

INDEX

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

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

| | | | |
|---|-----------------------------------|---|---------------------|
| 1 | Account Opening Form - Individual | KYC Form for Individual Client - Basic information about the client. | 2-19 |
| 3 | Tariff Sheet | Document detailing the rate/amount of brokerage and other charges levied on the client for trading & depository services. | 20 - 21 |
| 4 | Uniform Risk Disclosure Document | Document detailing the risk associated with dealing in Securities & Commodities Market. | Provided Separately |
| 5 | Rights & Obligations - Trading | Document stating the rights & obligations of member, authorised person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading). | |
| 6 | Rights & Obligations - DP | Document stating the rights & obligations of member and client for depository services on depositories. | |
| 7 | Rights & Obligations - RP | Document stating the rights & obligations of member and client for electronic warehouse receipts services on repositories. | |
| 8 | Do's & Don'ts for Investors | Document detailing do's & don'ts for trading on exchanges, for the education of investors. | |
| 9 | Policies & Procedures | Document detailing significant policies & procedures of the member. | |

VOLUNTARY DOCUMENTS AS PROVIDED BY MEMBER

| | | | |
|---|--|---|-------|
| 1 | Electronic Contract Notes / Statements Consent | Consent document for receiving electronic contract notes / statements by E-mail. | 22 |
| 2 | Running Account Authorisation | Consent document for maintaining client account on a running account basis for settlement of funds / securities, and for other authorisation. | 23 |
| 3 | Mobile & E-mail Declaration | Declaration of mobile & E-mail whether belong to self / spouse / dependent parents / dependent children. | 24 |
| 4 | Revocable Demat Debit and Pledge Instructions (DDPI) | Specific authorisation towards settlement of securities against margin / exchange obligation and for participating in offer for sale / open offers. | 25-26 |

☒ = Affix full signature

☐ Y = Corporate Account

☐ = Second Holder signature

☐ = Third Holder signature

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

Important Instructions:

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



For office use only

(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"/> | <input type="text"/> |
| Gender* | <input type="checkbox"/> M- Male | <input type="checkbox"/> F- Female | <input type="checkbox"/> T-Transgender | |
| Marital Status* | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Others | |
| Citizenship* | <input type="checkbox"/> IN- Indian | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>) | | |
| Residential Status* | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Non Resident Indian | | |
| | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Person of Indian Origin | | |
| Occupation Type* | <input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Government Sector) | |
| | <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) | |
| | <input type="checkbox"/> B-Business | | | |
| | <input type="checkbox"/> X- Not Categorised | | | |

PHOTO



☒ Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

Place / City of Birth* ISO 3166 Country Code of Birth*

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

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

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

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

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

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

Address

Line 1*

Line 2

Line 3

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

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|------------------|--|--|--|--|--|-------------------|--|--|------------------------|------------------------|--|--|--|--|--|
| Line 1* | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | City / Town / Village* | | | | | |
| District* | | | | | | Pin / Post Code* | | | | | | State / U.T Code* | | | ISO 3166 Country Code* | | | | | | |

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

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

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

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

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

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

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

| | | | | | | |
|----------------------|--|------------|-----------------------------------|-----------|--|--|
| Related Person Type* | <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 :

☒ 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

Client Interviewed by

KYC and In Person Verification (IPV) Carried Out By

| |
|-------------------|
| Emp. Name: |
| Emp. Code: |
| Emp. Designation: |
| Emp. Signature: |

| |
|-------------------|
| Emp. Name: |
| Emp. Code: |
| Emp. Designation: |
| Emp. Signature: |

| |
|-------------------|
| Emp. Name: |
| Emp. Code: |
| Emp. Designation: |
| Emp. Signature: |

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

Important Instructions:

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

PHOTO



☐ Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

Place / City of Birth* ISO 3166 Country Code of Birth*

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

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

| | |
|--|--|
| <input type="checkbox"/> A- Passport Number <input type="text"/> <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"/> <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"/> <input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/> | <p>Passport Expiry Date <input type="text"/></p> <p>Driving Licence Expiry Date <input type="text"/></p> <p>Identification Number <input type="text"/></p> <p>Identification Number <input type="text"/></p> |
|--|--|

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

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

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

Address

Line 1*

Line 2

Line 3

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

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|------------------|--|--|--|--|--|-------------------|--|--|------------------------|------------------------|--|--|--|--|--|
| Line 1* | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | City / Town / Village* | | | | | |
| District* | | | | | | Pin / Post Code* | | | | | | State / U.T Code* | | | ISO 3166 Country Code* | | | | | | |

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

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

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

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

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

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

☐ Addition of Related Person

☐ Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

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

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

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

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

☐ **7. REMARKS (If any)**

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

8. APPLICANT DECLARATION

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

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

Date :

