                                                                                                                                                                                                                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                  |  20/35<br>Company Seal and Directors Signature |
| Debit my trading account for Application charges.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Physical Forms - Rs. 350/- <input type="checkbox"/><br>Print the form from PDF - Rs. 250/- + GST <input type="checkbox"/> |  21/35<br>Company Seal and Directors Signature |

NOTE : Account Closure Charges - Rs.500 + GST

Signature  22/35

Company Seal and Directors Signature

Client Name \_\_\_\_\_

Date \_\_\_\_\_



**VOLUNTARY / NON MANDATORY RIGHTS AND OBLIGATIONS OF  
STOCK BROKERS, SUB BROKERS AND CLIENTS**

These Voluntary / Non Mandatory Rights and Obligations enumerated below are in addition to the Mandatory Rights and Obligations of Stock Bokers, Sub – Brokers and Clients to ensure smooth functioning of the operations, the parties thereto have agreed to the following terms and conditions.

**1. Digitally signed Contract Notes, Bills, Transaction Statements, Confirmation & Electronics Communication:**

l) The client hereby agrees and permits FCSPL to provide digitally signed contract notes through internet / email. The client also authorizes FCSPL to send Welcome Kit, Statements of Account, Statement of Margin, Funds and Securities, Ledgers, Bills, Collateral Statements, Daily Margin Statements, reports, notices, circulars, letters and other documents pertaining to the Trading Account on email address. For the sake of clarity all of the above documents are referred to as “**Digital Documents**”. The client acknowledges that once Digital Documents are mailed by FCSPL at their email address registered with it, it shall be deemed to have been received by the client and hence there will be no further requirement on the part of FCSPL to send the same physically in the paper based format to the client unless Digital Documents are rejected by the client’s email ID and is bouncing back to FCSPL. The client hereby acknowledges that he has read and understood the following points governing issuance of the Digital Documents by FCSPL.

- a) For the purpose of the above, the email id used would be the same as provided by the client in the Client Registration Form at the time of opening of an account or email id subsequently notified by the client in writing. Any change in the email id of the client shall be immediately intimated by the client to FCSPL.
- b) The client shall access the contract notes / confirmations of the trades executed on his behalf on the trade date electronically. The client understands that it is his responsibility to review all confirmations, contract notes and other communications including but not limited to margin and maintenance calls etc., All information contained therein shall be binding on the client if the client does not object, either in writing or electronic mail within 24 hours after any such documents are available to the client.
- c) Should the client experience any difficulty in opening a document electronically delivered by FCSPL, FCSPL may, on receipt of intimation from the client in that behalf, make the required delivery by any other electronic means (e-mail, electronic mail attachment or in the form of an available download from the back-office website) or in paper based format. Failure to advise FCSPL of such difficulty within twenty four (24) hours after delivery shall serve as an affirmation that client was able to receive and open the said document. The client hereby agrees to pay all such amounts that FCSPL may charge to cover the operational costs that FCSPL incurs in preparing and delivering the said communication, confirmation, contract notes, documents, reports and alerts.
- d) The client shall take all the necessary steps to ensure confidentiality and secrecy of the login name and password. Unless the client lodges a complaint with FCSPL as to his inability to access the system, it would be presumed that contract notes and all other documents have been properly delivered to the client.
- e) The client agrees that FCSPL fulfils its legal obligation to deliver to the client any such document if sent via electronic delivery and FCSPL has not received any report indicating bouncing back of such electronic delivery.
- f) The client shall complete the necessary formalities that are required under the provisions of the Information Technology Act, 2000 for getting the above facility. The client shall initially download the specified software or any other software specified by FCSPL from time to time on our computer and the same shall be used for receiving, viewing, storing the Electronic documents including but not limited to digital contract notes, bills. Ledgers, statements of funds and securities, collateral statements, daily margin statements, notices, reports, lettes, circulars, communications etc., that shall be sent by FCSPL from time to time in respect of the trades / transactions that have been executed by me / us through FCSPL.
- g) The client agrees not to receive the contract notes in paper form from FCSPL. Provided however that in case when FCSPL is not able to provide Contract Note to me / us through electronic medium due to any unforeseen events, FCSPL would ensure that the contract note is sent to me / us in physical form as per the time schedule stipulated in the bye-laws, Rules and Regulations of the Exchanges.
- h) The client agrees that as an alternative to the e-mail communication and / or in case of non-receipt of the electronic documents through e-mail he / she / they shall utilize the facility of accessing the website hosted by FCSPL to access the Electronic documents.

II) Statement of Account in Digital Format:

FC SPL may send the Statement of Trading Account or other statements, related notices, circulars, amendments and records and documents by whatever name called (herein after referred to as “**statements**”) to the client in electronic form on their registered e-mail ID. The client agrees and permits FC SPL under the terms of this document to provide to the client, Statements through Internet (web based).

III) Copy of Client Registration Documents:

FC SPL may send the Client Registration documents vis., Account Opening Form, Mandatory and Voluntary Rights and Obligations, Risk Disclosure Document, Guidance Note, and a copy of any other document executed with the client (herein after referred to as “**Registration documents**”) to the client in electronic form. The client hereby agrees and permits FC SPL under the terms of this document to provide to the client, the Registration documents through Internet (web based).

IV) Terms governing issue of digitally signed Contrcat Notes / Statement(s) for Trading Account, Client Registration Documents, **Digital Documents** and other documents (herein after collectively referred to as “**the Documents**”) in electronic form to your mail ID

Mail Id

(enter E-mail ID)

- a. The client undertakes to change the initial password of such e-mail account upon first login. The client shall take all necessary steps to ensure confidentiality and the secrecy of the login and password of such e-mail accounts. FC SPL shall not be liable to or responsible for any breach of secrecy. Unless the client lodges a complaint with FC SPL as to his / her / its inability to access the system, it would be presumed that the documents have been properly delivered. The client agrees that the Documents may be accessed by other entities in case the confidentiality / secrecy of the login name and password is compromised.
- b. The client agrees that FC SPL shall not be responsible for non-receipt of Documents sent via electronic delivery due to change in / incorrect email address provided by the Client for the purpose or for any other reason which inter alia include insufficient space in the inbox of the client, technical reasons or malfunction of the clients computer system / server / internet connection etc., It shall be the responsibility of the client to intimate FC SPL of any change in the client’s email accounts.
- c. FC SPL shall not be liable or responsible for any statement received from frauds or impostors or any consequences thereof and shall not be liable for any problem which arises at the client’s computer network because of the client receiving any such statement from FC SPL. Type your text
- d. FC SPL agrees that in case of receipt of bounced back notification from all the email account(s), FC SPL shall make required delivery by any other electronic means or available download from the back office website immediately thereafter. However the client agrees that FC SPL shall not take cognizance of out of office / out of station auto replies and the client shall be deemed to have received such electronic mails.
- e. The client hereby agrees to intimate FC SPL of any change in E-mail ID immediately.
- f. The client understands and agrees that FC SPL shall be entitled to charge to the client fees / charges for sending such Documents. Such fees and charges shall be intimated to the client from time to time by FC SPL.
- g. The client acknowledges and accepts that the internet is an inherently unreliable medium of communication and provision of services due to the public nature of the communication and that the accuracy, reliability and soundness of such means of communication and provision of services depends upon, amongst others, the service providers and the telephone, modem, cables, systems, facilities and the like used and operated from time to time by such providers and other participants. Client acknowledges and further accepts that as a result of such unreliability, there are risks associated in using such means of communication including the congestion, breakdown, interruption or failure of transmission of the internet service or any communication equipment or facilities, errors, omissions or delay in the transmission and receipt of data and information.
- h. There are also other risks involved such as in the unauthorized access, tampering, modification or alteration of the service and / or the system, components and software used or comprised in the service which may result in the use, manipulation, retrieval or the theft or loss of data and information, including client personal data. The client agrees that the stock broker shall not be liable / responsible for such matters and resultant losses under any circumstances.



Company Seal and  
Directors Signature

Signature of Client

## **2. Order Placement Instructions:**

I understand that you require written instructions from me for placing / modifying / cancelling orders. However, since it is not practical for me to give written instructions for placing / modifying / cancelling order. Even if I have facility to trade online through Internet and wireless technology, I may have to place orders by physically visiting / calling / E-mailing the FCSPL in case of breakdown of internet connectivity or other similar reasons.

I hereby request you to kindly accept my, my authorized representative or mandate holder's verbal orders / instructions, in person or over phone and execute the same. I understand the risk associated with placement of verbal orders and accept the same. I shall not disown orders under the plea that the same were not placed by me provided I am sent ECN / Physical contract notes or trade confirmations through SMS and other modes. I indemnify FCSPL and its employees against all losses, damages, actions which you may suffer or face, as a consequence of adhering to and carrying out my instructions for orders placed verbally.

## **3. PMLA Declaration:**

I declare that I have read and understood the contents and the provisions of the PMLA Act 2002, which were also explained to me by FCSPL officials. I further declare that I shall adhere to all the provisions of PMLA Act 2002. I further undertake and confirm that;

I do not have any links with any known criminal.

