



# Account Opening Form

## Documents Required (Self-attested)

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PAN CARD  
ADDRESS PROOF  
CANCELLED CHEQUE  
INCOME PROOF

<b>Name of trading member</b>	<b>ACUMEN CAPITAL MARKET (INDIA) LTD.</b>
<b>Name of clearing member</b>	Derivatives: Globe Capital Ltd (SEBI: INZ000024939), Globe Commodity Ltd (SEBI: INZ000177137) Cash: Acumen Capital Market (SEBI: INZ000170434)
<b>Cash Segment</b>	NSE Cash, BSE Cash
<b>Derivatives</b>	NSE F&O, NSE Currency, NSE Commodity, MCX, NCDEX
<b>SEBI Registration number</b>	INZ000170434
<b>CDSL</b>	IN-DP-CDSL-680-2013
<b>NSDL</b>	IN-DP-40-2015
<b>Company Identification Number (CIN)</b>	Acumen Capital Market (I) Ltd. – U67120KL1995PLC008674  Acumen Commodities (I) Ltd. – U51109KL2003PLC016493
<b>Registered office</b>	Acumen Capital Market India Ltd S.T Reddiar & Sons, Veekshanam Road, Kochi Pin: 682 035. Ph. 0484 4291111
<b>Correspondence Address</b>	Same as above
<b>Compliance officer</b>	Rosy Shibi V. M, email ID admin@acumengroup.in
<b>For any grievances, please mail us at <a href="mailto:grievances@acumengroup.in">grievances@acumengroup.in</a></b>	

**CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form**
**General Instructions:**

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

**A Clarification / Guidelines on filling 'Personal Details' section**

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

**B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India**

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

**C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section**

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

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

**D Clarification / Guidelines on filling 'Proof of Address [PoA]-Current / Permanent / Overseas Address details' section**

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

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

**E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section**

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

**F Clarification / Guidelines on filling 'Contact details' section**

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

**G Clarification / Guidelines on filling 'Related Person details' section**

- 1 Provide KYC number of related person if available.

**H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section**

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

## INDEX

S. No.	Name of the Document	Brief Significance of the Document	Page No
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### MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

1	Account Opening Form - Individual	KYC Form for Individual Client - Basic information about the client.	3 - 11
2	Tariff Sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading & depository services.	12 - 17
3	Uniform Risk Disclosure Document	Document detailing the risk associated with dealing in Securities & Commodities Market.	Provided Separately
4	Rights & Obligations - Trading	Document stating the rights & obligations of member, authorised person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	
5	Rights & Obligations - DP	Document stating the rights & obligations of member and client for depository services on depositories.	
6	Rights & Obligations - RP	Document stating the rights & obligations of member and client for electronic warehouse receipts services on repositories.	
7	Do's & Don'ts for Investors	Document detailing do's & don'ts for trading on exchanges, for the education of investors.	
8	Policies & Procedures	Document detailing significant policies & procedures of the member.	

### VOLUNTARY DOCUMENTS AS PROVIDED BY MEMBER

1	Electronic Contract Notes / Statements Consent	Consent document for receiving electronic contract notes / statements by E-mail.	15
2	Running Account Authorisation	Consent document for maintaining client account on a running account basis for settlement of funds / securities, and for other authorisation.	16
3	Mobile & E-mail Declaration	Declaration of mobile & E-mail whether belong to self / spouse / dependent parents / dependent children.	17

**CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC APPLICATION FORM | INDIVIDUAL)**
**Important Instructions:**

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


**For office use only**
*(To be filled by financial institution)*

Application Type\*

☐ New

☐ Update

KYC Number

*(Mandatory for KYC update request)*

Account Type\*

☐ Normal


☐ Simplified (for low risk customers)

☐ Small

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

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

**PHOTO**



☒ Signature / Thumb Impression

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

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

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

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

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

**4. PROOF OF ADDRESS (PoA)\***
☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)

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

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

**Address**

Line 1*	<input type="text"/>									
Line 2	<input type="text"/>									
Line 3	<input type="text"/>									
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	State / U.T Code*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>	City / Town / Village*	<input type="text"/>	