Place :

[Signature / Thumb Impression]



Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

 Documents Received ☐ Certified Copies

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

 IPV Done ☐ on

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

| |
|-------------------|
| Emp. Name: |
| Emp. Code: |
| Emp. Designation: |
| Emp. Signature: |

| |
|-------------------|
| Emp. Name: |
| Emp. Code: |
| Emp. Designation: |
| Emp. Signature: |

| |
|-------------------|
| Emp. Name: |
| Emp. Code: |
| Emp. Designation: |
| Emp. Signature: |

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

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
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 C) Please fill the date in DD-MM-YYYY format.
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 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* KYC Number | <input type="checkbox"/> New <input type="checkbox"/> Update | (Mandatory for KYC update request) |
| | Account Type* | <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small | |

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

| | | | |
|---|--|---|-----------|
| Prefix | First Name | Middle Name | Last Name |
| <input type="checkbox"/> Name* (Same as ID proof) | | | |
| Maiden Name (If any*) | | | |
| Father / Spouse Name* | | | |
| Mother Name* | | | |
| Date of Birth* | | | |
| 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) | | |
| Residential Status* | <input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Person of Indian Origin | | |
| Occupation Type* | <input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> O- Others (<input type="checkbox"/> Professional <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised | <input type="checkbox"/> Public Sector <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) | |

PHOTO



Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

Place / City of Birth* ISO 3166 Country Code of Birth*

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

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

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

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

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

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

Address

Line 1*

Line 2

Line 3

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

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|------------------|--|--|--|--|--|-------------------|--|--|------------------------|------------------------|--|--|--|--|--|
| Line 1* | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | City / Town / Village* | | | | | |
| District* | | | | | | Pin / Post Code* | | | | | | State / U.T Code* | | | ISO 3166 Country Code* | | | | | | |

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

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

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

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

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

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

☐ Addition of Related Person

☐ Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

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

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

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

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

☐ **7. REMARKS (If any)**

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

8. APPLICANT DECLARATION

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

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

Date :

Place :

[Signature / Thumb Impression]



Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

 Documents Received ☐ Certified Copies

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

 IPV Done ☐ on

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

| |
|-------------------|
| Emp. Name: |
| Emp. Code: |
| Emp. Designation: |
| Emp. Signature: |

| |
|-------------------|
| Emp. Name: |
| Emp. Code: |
| Emp. Designation: |
| Emp. Signature: |

| |
|-------------------|
| Emp. Name: |
| Emp. Code: |
| Emp. Designation: |
| Emp. Signature: |

CENTRAL KYC REGISTRY | 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 [Pol]' 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 Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

| Document Code | Description |
|---------------|--|
| 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 [Pol] of Related Person' section

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

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

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

List of ISO 3166 two - digit Country Code

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

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

| | Registration No. | State |
|--------------------------|------------------|-------|
| GST Registration Details | | |

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

Trading and Demat Accounts

| | | | | | | |
|---|--|------------------------------------|---|------------------------------------|--|--|
| ACUMEN CAPITAL MARKET (INDIA) LTD. S.T. Reddiar & Sons Building, Veekshanam Road, Cochin – 682 035 www.acumengroup.in | | | FORM FOR NOMINATION <i>(To be filled in by individual applying singly or jointly)</i> | | | |
| Date | | UCC/ DP ID | | Client ID | | |
| | | | | | | |
| I/We wish to make a nomination. [As per details given below] | | | | | | |
| Nomination Details | | | | | | |
| I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. | | | | | | |
| Nomination can be made upto three nominees in the account. | | Details of 1 st Nominee | | Details of 2 nd Nominee | | |
| 1 | Name of the nominee(s) (Mr./Ms.) | | | | | |
| 2 | Share of each Nominee Equally <small>(If not equally, please specify percentage)</small> | % | % | % | | |
| Any odd lot after division shall be transferred to the first nominee mentioned in the form. | | | | | | |
| 3 | Relationship With the Applicant (If Any) | | | | | |
| 4 | Address of Nominee(s) City / Place: State & Country: | | | | | |
| | PIN Code | | | | | |
| 5 | Mobile / Telephone No. of nominee(s) | | | | | |
| 6 | Email ID of nominee(s) | | | | | |
| 7 | Nominee Identification details – [Please tick any one of following and attach copy of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | | | | |
| Sr. Nos. 8 -14 should be filled only if nominee(s) is a minor: | | | | | | |
| 8 | Date of Birth {in case of minor nominee(s)} | | | | | |
| 9 | Name of Guardian (Mr./Ms.) {in case of minor nominee(s)} | | | | | |
| 10 | Address of Guardian(s) | | | | | |