I am a genuine person and not involved or indulge knowingly or assisted, directly or indirectly, in any process or activity connected with the proceeds of crime nor I am a party to it. The investment money is derived from proper means and does not involve any black or Hawala money in any manner.

## **4. Not to act as Un-registered Sub-broker:**

I undertake not to act as unregistered Sub-broker and deal only for myself and not on behalf of other clients. In case, FCSPL perceives that I am acting as an unregistered sub-broker, FCSPL has the right to immediately suspend my trading account and close all open positions and adjust the credits (across all segments) against the dues owned by me to FCSPL without the requirement of any notice from FCSPL. Further, FCSPL has the right to inform the concerned regulatory authorities about the same. In aforesaid eventuality, I agree and undertake to indemnify FCSPL from any loss / damage / claim arising out of such activity.

## **5. Indemnification:**

I hereby indemnify and hold FCSPL, its Directors and employees harmless from and against all claims, demands, actions, proceedings, losses, damages, liabilities, charges and / or expenses that are occasioned or may be occasioned to the FCSPL directly or indirectly, relating to bad delivery of shares / securities and / or third party delivery, whether authorized or unauthorized and fake / forged / stolen shares / securities / transfer documents introduced or that may be introduced by or through me during the course of my dealings / operations on the Exchanges and / or proof of address, identity and other supporting / documents provided by me at the time of registration and / or subsequently.

### **Indemnity of Joint Holdings:**

I hereby agree to indemnify and hold the FCSPL harmless from any claims, demands, actions, proceedings, losses, damages, liabilities, charges, and / or expenses arising from transactions in securities held jointly by me with any other person or persons, if any.

## **6. No Market Manipulation:**

I undertake not to execute transactions, either singly or in concert with other clients, which may be viewed as manipulative trades viz. artificially raising, depressing or maintaining the price, creation of artificial volume, synchronised trades, cross trades, self trades etc., or which could be termed as manipulative or fraudulent trades by SEBI / Exchanges. In case, I am found to be indulging in such activities, FCSPL has every right to inform the Exchange / SEBI / other regulatory authority of the same and suspend / close my trading account.

## **7. Not Debarred by any Regulator:**

I confirm and declare that there is no bar on me imposed by any Exchange or any Regulatory and / or Statutory authority to deal in securities directly or indirectly. I agree to inform FCSPL, in writing, of any regulatory action taken by any Exchange or Regulatory / Statutory authority on me in future. In case, I fail to inform the same and FCSPL on its own comes to know of such

action, FCSPL has the right to suspend / close my trading account and refuse to deal with me. Also, FCSPL can at its sole discretion, close all the open positions and liquidate collaterals to the extent of debit balances, without any notice to me.

#### 8. Errors & Omissions:

I understand and agree that inadvertent errors may occur, while executing orders placed by me. In such circumstances FCSPL shall make all reasonable efforts to rectify the same and ensure that I am not put to any monetary loss. I understand and agree that I shall not hold FCSPL responsible beyond this and claim additional damages / loss. I understand and agree that my request to modify or cancel the order shall not be deemed to have been executed unless and until the same is confirmed by FCSPL.

#### 9. Mutual Fund Service System (MFSS) Facility:

I am interested in availing the MFSS facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the MFSS of the Exchange. For the purpose of availing the MFSS facility, I state that Know Your Client details as submitted by me for the opening of Trading Account may be considered for the purpose of MFSS and I / we further confirm that the details contained in same remain unchanged as on date.

I am willing to abide by the terms and conditions as has been specified and as may be specified by the Exchange from time to time in this regard. I shall ensure also compliance with the requirements as may be specified from time to time by SEBI and AMFI.

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



Company Seal and  
Directors Signature

Signature of Client

## Maintenance of Running A/c.- Letter of Authority

To

M/s. Fortune Capital Services Private Ltd.,  
 “Kochar Technology Park”  
 6th Floor, SP 31-A, 1st Cross Road,  
 Ambattur Industrial Estate,  
 Ambattur, Chennai – 600 058.

Dear Sir,

I / we are dealing through you as a client in Capital Market and / or F & O segment and / or Currency Segment and / or Interest Rate Future Segment / Commodity Segment & Option Segment and in-order to facilitate ease of operations and upfront requirement of margin for trade. I / we authorize you as under:

I / we request you to maintain running balance in my account and retain the credit balance in my / our account and to use the unused funds towards my / our margin pay-in / other future obligation(s) at any segment(s) of any or all the Exchange(s) / Clearing Corporation unless I / we instruct you otherwise. I / we further authorize FCSPL to settle the funds atleast once in a calendar quarter / month as specified by me below in accordance with regulations in force.

Quarterly  Monthly

In case, I / we have an outstanding obligation on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds towards margin liability as on the date of settlement of running account, in all segments and additional margins (maximum upto 125% of total margin liability on the day of settlement). The margin liability shall include the end of the day margin requirement excluding the MTM and pay-in obligation, there, you may retain 225% of the total margin liability in all the segments across the exchanges.

I / We hereby authorise you to settle the entire credit balance in case there is no transactions in the 30 calendar days since the last transaction within three working days irrespective of the date when the running account was previously settled.

I / We hereby authorise you to liquidate / close out all or any of my / our positions for non-payment of margins or other account, outstanding debts etc. I / We agree to bear any and all losses and financial charges on account of such liquidation / close-out.

I / We agree not to hold you liable or responsible for delay or default in performance of your obligations due to contingencies beyond your control such as fire, flood, civil commotion, earthquake, riots, war, strikes, failure of systems, failure of internet links, Government / regulatory actions or any such other contingencies which may be beyond your control. Government / regulatory actions or any such other contingencies which may be beyond your control.

I / we agree to continue with the authorization to maintain a running account till such time the same is expressly revoked. I / we understand that FCSPL shall act upon such revocation request upon receipt of the original revocation request.

**REF:** SEBI Circular Ref. No.: MIRSD/SE/Cir-19/2009 dated December 03, 2009, SEBI/HO/MIRSD/MIRSD2/CIR/P2016/95 dated September 26, 2016, and SEBI/HO/MIRSD/DOP/P/CIR/2021/577 Dated June 16, 2021, regarding quarterly/ monthly settlement of running accounts of clients.

Yours faithfully,

Signature   Company Seal and Directors Signature

Client Name \_\_\_\_\_ Date \_\_\_\_\_

## MOBILE DECLARATION

### Declaration for Mobile Number

I Registered company name having PAN No. Company PAN do hereby declare that my mobile No. is Mobile Number. Further I authorize FCSP that the same may be used for giving me any information / alter / SMS.

I further declare the above mentioned statement is true and correct.

Signature



Company Seal and  
Directors Signature

Client Name \_\_\_\_\_

## CLIENT DEFAULTER DECLARATION

We Registered company name having PAN No. Company PAN do hereby declare that, we have not been involved in any terrorist activities and we have not been declared a defaulter or our name is not appearing in defaulter database as per SEBI / Exchanges / Regulatory bodies etc.,

We further declare that the above mentioned declaration / statement is true and correct.

Signature



Company Seal and  
Directors Signature

Client Name \_\_\_\_\_

## SELF DECLARATION DERIVATIVES TRADING (VOLUNTARY)

(To be filed if Documentary Evidence is not furnished by clients trading in Capital / Derivatives Market / Commodity Segment)

From:

M/s:

Company Name and address

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

To

M/s. Fortune Capital Services Private Ltd.,  
 "Kochar Technology Park", 6th Floor, SP 31-A, 1st Cross Road,  
 Ambattur Industrial Estate, Ambattur, Chennai – 600 058.

Dear Sir/Madam,

Sub: Self-Declaration on Income and Net-Worth furnished pursuant clause 47 of MCA.

Ref: Application No. / Client Code: \_\_\_\_\_ submitted for registration for trading and investments.

With reference to the above document submitted, We do hereby declare and affirm the following.

1. We have been allotted the PAN: Company PAN, a self-attested copy of which has been submitted to you as one of the mandatory KYC documents.
2. For the Financial Year ending 31st March \_\_\_\_\_, our Annual Income was approximately Rs. Net worth for which, except this Self-declaration Letter, no other documentary proof is provided to you.
3. As on date \_\_\_\_\_, our net-worth is approximately Rs. \_\_\_\_\_ for which, except this Self-declaration Letter, no other documentary proof is provided to you.
4. We further declare that the transactions we are entering into with you in the above trading account is commensurate with our Income and Net Worth and we are fully aware of risks associated with these transactions.
5. The ownership and risk of justification and substantiating regarding the above declaration with any of the Statutory Authorities/ Agencies will be our Own.