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

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																	
Line 2																	
Line 3																	
District*						Pin / Post Code*						State / U.T Code*			ISO 3166 Country Code*		

☐ **4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\*** (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*																				
Line 2																				
Line 3																				
State*						ZIP / Post Code*						City / Town / Village*						ISO 3166 Country Code*		

☐ **5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

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

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1' ) (please refer instruction **G** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name		

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

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

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

☐ **7. REMARKS (If any)**


**8. APPLICANT DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :

**X** 2

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received ☐ Certified Copies

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

IPV Done ☐ on --

**Document Verified With Originals**

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

**Client Interviewed by**

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

**KYC and In Person Verification (IPV) Carried Out By**

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

**Know Your Client (KYC) Application Form (For Individuals only)**
**Acumen Capital Market (India) Limited**
**Part II - Trading Account Opening Form**
**Information related to opening of Trading Account**
**SEBI Registration No: INZ000170434**
**A. Income & Other Details of Sole / First Holder**

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

**B. Trading Preferences**

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

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

**C. Bank Account Details**

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

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

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

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

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

**F. GST Details**

GST Registration Details	Registration No.	State

**G. Investment/Trading Experience**

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

**H. Introducer Details (Optional)**

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



### I. Dealing Through Other Members

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

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

### J. Past Regulatory Actions

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

### K. Additional Details

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

### DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained & understood the contents of the tariff sheet and all voluntary / non-mandatory documents.
3. I/We further confirm having read & understood the contents of the Rights & Obligations documents (both equity & commodity); Risk Disclosure Document (both equity & commodity); Guidance Note, Additional Risk Disclosure Document for Option Trading. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for information on member's designated website i.e www.acumen group.in

Place:

Date:

Signature ☒ 4

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

☐ I/we do not wish to make a nomination

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

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

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

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

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

**Signature** ☒ \_\_\_\_\_

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

Signature of Witness: |

Name of Witness: |

Address of Witness: |

(To be filled by Acumen)

Nomination accepted &amp; registered wide Registration No. \_\_\_\_\_ dated: \_\_\_\_\_.

## NOMINATION FOR NSDL DEMAT ACCOUNT ONLY

FORM 10 FORM FOR NOMINATION/ CANCELLATION OF NOMINATION (To be filled in by individual applying singly or jointly)																													
Date		D	D	M	M	Y	Y	Y	Y	DP ID				I	N	3	0	0	8	9	6	Client ID							
<input type="checkbox"/> I/We wish to make a nomination. [As per details given below] <input type="checkbox"/> I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below]																													
<b>Nomination Details</b>																													
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.																													
<b>Nomination can be made upto three nominees in the account.</b>										<b>Details of 1<sup>st</sup> Nominee</b>					<b>Details of 2<sup>nd</sup> Nominee</b>					<b>Details of 3<sup>rd</sup> Nominee</b>									
<b>1</b>		<b>Name of the nominee(s) (Mr./Ms.)</b>																											
<b>2</b>		<b>Share of each Nominee</b>		Equally <input type="checkbox"/>						%					%					%									
				[If not equally, please specify percentage]		Any odd lot after division shall be transferred to the first nominee mentioned in the form.																							
<b>3</b>		<b>Relationship With the Applicant ( If Any)</b>																											
<b>4</b>		<b>Address of Nominee(s)</b>																											
		PIN Code																											
<b>5</b>		<b>Mobile/Telephone No. of nominee(s)</b>																											
<b>6</b>		<b>Email ID of nominee(s)</b>																											
<b>7</b>		<b>Nominee Identification details –</b> [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																											
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																													
<b>8</b>		<b>Date of Birth {in case of minor nominee(s)}</b>																											
<b>9</b>		<b>Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}</b>																											
<b>10</b>		<b>Address of Guardian(s)</b>																											
		PIN Code																											
<b>11</b>		<b>Mobile/Telephone no. of Guardian</b>																											
<b>12</b>		<b>Email ID of Guardian</b>																											
<b>13</b>		<b>Relationship of Guardian with nominee</b>																											
<b>14</b>		<b>Guardian Identification details –</b> [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																											
<b>Name(s) of holder(s)</b>										<b>Signature(s) of holder</b>																			
Sole/ First Holder (Mr./Ms.)										X																			
Second Holder (Mr./Ms.)										X																			
Third Holder (Mr./Ms.)										X																			
<b>Signature of Witness for Nomination</b>																													
<b>Name of the Witness</b>										<b>Address</b>										<b>Signature of witness</b>									
																				Date <span style="border: 1px solid black; padding: 0 2px;">D</span> <span style="border: 1px solid black; padding: 0 2px;">D</span> <span style="border: 1px solid black; padding: 0 2px;">M</span> <span style="border: 1px solid black; padding: 0 2px;">M</span> <span style="border: 1px solid black; padding: 0 2px;">Y</span> <span style="border: 1px solid black; padding: 0 2px;">Y</span> <span style="border: 1px solid black; padding: 0 2px;">Y</span> <span style="border: 1px solid black; padding: 0 2px;">Y</span>									