✕ 5



Signature(s) of Holders:(1).....(2).....(3)

| | | | | | |
|-------------------------------|--|--|--|--|---------------------------------------|
| | City / Place: State & Country: | | | | |
| | PIN Code | | | | |
| 11 | Mobile / Telephone no. of Guardian | | | | |
| 12 | Email ID of Guardian | | | | |
| 13 | Relationship of Guardian with nominee | | | | |
| 14 | Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | | | |
| Name(s) of holder(s) | | | | | Signature(s) of holder* |
| Sole / First Holder (Mr./Ms.) | | | | | <input checked="" type="checkbox"/> 6 |
| Second Holder (Mr./Ms.) | | | | | <input type="radio"/> |
| Third Holder (Mr./Ms.) | | | | | <input type="checkbox"/> |

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

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

Please attach valid ID Proof of the Nominee(s) with this request form



DECLARATION FORM FOR OPTING OUT OF NOMINATION

Trading and Demat Accounts

| | | |
|--|------|--|
| To | Date | |
| ACUMEN CAPITAL MARKET (INDIA) LTD. S.T. Reddiar & Sons Building, Veekshanam Road, Cochin – 682 035 www.acumengroup.in | | |
| UCC/DP ID | | |
| Client ID (only for Demat account) | | |
| Sole/First Holder Name | | |
| Second Holder Name | | |
| Third Holder Name | | |
| I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account. | | |
| Name and Signature of Holder(s)* | | |
| <div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between;"> 1. _____ 2. _____ 3. _____ </div> <p><i>Please Sign only if you do not want to nominate Account</i></p> | | |

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

For Office Use

UCC allotted to the Client:

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

Date:

Signature of the Authorised Signatory:

Seal of the Member

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

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

A. Details of Account Holders(s)

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

B. Type of Account

| Status | Sub Status |
|--|---|
| <input type="checkbox"/> Individual Resident | <input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual HUF/AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Director Relative <input type="checkbox"/> Others Specify |
| <input type="checkbox"/> NRI | <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non – Repatriable <input type="checkbox"/> NRI – Depository Receipts <input type="checkbox"/> Others Specify |
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National Depository Receipts <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Others Specify |

C. In case of NRIs / Foreign Nationals

| | |
|----------------------------|--|
| RBI Approval Reference No. | |
| RBI Approval Date | |

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

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

E. Income & Other Details of Second Holder

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

F. Income & Other Details of Third Holder

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

G. Bank Account Details

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

H. FATCA / CRS Declaration / Self Certification for Individual

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

DECLARATION

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

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

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

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

Signature ☒ 7 ☐ ☐

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 ☒ 8 ☐ ☐

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 ☒ 9 ☐ ☐

Notes:

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

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

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

☒ 10

RP Client Tariff for CCRL / NERL

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

Note:

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

Authorization

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

Signature
☒ 11


Trading Tariff / Brokerage for NSE & BSE

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

☒ 12

| DP Service Tariff for NSDL & CDSL Demat Accounts | | | | |
|--|---|--|------------------|-------------------|
| Sl | Description | Regular Account | BSDA > Rs 50000 | BSDA =< Rs 50000 |
| 1 | Power of Attorney Stamp Charges (One Time) | Rs.100 | Rs.100 | Rs.100 |
| 2 | Account Maintenance Charges – Individual Account | Rs.399 | Rs.100 | NIL |
| 3 | Account Maintenance Charges – Non Individual Account | Rs.1000 | | |
| 4 | Dematerialisation Charges (Charged Upfront) | Rs.250 and Rs.150 Per Additional Certificate | | |
| 5 | Rematerialisation Charges (Charged Upfront) | Rs.100 Per Certificate | | |
| 6 | Mutual Fund Redemption (Charged Upfront) | Rs.50 Per Request | | |
| 7 | On Market Debit Transfer within Acumen (for POA/DDPI/eDIS Transactions) | Rs.20 Per Instrn | Rs.35 Per Instrn | Rs.50 Per Instrn |
| 8 | On Market Debit Transfer within Acumen (for Non POA/DDPI/eDIS | Rs.50 Per Instrn | Rs.75 Per Instrn | Rs.100 Per Instrn |
| 9 | Off Market Debit Transactions within Acumen | Rs.150 per instruction or 0.03% whichever higher | | |
| 10 | On Market & Off Market Debit Transactions Outside Acumen | Rs.250 per instruction or 0.05% whichever higher | | |
| 12 | Margin Pledge - Creation / Invocation / Closure | Rs.15 per instruction | | |
| 13 | MTF Pledge - Creation / Invocation / Closure | Rs.50 per instruction | | |
| 14 | Normal Pledge - Creation / Invocation / Closure | Rs.50 per instruction | | |
| 15 | Delivery Instruction Slip (DIS) Book | Rs.50 per book of 5 leaves | | |
| 16 | Postage Charge for Demat/Remat/DIS Book etc (Every 100 grams) | Rs.100 (Rs.2000 outside India) | | |
| Miscellaneous Charges | | | | |
| 1. Client Unpaid Securities Accounts (CUSA) Transaction Charges - Rs.20 (Per Instruction) | | | | |
| 2. For Physical Statements, Rs.10 per page plus postage charge is leviable | | | | |
| 3. Due Diligence / Document Verification Charges in connection with transmission of securities other than to nominee's account – Charges as Applicable | | | | |
| 4. KRA/CKYC Charge of Rs.100 per instance | | | | |
| 5. GST, Depository Charges, Exchange Charges and Other Statutory Charges will be charged extra as per applicable rules | | | | |