Signature 

Client Name : \_\_\_\_\_

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

Company Seal and  
Directors Signature



# FORTUNE CAPITAL SERVICES PVT LTD.

(Member of NSE & BSE)

Regd. Office : "Kochar Technology Park", 6th Floor, SP 31-A, 1st Cross Road,  
Ambattur Industrial Estate, Ambattur, Chennai – 600 058.  
Ph. : 044 - 4560 9696 Email : ftc@ftconline.in Web : ftconline.in

## RULES & REGULATIONS

1. Please maintain secrecy of your User Name and Password and never Share your Login Credentials / User Name and Password with anyone.
2. All Bank Accounts from which the client will issue cheques should be registered with FORTUNE CAPITAL SERVICES PVT LTD. Third party cheques will not be accepted at any cost.
3. Fortune Capital Services Pvt Ltd will not accept any cash from its clients and will not pay by cash to its clients. Clients are strictly advised not to do any cash transactions with any of the sub brokers / staffs / associates of Fortune Capital Services Pvt Ltd. Fortune Capital Services Pvt Ltd will not be responsible for any cash transactions.
4. Fortune Capital Services Pvt Ltd does not do any portfolio type of trading. Clients are advised not do any such activity with any of our sub brokers / associates / staffs.
5. Fortune Capital Services Pvt Ltd will not give any third party cheques at any cost and the cheques will be issued only from the Fortune Capital Services Pvt Ltd Bank account.
6. Kindly check the emails on a daily basis. We send all your contract notes, Daily Activity Reports, Long short Positions, Ledgers on a daily basis to your email id. Discrepancies if any, should be brought to our knowledge immediately. Incase of disputes if any, please write to us at ftc@ftconline.in
7. Daily the clients will be sent a SMS from Fortune Capital Services Pvt Ltd with all the account details, Trade confirmations and their pending positions.
8. Delayed payment charges @ 2% per month on account of delay / failure by the client in meeting the pay-in / margin obligations / mark to market obligations on the scheduled date till date of payment. Not consider any credit balance in other family or group account of the client while computing delayed payment charges on the debit balance in the running account of a client.
9. The above levy is only a penal measure incase of a client default in meeting settlement and margin obligation and should not be construed as funding arrangement by the client; and the client cannot demand continuation of service on a permanent basis citing levy of delayed payment charges.
10. We are not a dealer and not selling any automated software, charts, technical analysis softwares etc., to our clients for placing orders / trading purposes. Fortune neither have arrangements nor tied up with any vendor for selling any kind of automated software, technical analysis softwares etc., to our clients.
11. Fortune neither providing any advisory regarding trading of stocks / commodities nor we offer Portfolio Management Services (PMS). Please be aware of unauthorised website / SMS / Emails / whatsapp / chats etc., for trading calls or PMS in our name. If you find any suspicious messages / chats with our name, please report the same to ftc@ftconline.in or call and inform us 044-45609696.

## DECLARATION

We have read and understood all the terms and conditions of Fortune Capital Services Pvt Ltd mentioned in the Account Opening Form. We also read and understood the rules and regulations of FORTUNE CAPITAL SERVICES PVT LTD mentioned above and We will abide the same. We Further state and confirm that We have read & understood all the clauses of Risk Disclosure Document - RDD and Rights & Obligations. We will do all the trading on our own and we will not allow anyone else to do the trading on our behalf. We ensure you that we will not do any Portfolio Business through any associates of FORTUNE CAPITAL SERVICES PVT LTD. We are aware that Fortune Capital Services Pvt Ltd will not accept Cash, Un-mapped Bank account and / or Third Party Cheques from their clients. We are completely aware that Fortune Capital Services Pvt Ltd not selling any automated software, charts, technical analysis software etc., to their clients. We have been made understood by Fortune Capital Services Pvt Ltd that Fortune Capital Services Pvt Ltd will not



Company Seal and  
Directors Signature

Signature of Client\_

Place : .....

Name : .....

Date : .....

Client Code : .....



With reference to the SEBI Circular No. SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08 Dated, January 04, 2019, In order to enhance transparency to the public in Commodity Derivatives Markets and also as recommended by Commodity Derivatives Advisory Committee (CDAC), we request your consent for each Commodity on Self Declaration basis for the following to report to Exchange.

| Commodity  | Farmers / FPOs | Value Chain Participants (VCPs) | Proprietary Traders | Domestic Financial Institutional Investors | Foreign Participants | Others (All other participants which cannot be classified in the 5 categories) |
|------------|----------------|---------------------------------|---------------------|--------------------------------------------|----------------------|--------------------------------------------------------------------------------|
| ALUMINIUM  |                |                                 |                     |                                            |                      |                                                                                |
| BRASS      |                |                                 |                     |                                            |                      |                                                                                |
| CARDAMOM   |                |                                 |                     |                                            |                      |                                                                                |
| CASTORSEED |                |                                 |                     |                                            |                      |                                                                                |
| COPPER     |                |                                 |                     |                                            |                      |                                                                                |
| COTTON     |                |                                 |                     |                                            |                      |                                                                                |
| CRUPALMOIL |                |                                 |                     |                                            |                      |                                                                                |
| CRUDE OIL  |                |                                 |                     |                                            |                      |                                                                                |
| GOLD       |                |                                 |                     |                                            |                      |                                                                                |
| LEAD       |                |                                 |                     |                                            |                      |                                                                                |
| MENTHAOIL  |                |                                 |                     |                                            |                      |                                                                                |
| NATURALGAS |                |                                 |                     |                                            |                      |                                                                                |
| NICKEL     |                |                                 |                     |                                            |                      |                                                                                |
| PEPPER     |                |                                 |                     |                                            |                      |                                                                                |
| RBDPALM    |                |                                 |                     |                                            |                      |                                                                                |
| SILVER     |                |                                 |                     |                                            |                      |                                                                                |
| ZINC       |                |                                 |                     |                                            |                      |                                                                                |
| DIAMOND    |                |                                 |                     |                                            |                      |                                                                                |
| STEEL      |                |                                 |                     |                                            |                      |                                                                                |
| RUBBER     |                |                                 |                     |                                            |                      |                                                                                |
| KAPAS      |                |                                 |                     |                                            |                      |                                                                                |

Signature of Client



Company Seal and Directors Signature

Name : .....

Client Code : .....

## SELF DECLARATION FORM – ANNEXURE TO ACCOUNT OPENING FORMS FOR ENTITIES

**Background:**

- India has joined the Multilateral Competent Authority Agreement (MCAA) on Automatic Exchange of Financial Account Information (AEOI) on June 3, 2015 and has agreed to certain global standards on automatic exchange of information, known as Common Reporting Standards (CRS). Further, the Government of India (GoI) signed an Inter-Governmental Agreement (IGA) with United States of America (USA) on July 9, 2015 to improve international tax compliance and to implement Foreign Account Tax Compliance Act (FATCA) in India.
- To implement the CRS on AEOI and also the IGA with USA, the GoI has made necessary amendments in Section 285HA of the Income-tax Act, 1961 and notified Rules 114F to 114H in the Income-tax Rules, 1962 vide amendment dated August 7, 2015. These Rules are available on: <http://www.incometaxindia.gov.in>.
- SEBI has issued a circular dated August 26, 2015 advising all registered intermediaries to implement FATCA and CRS as per above mentioned Rules.

We do understand that the information mentioned above is technical in nature and hence we advise you to consult your financial or tax advisor for more details.

**DEMAT ACCOUNT NUMBER / FORM NO.**

[Mention NSDL 8 digit Client ID / CDSL 16 digit Client ID in the above box]

Entity Constitution Type : (Please tick one of the following) :

|                                                 |                                                        |                                                      |                                                  |
|-------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship    | <input type="checkbox"/> Partnership Firm              | <input type="checkbox"/> HUF                         | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Society                       | <input type="checkbox"/> AOP/BOI                     | <input type="checkbox"/> Trust                   |
| <input type="checkbox"/> Liquidator             | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Artificial Juridical Person | <input type="checkbox"/> Not Categorised Others: |

Name of the Entity : \_\_\_\_\_

Permanent Account Number (PAN): \_\_\_\_\_

Date of Commencement of Business : \_\_\_/\_\_\_/\_\_\_

Place of incorporation: \_\_\_\_\_

Country of Incorporation :  India

Other ( Please specify the name of the country) \_\_\_\_\_

Address for Tax Purpose

- Same as correspondence address  
 Same as registered office address  
 Other [please specify] \_\_\_\_\_

Address Type[ for address mentioned in the account opening form]

- Residential Or Business       Residential       Business  
 Registered Office       Unspecified

Nature of Business (kindly fill details as per Annexure 6)

\_\_\_\_\_

**Proof of Identity (POI) (Certified copy of any one of the following Proof of Identity needs to be submitted)**

- Certificate of Incorporation/Formation
- Registration Certificate
- Resolution of Board/ Managing Committee
- Memorandum and Article of Association/Partnership Deed/Trust Deed
- Officially valid documents in respect of person authorized to transact

Identification Type & Identification Number (tick as applicable)

|                                                                 |                                                                    |
|-----------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Company identification Number          | <input type="checkbox"/> Trust registration Number                 |
| <input type="checkbox"/> TIN/Tax deduction Account Number (TAN) | <input type="checkbox"/> Global Entity Identification Number (EIN) |
| <input type="checkbox"/> US GIIN                                | <input type="checkbox"/> Other                                     |

Identification issuing Country for identification number provided above : \_\_\_\_\_

**Declaration of Tax Residency**  
 Please indicate the Entity's place of tax residence (if resident in more than one country please detail all countries and associated tax identification number (TIN) and TIN issuing country).