**REVOCABLE POWER OF ATTORNEY**

Voluntary

☒ To all to whom these presents shall come I/ we \_\_\_\_\_

17

residing at \_\_\_\_\_ (2) \_\_\_\_\_

☐ residing at \_\_\_\_\_ (3) \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ whereas I/we hold Beneficial Owner Account \_\_\_\_\_

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

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

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

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

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

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

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

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

Dated: \_\_\_\_\_

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

☒ 18 ☐ 16

☐
☒

For Acumen Capital Market (India) Limited

Signature of Witness

Name of Witness

Address of Witness

Authorized Signatory

**For Office Use**

UCC allotted to the Client:

I/we undertake that we have made the client aware of Policies and Procedures, Tariff Sheet and all the Voluntary/Non-Mandatory Documents. I/we have also made the client aware of Rights and Obligations Document(s), RDD and Do's & Don'ts, Guidance Note. I/we have given/sent him a copy of all the KYC documents. I/we undertake that any change in the 'Policy and Procedures', Tariff Sheet and all the Voluntary/Non-Mandatory Documents would be duly intimated to the clients. I/we also undertake that any change in the Rights & Obligations and RDD would be made available on my/our website [www.acumengroup.in](http://www.acumengroup.in) for the information of the clients.

Date:

Signature of the Authorised Signatory:

Seal of the Member

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

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

**A. Details of Account Holders(s)**

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

**B. Type of Account**

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

**C. In case of NRIs / Foreign Nationals**

RBI Approval Reference No.	
RBI Approval Date	

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

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

**E. Income & Other Details of Second Holder**

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

**F. Income & Other Details of Third Holder**

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

**G. Bank Account Details**

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

#### H. FATCA / CRS Declaration / Self Certification for Individual

	Sole / First Holder	Second Holder	Third Holder
Country of Birth	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
Country of Residence for Tax Purpose	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
Country of Citizenship	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
US Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If you are a US person and/or if your tax residency/nationality/citizenship is other than India, then please download and attach FATCA/CRS with this form from [www.acumengroup.in](http://www.acumengroup.in)