Authorization

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

Signature
☒ 13


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

To,
Acumen Capital Market (India) Limited

Dear Sir,

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

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

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

Yours faithfully,

Signature ☒ 14



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

Client name:

UCC Code:

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 30 days
☐ Once every 90 days

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 ☒ 15

Client name:

UCC Code:

Date:

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 ☒ 16

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

Signature of Relationship Manager / AP

ACKNOWLEDGEMENT OF COPY OF THE DOCUMENTS EXECUTED

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

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

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

Name of the Client :

Signature of the Client : ☒ 17

Demat Debit and Pledge Instructions (DDPI)

KNOW ALL MEN BY THESE PRESENTS THAT,

I / We _____

S/o, D/o, _____ aged about _____ Yrs

I / We _____

S/o, D/o, _____ aged about _____ Yrs

I / We _____

S/o, D/o, _____ aged about _____ Yrs

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 _____ with Central Depository Services (India) Limited (CDSL) / National Securities Depository Limited (NSDL), through **Acumen Capital Market (India) Limited** registered with Securities and Exchange Board of India (SEBI) bearing Id IN-DP-40-2015, 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 are desirous to buy and sell securities through ACMIL who is a Member of National Stock Exchange of India Limited (NSE), Bombay Stock Exchange limited (BSE), Multi Commodity Exchange of India Limited (MCX) & National Commodity & Derivatives Exchange Limited (NCDEX) (hereinafter referred to as "the Exchange") bearing SEBI registration No. **INZ000170434**

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 ACMIL for the limited purposes as mentioned herein.

| SI | Purpose | Signature of the 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 ACMIL. | 1 st Holder | <input checked="" type="checkbox"/> 18 |
| | | 2 nd Holder | <input type="radio"/> |
| | | 3 rd Holder | <input type="checkbox"/> |
| 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 through ACMIL. | 1 st Holder | <input checked="" type="checkbox"/> 19 |
| | | 2 nd Holder | <input type="radio"/> |
| | | 3 rd Holder | <input type="checkbox"/> |

| SI | Purpose | Signature of the Client | |
|----|---|-------------------------|--|
| 3 | Mutual Fund Transactions being executed on Stock Exchange order entry platforms | 1 st Holder | <input checked="" type="checkbox"/> 20 |
| | | 2 nd Holder | <input type="radio"/> |
| | | 3 rd Holder | <input type="checkbox"/> |
| 4 | Tendering securities in open offers through Stock Exchange platforms | 1 st Holder | <input checked="" type="checkbox"/> 21 |
| | | 2 nd Holder | <input type="radio"/> |
| | | 3 rd Holder | <input type="checkbox"/> |

I / We hereby authorize **Acumen Capital Market (India) 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.

| Beneficiary Id | CM BP Id | Purpose | Beneficiary Id | Purpose |
|--|----------------------------|-----------|--|-----------------------|
| 12075800 00383996 IN300896 10000617 | IN555279 | NSE Payin | 11000011 00020297 | NSE Early Payin |
| 12075800 00008015 IN300896 10076253 | IN651774 | BSE Payin | 11000010 00019181 | BSE Early Payin |
| 12075800 00517455 | BSE - CM Principal Account | | 1207580000517474 | BSE - CM Pool Account |
| IN300896 10632832 / 12075800 00376883 | | | Client Securities Margin Pledge Account | |
| IN300896 10632849 / 12075800 00385269 IN300896 10634762 / 12075800 00383787 | | | Client Securities under Margin Funding Account | |
| IN300896 10630044 / 12075800 00206921 | | | Client Unpaid Securities Account | |

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.

This is a Revocable Demat Debit and Pledge Instructions (DDPI).

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 Demat Debit and Pledge Instructions (DDPI) 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.**

Signed and delivered by the within named Beneficial Owner/s.

Dated: _____

| 1 st Holder | 2 nd Holder | 3 rd Holder |
|--|------------------------|--------------------------|
| <input checked="" type="checkbox"/> 22 | <input type="radio"/> | <input type="checkbox"/> |