| Country/countries of tax residency | Tax Identification number (TIN)/ Functional Equivalent number | TIN/ functional Equivalent Issuing Country | Document type attached (tax residence certificate or TIN card or others) | Date upto which the documentary evidence is valid |
|------------------------------------|---------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------|
|                                    |                                                               |                                            |                                                                          |                                                   |
|                                    |                                                               |                                            |                                                                          |                                                   |
|                                    |                                                               |                                            |                                                                          |                                                   |

**(Documentary evidence to be provided for foreign country of tax residence and TIN)** - If tax resident of Country outside India, kindly provide confirmation as under:

If US tax resident, kindly confirm whether the Entity is a US Specified Person.    **Yes**    **No**  
 [If No, Kindly indicate exclusion number from **Annexure 1**]

If tax resident of country other than USA, kindly tick if any of the following is applicable:

- a corporation, the stock of which is regularly traded on one or more established securities markets;
- any corporation that is a related entity of a corporation mentioned in item
- a Governmental entity;    an International organisation;    a Central bank; or    a financial institution

| <b>A. Financial Institution</b>        |                                                                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. Reporting Financial Institution     | If Yes, please tick atleast one of the below categories, and provide your FATCA Global Intermediary Identification Number (GIIN): |
| Yes                                    | Depository Institution                                                                                                            |
| No                                     | Custodial Institution                                                                                                             |
|                                        | Investment Entity                                                                                                                 |
|                                        | Specified Insurance Company                                                                                                       |
|                                        | GIIN _____                                                                                                                        |
| 2. Non Reporting Financial Institution | If yes, please provide category from Annexure 2                                                                                   |

|                                                                                                                                                                                                                                                                               |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Yes                                                                                                                                                                                                                                                                           | _____                                                           |
| No                                                                                                                                                                                                                                                                            |                                                                 |
| 3. Sponsored Investment Entity and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.<br><br>Sponsoring Entity's Name: _____<br>Sponsoring Entity's GIIN: _____ |                                                                 |
| 4. Trustee Documented Trust and has not yet obtained a GIIN. Please provide the Trustee's name and the GIIN<br><br>Name of the Trustee of the Trust: _____<br>GIIN of the Trustee: _____                                                                                      |                                                                 |
| 5. Owner documented Financial Institution<br>Yes<br>No<br>[If Yes, each controlling person should fill details as per Annexure A]                                                                                                                                             | 6. Non-Participating Foreign Financial Institution<br>Yes<br>No |

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Non - Financial Entity [NFE]</b>                                       |                                                                                                                                                                                                                                                                                                                                                                       |
| Active NFE<br><br>Yes<br><br>No                                              | If yes, provide category _____<br><b>[refer Annexure 3]</b><br><br>If category is Sr. No. ii, please provide the following details, as applicable:<br>a) Provide name of the Stock Exchange on which listed<br>_____<br><br>(b) If related entity of listed company, please provide<br>(i) Name of the company _____<br><br>(ii) Stock Exchange on which listed _____ |
| Passive NFE<br><br>Yes<br><br>No<br><br><b>Direct reporting NFE - Yes/No</b> | If yes, provide category _____<br><b>[refer Annexure 4]</b><br>(Each Controlling Person of the Passive NFE should fill Controlling Person Form – Annexure A)<br><br>If Yes, provide GIIN _____                                                                                                                                                                        |

| <b>DETAILS OF RELATED PERSON</b> [In case of addition/deletion of related persons please provide the following information]                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Related Person Type                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| KYC Number of related person (if available)------(If KYC number is available only Related person type and Name is mandatory)                                                                                                                                                                                 |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory<br><input type="checkbox"/> Court Appointed Official <input type="checkbox"/> Beneficiary |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| Name                                                                                                                                                                                                                                                                                                         | Maiden Name [if any]                                                                                  | Father's / Spouse's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mother's Name                                                                                            |
| _____                                                                                                                                                                                                                                                                                                        | _____                                                                                                 | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                                                                                    |
| Date of Birth                                                                                                                                                                                                                                                                                                | Gender                                                                                                | Marital Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Nationality                                                                                              |
| ___/___/___                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Transgender | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Indian<br><input type="checkbox"/> Others _____<br>(Please specify the country) |
| Residential Status                                                                                                                                                                                                                                                                                           |                                                                                                       | <input type="checkbox"/> <b>Service [pls specify]</b><br><input type="checkbox"/> - Private Sector<br><input type="checkbox"/> - Public Sector<br><input type="checkbox"/> - Govt. Sector<br><input type="checkbox"/> <b>Business</b><br><input type="checkbox"/> <b>Others [pls specify]</b><br><input type="checkbox"/> - Professional<br><input type="checkbox"/> - Self Employed<br><input type="checkbox"/> - Retired<br><input type="checkbox"/> - Housewife<br><input type="checkbox"/> - Student<br><input type="checkbox"/> <b>Not Categorized</b> |                                                                                                          |
| <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian<br><input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin                                                                                                                      |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| Document submitted as proof of identity of the related person : [please specify]                                                                                                                                                                                                                             |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| Proof of Address (POA) ( <i>Certified copy of any one of the following Proof of address needs to be submitted</i> )                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| Current/Permanent/Overseas Address Details:                                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| <b>Address Type</b> : <input type="checkbox"/> Residential Or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered                                                                                                                            |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| <b>Proof of Address:</b>                                                                                                                                                                                                                                                                                     |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| <input type="checkbox"/> Passport Number - Passport Expiry Date ___/___/___ [dd/mm/yyyy]                                                                                                                                                                                                                     |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| <input type="checkbox"/> Driving License - Driving License Expiry date ___/___/___ [dd/mm/yyyy]                                                                                                                                                                                                              |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter ID card <input type="checkbox"/> NREGA Job Card                                                                                                                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| <input type="checkbox"/> Others (any document notified by Central government) - Identification Number _____                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| <b>Address:</b> _____                                                                                                                                                                                                                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| _____ City/Town/Village: _____ State: _____                                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| Pin/Post Code: _____ Country: _____                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| <b>RESIDENCE FOR TAX PURPOSE IN JURISDICTION OUTSIDE INDIA</b>                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |
| Country of Residence                                                                                                                                                                                                                                                                                         | Tax Identification Number or equivalent [if issued in jurisdiction]                                   | Place / City of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County of Birth                                                                                          |
|                                                                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |

| <b>ANNEXURE A</b>                                                                                                                                                                                                                         |                             |                             |                             |                             |                             |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Number of Controlling persons:</b>                                                                                                                                                                                                     |                             |                             |                             |                             |                             |                             |
| <b>Details of each controlling person(s), confirming all countries of tax residency/permanent residency / citizenship and all tax identification numbers for each controlling persons [please attach additional sheets if necessary]:</b> |                             |                             |                             |                             |                             |                             |
|                                                                                                                                                                                                                                           | <b>Controlling Person 1</b> | <b>Controlling Person 2</b> | <b>Controlling Person 3</b> | <b>Controlling Person 4</b> | <b>Controlling Person 5</b> | <b>Controlling Person 6</b> |
| Name                                                                                                                                                                                                                                      |                             |                             |                             |                             |                             |                             |
| Maiden Name [if any]                                                                                                                                                                                                                      |                             |                             |                             |                             |                             |                             |
| Father's Name                                                                                                                                                                                                                             |                             |                             |                             |                             |                             |                             |
| Spouse's Name [optional]                                                                                                                                                                                                                  |                             |                             |                             |                             |                             |                             |
| Mother's Name:                                                                                                                                                                                                                            |                             |                             |                             |                             |                             |                             |
| PAN                                                                                                                                                                                                                                       |                             |                             |                             |                             |                             |                             |
| Aadhar Number [optional]                                                                                                                                                                                                                  |                             |                             |                             |                             |                             |                             |
| <b>Marital Status</b> [Married/Unmarried/ Others]                                                                                                                                                                                         |                             |                             |                             |                             |                             |                             |
| Telephone / Mobile no.                                                                                                                                                                                                                    |                             |                             |                             |                             |                             |                             |
| Nationality (Indian, Others)                                                                                                                                                                                                              |                             |                             |                             |                             |                             |                             |
| Gender [Male, Female, Other]                                                                                                                                                                                                              |                             |                             |                             |                             |                             |                             |
| Date of Birth                                                                                                                                                                                                                             |                             |                             |                             |                             |                             |                             |
| Place / City of Birth                                                                                                                                                                                                                     |                             |                             |                             |                             |                             |                             |
| Country of Birth                                                                                                                                                                                                                          |                             |                             |                             |                             |                             |                             |
| Residential Status (Resident Individual; Non Resident Indian; Foreign National; Person of Indian Origin)                                                                                                                                  |                             |                             |                             |                             |                             |                             |
| Address [include City State, Country & Pincode]                                                                                                                                                                                           |                             |                             |                             |                             |                             |                             |
| <b>Address Type</b> [Residential Or Business/Residential/ Business/Registered Office/Unspecified]                                                                                                                                         |                             |                             |                             |                             |                             |                             |
| PAN/Tax Identification number [or functional equivalent] for each country identified in relation to each person                                                                                                                           |                             |                             |                             |                             |                             |                             |
| Identification Type [TIN or Other, please specify the name of document for above]                                                                                                                                                         |                             |                             |                             |                             |                             |                             |