#### DECLARATION

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

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

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

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

Signature ☒ 5



#### Option for Issue of Delivery Instruction Slip Booklet (DIS)

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

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

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

Signature ☒ 6



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

☐ I/we do not wish to avail BSDA facility

☐ I/we wish to avail BSDA facility

Signature ☒ 7



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

Touch Plan - TB19 : <input type="checkbox"/>		wish to avail the Plan TB19		
Particulars	Equity Delivery	Equity Intraday	Futures	Option
Brokerage	Zero Brokerage	Rs.19 per executed order or 0.03% (whichever is lower)	Rs.19 per executed order or 0.03% (whichever is lower)	Rs.19 per executed order
STT/CTT	0.1% on both buy & sell.	0.025% only on sell.	0.1% only on sell.	0.1% only on sell.
Transaction Charges	NSE: 0.00325% per trade on buy & sell.	NSE: 0.00325% per trade on buy & sell.	Exchange Turnover Charge: 0.0019%	Exchange Turnover Charge: 0.05%
	BSE: Charges vary as per the scrip group	BSE: Charges vary as per the scrip group	Clearing Charge: 0.0001%	Clearing Charge: 0.0025%
Demat Transaction Charges	Rs.18.5 per scrip per day only on Sell.	No Charges	No Charges	No Charges
GST	18% (on brokerage + transaction + demat charges)	18% (on brokerage + transaction charges)	18% (on brokerage + transaction & clearing charges)	18% (on brokerage + transaction & clearing charges)
SEBI Charges	Rs.15/crore	Rs.15/crore	Rs.15/crore	Rs.15/crore
Stamp Charges	As applicable as per client state			
Particulars	Currency Future	Currency Option	Commodity Future	Commodity Option
Brokerage	Rs.5 per executed order or 0.03% (whichever is lower)	Rs.5 per executed order	Rs.19 per executed order or 0.03% (whichever is lower)	Rs.19 per executed order
STT/CTT	0.1% on both buy & sell.	0.025% only on sell.	0.1% only on sell.	0.1% only on sell.
Transaction Charges	NSE: 0.00325% per trade on buy & sell.	NSE: 0.00325% per trade on buy & sell.	Exchange Turnover Charge: 0.0019%	Exchange Turnover Charge: 0.05%
	BSE: Charges vary as per the scrip group	BSE: Charges vary as per the scrip group	Clearing Charge: 0.0001%	Clearing Charge: 0.0025%
Demat Transaction Charges	Rs.18.5 per scrip per day only on Sell.	No Charges	No Charges	No Charges
GST	18% (on brokerage + transaction + demat charges)	18% (on brokerage + transaction charges)	18% (on brokerage + transaction & clearing charges)	18% (on brokerage + transaction & clearing charges)
SEBI Charges	Rs.15/crore	Rs.15/crore	Rs.15/crore	Rs.15/crore
Stamp Charges	As applicable as per client state			



Tariff - CDSL/NSDL		
Sl. No	Particulars	Rs.
1	Annual Maintainance Charge (Individual)	275
2	Annual Maintainance Charge (Corporates)	750
3	Transaction charges sell (Debit)	12 per debit transaction
4	Call & trade	40 per order
5	KRA upload/Download	40
6	Pledge creation request	15 + 12 per request (CDSL Charges)
7	Pledge invocation	10
8	Unpledge request	15 + 12 per request (CDSL Charges)
9	Margin pledge	6 + 5 per request (CDSL Charges)
10	Margin repledge	2 (CDSL charges)
11	Margin unpledge	6 + 5 per request (CDSL Charges)
12	Cheque bounce	Rs. 300 (per cheque)
13	Stamp charges	50
14	Demat	125 (per certificate)
15	Remat	125 + charges (per certificate)
16	Failed Demat Transactions	40 per ISIN
17	Statement request (non periodic)- Email	Rs. 9 per request
18	Statement request (non periodic)- Physical	Rs. 40 for 10 pages (5 for additional)
19	Statement request (periodic)- Email	Free
20	Statement request (periodic)- Physical	40 + Courier charges
21	DIS	75 (for 10 pages)
22	Delay payment charges	18% or 0.05% per day (higher)

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

To,  
**Acumen Capital Market (India) Limited**

Dear Sir,

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

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

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

Yours faithfully,

Signature ☒ s



Date:

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

Signature:

Date:

### Running Account Authorization (Voluntary)

To,  
Acumen Capital Market (India) Limited

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

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

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

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

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

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

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

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

Signature ☒ 9

### Consent for Mobile and Email Registration

To,

Acumen Capital Market (India) Limited

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

Mobile Number: \_\_\_\_\_

Email Id: \_\_\_\_\_

The said mobile number is registered in the name of \_\_\_\_\_

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

The said email id is registered in the name of \_\_\_\_\_

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

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

Signature ☒ 10

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

Signature of Relationship Manager / AP

### ACKNOWLEDGEMENT OF COPY OF THE DOCUMENTS EXECUTED

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

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

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

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Name of the Client :

Signature of the Client :