|                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| % of beneficial interest / ownership / capital / profits                                                                                                                                                                                                                           |  |  |  |  |  |  |
| Controlling Person Type code [Refer Annexure 5]                                                                                                                                                                                                                                    |  |  |  |  |  |  |
| Occupation Type [please specify]<br><b>A. Service</b><br>i. Private Sector<br>ii. Public Sector<br>iii. Govt. Sector<br><b>B. Business</b><br><b>C. Others</b><br>i. Professional<br>ii. Self Employed<br>iii. Retired<br>iv. Housewife<br>v. Student<br><b>D. Not Categorized</b> |  |  |  |  |  |  |
| <b>ADDITIONAL DETAILS TO BE FILLED BELOW ONLY BY CONTROLLING PERSONS HAVING TAX RESIDENCY / PERMANENT RESIDENCY/ CITIZENSHIP IN ANY COUNTRY OTHER THAN INDIA INCLUDING GREEN CARD HOLDERS</b>                                                                                      |  |  |  |  |  |  |
| Country of Tax Residency                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| Tax Identification Number                                                                                                                                                                                                                                                          |  |  |  |  |  |  |
| TIN/Functional Equivalent Issuing Country                                                                                                                                                                                                                                          |  |  |  |  |  |  |
| Documentary evidence enclosed for country of tax residence or TIN or others                                                                                                                                                                                                        |  |  |  |  |  |  |
| Date upto which the documentary evidence is valid                                                                                                                                                                                                                                  |  |  |  |  |  |  |

#### **Declaration and Undertakings**

I / We certify that:

- the information provided in the Form is in accordance with Section 285BA of the Income-tax Act, 1961 read with Rules 114F to 114H of the Income-tax Rules, 1962.
- the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GoI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.

- f) I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- g) It shall be my / our responsibilities to educate myself / ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information



Company Seal and  
Directors Signature

**Signature of the authorised signatories**  
[under rubber stamp]

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date 

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

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

**Instructions:**

All the information mentioned above have to be mandatorily provided

**Information on the terms used in the Annexure to the Account opening form:**

**Terms in the Annexure:**

- Reporting financial institution means a custodial institution, a depository institution, an investment entity, or a specified insurance company which is registered with US IRS and obtained a Global Intermediary Identification Number (GIIN).
- “custodial institution” means any entity that holds, as a substantial portion of its business, financial assets for the account of others
- “depository institution” means any entity that accepts deposits in the ordinary course of a banking or similar business;
- “investment entity” means any entity,-  
(A) that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:-  
(i) trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or  
(ii) individual and collective portfolio management; or  
(iii) otherwise investing, administering, or managing financial assets or money on behalf of other persons; or  
(B) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a financial institution.
- “specified insurance company” means any entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract;
- Owner Documented Financial institution: It is an Financial Institution which does not report to the US IRS. Owner documented FI are generally small investment entities.
- Direct Reporting Non-financial Entity – It is a Passive NFE but will not share the details of the controlling persons with the financial institution it maintains accounts with but will report directly to US IRS and so its GIIN should be taken



- Controlling persons means natural persons who exercise control over an entity who includes a beneficial owner as defined in Explanation to sub-rule (3) of rule 9 Prevention of Money-laundering (Maintenance of Records) Rules, 2005. In determining the beneficial owner the procedure specified in the RBI/SEBI/IRDA circulars shall be applied. In the case of Trust, the controlling persons mean the settlor, the trustees, the protector, the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent position.

**Annexure 1: Exclusions from being treated as Specified US Persons**

| Sr. No. | Type of entity                                                                                      |
|---------|-----------------------------------------------------------------------------------------------------|
| 1       | a corporation the stock of which is regularly traded on one or more established securities markets; |
| 2       | a member of the same expanded affiliated group of the listed company,                               |
| 3       | the United States or any wholly owned agency or instrumentality thereof                             |
| 4       | US State or Territory, any political subdivision, or any wholly owned agency or instrumentality     |
| 5       | 501(a) Entity or 7701(a)(37) individual retirement plan                                             |
| 6       | bank as defined in section 581 of the U.S. Internal Revenue Code;                                   |
| 7       | real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code            |
| 8       | regulated investment company or entity under the Investment Company Act of 1940                     |
| 9       | any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;               |
| 10      | any tax exempt trust                                                                                |
| 11      | a registered dealer in securities, commodities, or derivative financial instruments                 |
| 12      | a broker as defined in section 6045(c) of the U.S. Internal Revenue Code;                           |
| 13      | any tax-exempt trust under a plan that is described in section 403(b) or section 457(g)             |

**Annexure 2: “Non-reporting financial institution”**

| Sr.No | Category                                                                                                                                                                                                                                                   |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1     | a Governmental entity, International Organisation or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by reporting financial institution |
| 2     | Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental entity, International Organization or Central Bank;                                                   |
| 3     | a non-public fund of the armed forces, Employees’ State Insurance Fund, a gratuity fund or a provident fund;                                                                                                                                               |
| 4     | An Indian investment entity held only by (1) to (3) above                                                                                                                                                                                                  |
| 5     | a qualified credit card issuer;                                                                                                                                                                                                                            |
| 6     | Specified Investment advisor or investment manager or executing broker                                                                                                                                                                                     |
| 7     | Specified exempt collective investment vehicle                                                                                                                                                                                                             |
| 8     | a financial institution with a local client base                                                                                                                                                                                                           |
| 9     | a local bank*                                                                                                                                                                                                                                              |
| 10    | a financial institution with only low-value accounts                                                                                                                                                                                                       |
| 11    | sponsored investment entity and controlled foreign corporation                                                                                                                                                                                             |
| 12    | Trustee documented trust                                                                                                                                                                                                                                   |
| 13    | sponsored closely held investment vehicle, in case of any U.S. reportable account                                                                                                                                                                          |



Company Seal and  
Directors Signature

Signature

# ACKNOWLEDGEMENT



To

M/s. Fortune Capital Services Private Ltd.,  
"Kochar Technology Park", 6th Floor, SP 31-A, 1st Cross Road,  
Ambattur Industrial Estate, Ambattur, Chennai – 600 058.

Dear Sir,

This is to acknowledge the receipt of following documents. I further state and confirm that I have read and understood all the clauses of aforesaid document. I also confirm that I have received the relevant clarifications, if any, wherever required from the officials of Fortune Capital Services Pvt. Ltd.

| Sl.No. | Brief Significance of the Document                                           |
|--------|------------------------------------------------------------------------------|
|        | <b>Equity Segment</b>                                                        |
| 1      | Rights and Obligations                                                       |
| 2      | Risk Disclosure Document (RDD)                                               |
| 3      | Guidance Note Do's and Don't for trading on the Exchanges for Investors      |
| 4      | Policies and Procedure document pursuant to the SEBI Circular Dt: 03.12.2009 |
| 5      | Duly executed copy of KYC & Tariff Sheet                                     |
| 6      | Voluntary Documents executed with the Trading Member                         |
| 7      | Internet & Wireless based Trading disclosure                                 |
| 8      | Risk Management Policy                                                       |
|        | <b>Commodity Segment</b>                                                     |
| 1      | Rights and Obligations                                                       |
| 2      | Risk Disclosure Document (RDD)                                               |
| 3      | Guidance Note Do's and Don't for trading on the Exchanges for Investors      |
| 4      | Internet & Wireless based Trading disclosure                                 |
| 5      | Policies and Procedure document                                              |
| 6      | Devolvement Policy for Commodity Trading                                     |
| 7      | Additional Risk Disclosure – Options Trading                                 |
|        | <b>Depository Operation</b>                                                  |
| 1      | Rights & Obligations for DEMAT Account                                       |

I have executed the Voluntary documents without any compulsion and I read, understood the same. The above documents are binding on me.

Yours faithfully,


Client Signature: 

Company Seal and  
Directors Signature

Name of the Client : \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR ACCOUNT MODIFICATION REQUESTS

I / We hereby authorize you to carry out any addition, modification and/or removal of my details like Mobile No & E-mail ID without supporting documents and Bank Details, DP Details, Address Details with supporting documents duly self attested including brokerage plan changes sent through my Registered Mail ID with you to your Mail ID [KYCCHANGES@FTCONLINE.IN](mailto:KYCCHANGES@FTCONLINE.IN) and/or [FORMS@FTCONLINE.IN](mailto:FORMS@FTCONLINE.IN) or intimation through an interface provided by you, whereto I have been allowed secured access.

Signature: 

Company Seal and  
Directors Signature

**FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATES**  
**(To be obtained on the pre-printed Letter head of the Company)**

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_ HAVING ITS REGISTERED OFFICE AT \_\_\_\_\_ HELD ON \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

Resolved that the Company be empowered to deal in Capital Market / F&O/ Currency Derivatives/ Commodity segment or any other segment that may be introduced by Exchange / FORTUNE CAPITAL SERVICES PRIVATE LIMITED in future, the said Trading Member be and is hereby authorized to honour instructions, oral or written, given on behalf of the company by any of the under noted authorized signatories:

| Sr. No. | Name  | Designation |
|---------|-------|-------------|
| 1.      | _____ | _____       |
| 2.      | _____ | _____       |
| 3.      | _____ | _____       |

who is /are authorized to sell, purchase, transfer, endorse, negotiate documents and / or otherwise deal through FORTUNE CAPITAL SERVICES PRIVATE LIMITED on behalf of the Company.

RESOLVED FURTHER THAT Mr. \_\_\_\_\_ and / or Mr. \_\_\_\_\_, and / or Mr. \_\_\_\_\_

Authorized Signatory of the Company be and are hereby authorized to sign, execute and submit such application, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this resolution.

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

For \_\_\_\_\_

Director / Company Secretary  
 (Signature to be verified by the Banker)

**SPECIMEN SIGNATURES OF THE AUTHORIZED PERSONS**

| Sr. No. | Name  |                                              |
|---------|-------|----------------------------------------------|
| 1.      | _____ | <input type="checkbox"/> Specimen Signatures |
| 2.      | _____ | <input type="checkbox"/>                     |
| 3.      | _____ | <input type="checkbox"/>                     |

## Demat Debit and Pledge Instruction (DDPI)



TO ALL TO WHOM THESE PRESENTS SHALL COME

I / We \_\_\_\_\_  
 S/o, D/o, \_\_\_\_\_ aged about \_\_\_\_\_  
 I / We \_\_\_\_\_  
 S/o, D/o, \_\_\_\_\_ aged about \_\_\_\_\_  
 I / We \_\_\_\_\_  
 S/o, D/o, \_\_\_\_\_ aged about \_\_\_\_\_  
 residing / having our office / registered office at \_\_\_\_\_

an individual / a sole proprietary concern / a partnership firm / a body corporate/ trust, registered / incorporated, under the provisions of the Indian Partnership Act, 1932 / the Companies Act 1956 or any relevant Act, (hereinafter referred to as “Beneficial Owner”)

Whereas I / We hold beneficial owner account number 12080300\_\_\_\_\_with Central Depository Services (India) Limited (CDSL), through Fortune Capital Services Private Limited (name of the depository participant) registered with Securities and Exchange Board of India (SEBI) Bearing ID IN DP-CDSL-729-2014.

And Whereas

I / We are desirous to buy and sell securities through Fortune Capital Services Private Limited who is a stockbroker registered with SEBI and Member of recognized stock Exchange(s) bearing SEBI registration No. INZ000201438.

Whereas in the course of availing the services and for meeting the margin and settlement obligation thereof on the exchanges and in order to make the process more transparent and simpler , I / We explicitly agree to access my / our BO account by M/s Fortune Capital Services Private Limited for the limited purposes as mentioned herein

| S.No. | Purpose                                                                                                                                                                                                                                     | Signature of Client *  |  |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|
| 1.    | Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker | 1st Holder             |  |
|       |                                                                                                                                                                                                                                             | 2 <sup>nd</sup> Holder |  |
|       |                                                                                                                                                                                                                                             | 3 <sup>rd</sup> Holder |  |
| 2.    | Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.     | 1st Holder             |  |
|       |                                                                                                                                                                                                                                             | 2 <sup>nd</sup> Holder |  |
|       |                                                                                                                                                                                                                                             | 3 <sup>rd</sup> Holder |  |
| 3.    | Mutual Fund transactions being executed on Stock Exchange order entry platforms                                                                                                                                                             | 1st Holder             |  |
|       |                                                                                                                                                                                                                                             | 2 <sup>nd</sup> Holder |  |
|       |                                                                                                                                                                                                                                             | 3 <sup>rd</sup> Holder |  |
| 4.    | Tendering shares in open offers through Stock Exchange platforms                                                                                                                                                                            | 1st Holder             |  |
|       |                                                                                                                                                                                                                                             | 2 <sup>nd</sup> Holder |  |
|       |                                                                                                                                                                                                                                             | 3 <sup>rd</sup> Holder |  |




I / We hereby authorize M/s Fortune Capital Services Private Limited to transfer the securities from my /our beneficiary account to the given demat accounts as mentioned herein below towards delivery settlement arising out of trades executed on the Stock Exchange and Pledging / Re-pledging of securities in favour of trading member (TM) / clearing member (CM) towards meeting margin requirements

| SR.NO. | ACCOUNT TYPE                                 | DP ID    | DP NAME | CLIENT ID |
|--------|----------------------------------------------|----------|---------|-----------|
| 1      | NSDL Pool A/c – NSE                          | IN300095 | ISSL    | 11620468  |
| 2      | NSDL Pool A/c – BSE                          | IN300095 | ISSL    | 11663119  |
| 3      | CSDL Pool A/c – NSE                          | 12080300 | FCSP    | 00000087  |
| 4      | Principal A/c. In CDSL                       | 12080300 | FCSP    | 00000091  |
| 5      | CDSL NSE Early Pay-in Account                | 11000011 | FCSP    | 00019659  |
| 6      | CDSL BSE Early Pay-in Account                | 11000010 | FCSP    | 00023690  |
| 7      | Client Margin Pledge Account                 | 12080300 | FCSP    | 00221198  |
| 8      | Client Securities Margin Funding Account     | 12080300 | FCSP    | 00221204  |
| 9      | Corporate TM Client Securities Margin Pledge | 12080300 | FCSP    | 00231833  |

I / We hereby agree that all such acts done by my /our above mentioned accounts shall be deemed to be acts done by me / us. Further, to return to me / us the securities or funds that may have been received by the stockbroker erroneously or those securities or funds that the stock broker was not entitled to receive from me / us.

This is a Revocable Demat Debit and Pledge Instructions (DDPI) without notice.

Signed and delivered by the within named Beneficial Owner/s

| Name(s) of holder(s)          |  | Signature(s) of holder*                                                               |
|-------------------------------|--|---------------------------------------------------------------------------------------|
| Sole / First Holder (Mr./Ms.) |  |  |
| Second Holder (Mr./Ms.)       |  |  |
| Third Holder (Mr./Ms.)        |  |  |

## AUTHORITY LETTER IN FAVOUR OF MANAGING PARTNER (S)

(To be obtained on the pre-printed Letter head of the Firm)

We, the partners of M/s \_\_\_\_\_ a partnership firm, having  
its office at \_\_\_\_\_

(office address) city \_\_\_\_\_ state \_\_\_\_\_ hereby authorize

Mr/Ms. \_\_\_\_\_ and Mr. / Ms

\_\_\_\_\_ to open a trading account in Capital Market /F&O/

Currency Derivatives / Commodity segment on behalf of the firm M/s. \_\_\_\_\_ with  
the Trading Member FORTUNE CAPITAL SERVICES PRIVATE LIMITED for sale and purchase of shares/Derivatives in  
Capital Market / F&O/ Currency Derivatives / commodity segment or any other segment that may be introduced by  
Exchange in future. He/She They is / are authorized on behalf of the firm to deal in shares / commodities / derivatives and  
the said Trading Member is hereby authorized to honour all instructions oral or written, given on behalf of the firm by  
him/her/them.

Mr. / Ms. \_\_\_\_\_ and Mr./Ms \_\_\_\_\_  
is/are authorized to sell, purchase, transfer, endorse, negotiate documents and / or otherwise deal through FORTUNE  
CAPITAL SERVICES PRIVATE LIMITED on behalf of the firm M/s \_\_\_\_\_

He/ She/They is / are also authorized to sign, execute and submit such applications, undertakings, agreement and other  
requisite documents, writings and deeds as may be deemed necessary or expedient to open account and given effect to  
this purpose.

However any partner / authorized signatory(ies) can issue cheques from bank account(s) in favour of FORTUNE  
CAPITAL SERVICES PRIVATE LIMITED, for credit to trading account of the firm with FORTUNE CAPITAL SERVICES  
PRIVATE LIMITED, even though his/their signatures may not be available on the records of FORTUNE CAPITAL  
SERVICES PRIVATE LIMITED. These cheques may either be from the account of partnership firm or from individual  
account, the said amount so given shall be solely / exclusively for the account of the firm maintained with FORTUNE  
CAPITAL SERVICES PRIVATE LIMITED.

⊗

Company Seal and  
Directors Signature

Signature \_\_\_\_\_

⊗

Company Seal and  
Directors Signature

Signature \_\_\_\_\_

⊗

Signature \_\_\_\_\_

## MARGIN TRADING FACILITY (MTF)



### Consent for Availing Margin Trading Facility (MTF)

Margin Trading Facility is the facility offered by M/s Fortune Capital Services Private Limited to finance its clients for the purchase of shares and securities and allow them to take a benefit of trading opportunities by taking delivery of shares on margin. (The product hereinafter named as MTF).

I / we wish to avail the Margin Trading Facility (MTF) on the platform of National Stock Exchange of India Ltd., (NSE) and BSE Ltd., (BSE) as per the framework prescribed by SEBI vide its Circular No. CIR/MRD/DP/54/2017 dated, 13<sup>th</sup> Jun 2017.

Further I / we have read and understood “Rights and Obligation of Stock Brokers & Client for Margin Trading Facility (MTF)” as prescribed by NSE vide its Circular No. NSE/COMP/35260 dated, 30<sup>th</sup> Jun 2017 and BSE Vide its Circular No. 20170619-26 dated 19<sup>th</sup> Jun 2017.

I / we have read and understood the “Policies & Procedures for MTF” as specified by Fortune Capital Services Pvt. Ltd., (FCSPL) regarding terms and conditions of Margin Trading Facility, method of communication for confirmation of orders / trades, margin calls and calls for liquidation of collateral / securities / positions etc., and agreed to abide by the clauses mentioned therein all the times. Further I / we will refer to FCSPL website [www.ftconline.in](http://www.ftconline.in) from time to time for any updation w.r.t. Policies and Procedures.



Company Seal and  
Directors Signature

Date :

Signature

## MARGIN TRADING FACILITY ARRANGEMENT

### Collection of Margin :

The margin is collected in CASH & SECURITIES COLLATERAL ONLY. Approved Collateral List is available in our Website ([www.ftconline.in](http://www.ftconline.in)) download page along with the Hair-cut value **naming Acceptance of Approved Securities List**. Kindly refer the same before Pledging to our Client collateral Account as per details given below.

| Account Type              | DP ID    | DP NAME   | CLIENT ID |
|---------------------------|----------|-----------|-----------|
| Client Collateral Account | 12080300 | F C S P L | 00231833  |

### Bank Account Details for MTF Magin:

Kindly transfer the Funds to the below mentioned account only for MTF Purchases / Margins etc., The Funds transferred to this account only considered for MTF Exposure / Margin purposes.

| Bank Name       | Account No. | IFSC Code |
|-----------------|-------------|-----------|
| HDFC Bank Ltd., |             |           |

**Setting of Exposure:** Trading is allowed only against available margin in client's account. For this purpose, margin should be actually available at the time of entering trade in the cash segment of NSE in the form of credit balance in the trading account.

A client's position across all segments and stock exchanges is considered by Risk Management Section while controlling the exposure of the client.

### DP Account Details for Transferring Collaterals / Securities:

Clients can Pledge the collaterals / securities to the below mentioned account only for availing exposure after applicable hair-cut set by the Exchanges / RMS Team.

| Account Type                       | DP ID    | DP NAME   | CLIENT ID |
|------------------------------------|----------|-----------|-----------|
| TM Client Securities Margin Pledge | 12080300 | F C S P L | 00231833  |

The shares purchased by you will be given to Pledge in the below mentioned DP Account of Client Security Margin Funding Account. The securities will be delivered to the clients own Ben account on full payment and request or delivered to the Exchange Pool a/c. on obligations / selling of shares.

| Account Type                           | DP ID    | DP NAME   | CLIENT ID |
|----------------------------------------|----------|-----------|-----------|
| Client Security Margin Funding Account | 12080300 | F C S P L | 00221204  |



Company Seal and  
Directors Signature

Signature



## Exposure for Approved Securities Buying under Product MTF :

The facility will be applicable only for approved securities (List will be placed in our Website ([www.ftconline.in](http://www.ftconline.in)) download page naming “**Approved Securities List for Buying**” and the **order should be placed under Product MTF**. Approved Securities List will be reviewed on monthly basis and the changes can be taken place with addition / removal of stocks. The clients will be provided additional One Time Margin for purchase of approved securities and the payment needs to be made to Fortune Capital Services P. Ltd., whenever required. **For purchase of unapproved stocks, client has to use CNC for placing order and Unapproved Stocks are not allowed under MTF.**

Exposure for additional One Time will be available for the Cash Margin on Beginning of the Day (BOD) basis & Additional Cash Margin during the day through Fund Transfer only and the proceeds through sale of shares / options / release of margins through Futures during the day will not be considered.

## Adjustment of Credit Balances in Regular Account with MTF Account:

Client has to make separate request by sending mail to [accounts@ftconline.in](mailto:accounts@ftconline.in) to transfer the Credit balance from their Normal Account to MTF account. The fund transfer will not be happened automatically and on receipt of request only.

## Interest Charges for Debits:

Interest will be levied @ 18% p.a. from T + 2 onwards to payment realised date. e.g. If a client makes online payment on T + 4, Interest will be charged for 2 days. If a client adjusting the debit by selling shares on T + 4, Penal Charges will be charged from T + 2 to prior date of Pay-out date of T + 4. Clear balance will be considered for computation of delayed payment charges and not the Ledger balance. The Interest Charges will be levied to the client ledger on daily basis. While calculating interest, the credit lying in Normal Ledger will not be considered and hence, please make the fund transfer request as explained in the above paragraph.

## Liquidation for Debits:

Risk Management Section perform a real time monitoring on the inter and intraday position of the client through NEST screen.

Current Market price will be taken for valuing the stocks available while computing for liquidation. **Liquidation of stocks will be taken place during any day after the purchase, if the value of stocks erode on or above 70% of Margin.** i.e. applying formulae of Debit / Value of Stocks (real time/LTP) \* 100. eg. Client has Purchased 2 Lakhs worth of stocks against 1 Lakh Margin resulted in 1 Lakh debit. In this case,  $100000/200000 * 100$  comes to 50%. As when the % reaches 70% i.e. stock value erodes to below 142850/-, the square-off will be initiated. The % can vary depending on the matched price of the square off order. For evaluation of stocks value against debit, POA stocks available in the client DP account will also be considered.



Company Seal and  
Directors Signature

Signature

If a client holding 1 Lakh worth of shares in Client Collateral Account (details given below) with us, the value of 1 Lakh will also get added to the purchased value of 2 Lakh resulted into 3 Lakh in total value against 1 Lakh debit for the above example.

In the event of client's failure to increase the cushion and the market conditions remain turbulent, the position/s will be squared off. We will send Margin Calls via SMS / Email to the client for MTM erosion before square-off the position/s and it is the clients responsibility to top up the Margin immediately when Margin calls received by them.

Square-off order initiated when the MTM reaches 70% of loss and the order can be matched only on the available price in the market and we can't guarantee the square-off taken place at 70% all the time. The % can vary depending on the matched price of the square off order.

### **Purpose of Risk Management Policy:**

The basic motive of Risk Management Policy is to minimize the losses / prevent the occurrence of loss due to the "Credit Risk" to which company is exposed to while dealing with the clients on day to day operations. The Company is committed in adopting appropriate mechanisms.

### **Terms and Conditions:**

- Fortune Capital Services Private Limited reserves the absolute right to either to allow me or refuse the aforesaid facility (MTF) on any grounds whatsoever and I agree that I shall not dispute the result in any manner whatsoever.
- This facility is available only for that scrip that is traded in the segments of NSE and approved by Fortune Capital Services Private Limited, and I cannot make purchases through any other exchanges.
- The maximum credit limit for a client will not exceed 10% of the net worth of the company computed as per SEBI guidelines. However, Fortune Capital Services Private Limited reserves the right to reduce the maximum credit limit at any time without any prior intimation or assigning any reasons thereof.
- The maximum single scrip funding limit for a client will not exceed Rs. 50 Lakhs where the scrip is part of CNX 100 and Junior Nifty collateral and will not exceed Rs. 25 lakhs where the scrip is not part of Nifty, CNX 100 and Junior Nifty collateral.
- In order to avail margin trading, initial margin and maintenance margin required at all times shall be as prescribed by SEBI which is as under,

| Category of Stock                   | Initial margin & maintenance margin as prescribed by SEBI | Initial margin and maintenance margin as set in trading platform |
|-------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|
| Group I stock available, (F&O)      | VaR + 3 times applicable ELM                              | VaR + 3.5 times applicable ELM                                   |
| Group I stock other than F&O stocks | VaR + 5 times ELM                                         | VAR + 6 times ELM                                                |

- MTM (Mark to Market) loss if any on the funded stocks, should be paid immediately under this funding facility.



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- Upon the receipt of the Margin Call, I\We agree to bring additional amount within the specified time to cover the margin short fall and make good of such deficiency in the amount of margin placed with Fortune Capital Services Private Limited.
- If there is a margin call on MTF account, and have credit balance in the Normal trading account, Fortune Capital Services Private Limited reserves the right to transfer any clear credit balance from the Normal trading account to the MTF account. By agreeing to this terms and conditions you give Fortune Capital Services Private Limited the explicit right to do this transfer without any intimation to you.
- Margin Trade Funding allowed under this facility can be continued for a long period till it is terminated by you or Fortune Capital Services Private Limited.
- Fortune Capital Services Private Limited has full LIEN on Cash and Security balances in my trading account /depository account and Fortune Capital Services Private Limited may sell such securities lying with this Demat Account. Any loss arising out of squaring off or sale of securities will be to my account and Fortune Capital Services Private Limited will not be liable for any cost or damage or any consequences thereof.
- If there are no transactions for 90 days in the MTF account and where MTF account is in credit, then the same would be settled as per the running account settlement process.
- I\We shall lodge/protest any disagreement with any transactions done under the MTF facility, within 3 days from the receipt of the contract note.
- The stock valuation of fully paid securities in the Collateral account will be determined by Fortune Capital Services Private Limited after applying the necessary haircuts (Var + ELM % as defined) from time to time.
- Fortune Capital Services Private Limited reserves the absolute right to withdraw this aforesaid facility at any time without giving any reasons thereof, and I shall not protest or take a stand against them.
- If this MTF facility is granted to me\us, I\We shall have no right to revoke the POA or withdraw the Collateral, unless and until all the claims, demands, loss, damages, penalties and liabilities are settled with Fortune Capital Services Private Limited.
- The brokerages and other regulatory charges etc. are applicable for each trade that is executed through the Margin funding account.
- By signing and agreeing to the terms and conditions of MTF, I\We give my\our explicit permission to move the MTF trades to my MTF account on a daily basis.
- I\We have the right to terminate this facility if, at any time, Fortune Capital Services Private Limited breaches its terms and conditions.
- I\We agree that, have received the Risk Disclosure document, Rights & obligations, Policies, and procedures, and read, understood and accepted the same.



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## Disclaimer

**Fortune Management will have a discretion to alter / change any of the information / parameter defined in the policy on the basis of prevailing market conditions with or without intimation to the clients and can use their discretion to grant any kind of exemption / permission in case they deem fit on case to case basis. We request the clients to read the Policies at regular intervals from our Website Download Page > Fortune Policies > Policies to update themselves with up to date changes.**



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## Client Declaration:

I/we hereby confirm that I/we will continuously monitor the positions and the Margin Calls issued to me/us by Fortune Capital Services Pvt. Ltd., and I/we will top up the Margin immediately. I/we hereby confirm that I/we am/are aware that the Policy is tends to be changed depending on the market scenario and we will update myself/ourselves by reading the Policy from your Website at regular intervals.



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**Signature**

**Date:**

**RIGHTS & OBLIGATIONS OF STOCK BROKERS &  
CLIENTS FOR MARGIN TRADING FACILITY (MTF)**

**CLIENT RIGHTS**

1. Client shall receive all communications in a mode mutually agreed between the broker and the client regarding confirmation of orders/trades, margin calls, decision to liquidate the position / security.
2. Client shall be free to take the delivery of the securities at any time by repaying the amounts that was paid by the Stock Broker to the Exchange towards securities after paying all dues.
3. Client has a right to change the securities collateral offered for Margin Trading Facility at any time so long as the securities so offered are approved for margin trading facility.
4. Client may close / terminate the Margin Trading Account at any time after paying the dues.

**CLIENT OBLIGATIONS**

1. Client shall, in writing in his own hand or in any irrefutable electronic method, agree to avail of Margin Trading Facility in accordance with the terms and conditions of Margin Trading Facility offered by the broker, method of communication for confirmation of orders/trades, margin calls and calls for liquidation of collateral/security/position.
2. Client shall inform the broker of its intent to shift the identified transaction under Margin Trading Facility within the time lines specified by the broker failing which the transaction will be treated under the normal trading facility
3. Client shall place the margin amounts as the Stock Broker may specify to the client from time to time.
4. On receipt of 'margin call', the client shall make good such deficiency in the amount of margin placed with the Stock Broker within such time as the Stock Broker may specify.
5. By agreeing to avail Margin Trading Facility with the broker, client is deemed to have authorized the broker to retain and/or pledge the securities provided as collateral or purchased under the Margin Trading Facility till the amount due in respect of the said transaction including the dues to the broker is paid in full by the client.
6. Client shall lodge protest or disagreement with any transaction done under the margin trading facility within the timelines as may be agreed between the client and broker.

**STOCK BROKER RIGHTS**

1. Stock Broker and client may agree between themselves the terms and condition including commercial terms if any before commencement of MTF.
2. Stock broker may set up its own risk management policy that will be applicable to the transactions done under the Margin Trading Facility. Stock broker may make amendments there to at any time but give effect to such policy after the amendments are duly communicated to the clients registered under the Margin Trading Facility



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3. The broker has a right to retain and/or pledge the securities provided as collateral or the securities bought by the client under the Margin Trading Facility.
4. The broker may liquidate the securities if the client fails to meet the margin call made by the broker as mutually agreed of liquidation terms but not exceeding 5 working days from the day of margin call.

## **STOCK BROKER OBLIGATIONS**

1. Stock broker shall agree with the client the terms and condition before extending Margin Trading Facility to such client. However, for clients who already have existing trading relationship and want to avail of Margin Trading Facility, stock broker may take consent in writing in his own hand or in any irrefutable electronic method after stock broker has communicated the terms and conditions of Margin Trading Facility to such existing clients.
2. The terms and conditions of Margin Trading Facility shall be identified separately, in a distinct section if given as a part of account opening agreement.
3. The mode of communication of order confirmation, margin calls or liquidation of position/security shall be as agreed between the broker and the client and shall be in writing in his own hand or in any irrefutable electronic method. Stock broker shall prescribe and communicate its margin policies on haircuts/ VAR margins subject to minimum requirements specified by SEBI and exchanges from time to time.
4. The Stock Broker shall monitor and review on a continuous basis the client's positions with regard to MTF. It is desirable that appropriate alert mechanism is set up through which clients are alerted on possible breach of margin requirements.
5. Any transaction to be considered for exposure to MTF shall be determined as per the policy of the broker provided that such determination shall happen not later than T + 1 day.
6. If the transaction is entered under margin trading account, there will not be any further confirmation that it is margin trading transaction other than contract note.
7. In case the determination happens after the issuance of contract, the broker shall issue appropriate records to communicate to Client the change in status of transaction from Normal to Margin trading and should include information like the original contract number and the margin statement and the changed data.
8. The Stock Broker shall make a 'margin call' requiring the client to place such margin; any such call shall clearly indicate the additional/deficient margin to be made good.
9. Time period for liquidation of position/security shall be in accordance declared policy of the broker as applicable to all MTF clients consistently. However, the same should not be later than 5 working (trading) days from the day of 'margin call'. If securities are liquidated, the contract note issued for such margin call related transactions shall carry an asterisk or identifier that the transaction has arisen out of margin call.
10. The daily margin statements sent by broker to the client shall identify the margin/collateral for Margin Trading separately.
11. Margin Trading Accounts where there was no transactions for 90 days shall be settled immediately.



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12. The stocks deposited as collateral with the stock broker for availing margin trading facility (Collaterals) and the stocks purchased under the margin trading facility (Funded stocks) shall be identifiable separately and there shall not be any comingling for the purpose of computing funding amount;
13. Stock Broker shall close/terminate the account of the client forthwith upon receipt of such request from the client subject to the condition that the client has paid dues under Margin Trading Facility.

### **TERMINATION OF RELATIONSHIP**

1. The margin trading arrangement between the stock broker and the client shall be terminated; if the Stock Exchange, for any reason, withdraws the margin trading facility provided to the Stock Broker or the Stock Broker surrenders the facility or the Stock Broker ceases to be a member of the stock exchange.
2. The MTF facility may be withdrawn by the broker, in the event of client committing any breach of any terms or conditions therein or at anytime after due intimation to client allowing such time to liquidate the MTF position as per the agreed liquidation terms without assigning any reason. Similarly, client may opt to terminate the margin trading facility in the event of broker committing any breach of any terms or conditions therein or for any other reason.
3. In the event of termination of this arrangement, the client shall forthwith settle the dues of the Stock Broker. The Stock Broker shall be entitled to immediately adjust the Margin Amount against the dues of the client, and the client hereby authorizes the Stock Broker to make such adjustment.
4. After such adjustment, if any further amount is due from the client to the Stock Broker, the client shall settle the same forthwith. Upon full settlement of all the dues of the client to the Stock Broker, the Stock Broker shall release the balance amount to the client.
5. If the client opts to terminate the margin trading facility, broker shall forthwith return to the client all the collaterals provided and funded securities retained on payment of all the dues by clients.



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**Date:**

## CHECK LIST

| Sl. No. | Details                                                                                               | Checked By | Checked By | Checked By |
|---------|-------------------------------------------------------------------------------------------------------|------------|------------|------------|
| 1.      | Signature across Photograph                                                                           |            |            |            |
| 2.      | Signature in 41 Places                                                                                |            |            |            |
| 3.      | Clear & Legible ID Proof (Self attested)                                                              |            |            |            |
| 4.      | Clear & Legible Address proof (Self attested)                                                         |            |            |            |
| 5.      | Clear & Legible Bank Account Proof (Self attested) / Cancelled cheque leaf with IFSC Code duly signed |            |            |            |
| 6.      | Clear & Legible Xerox copy of PAN card (Self attested)                                                |            |            |            |
| 7.      | Clear & Legible Financial Proof                                                                       |            |            |            |

## FOR OFFICE USE ONLY

### MAPPING

|                    | Code | Name |
|--------------------|------|------|
| SUB-BROKER         |      |      |
| REFERRAL           |      |      |
| MB / MF            |      |      |
| RM NAME (DIRECT)   |      |      |
| RM NAME (INDIRECT) |      |      |

### Data Entered in System by

|        |             |
|--------|-------------|
| Name : | Signature : |
|--------|-------------|