CLIENT REGISTRATION KIT

☐ INDIVIDUAL ☐ CORPORATE ☐ HUF ☐ FIRM ☐ OTHERS

Pluswealth Capital Management LLP

wealth management solutions

Member : NSE, BSE, MSEI, MCX • DP : CDSL

Form No.		KRA Ref. No.	
File No.		Demat A/c No.	12087400
Client Code		CKYC No.	
Name		Branch	
Date		AP	

plus Wealth

Pluswealth Capital Management LLP

EXCHANGE	SEGMENT	MEMBER ID	SEBI REGN. NO.
NSE	CM, F&O, CURRENCY, COMMODITY	90129	INZ000163752
BSE	CM, F&O, CURRENCY, COMMODITY	6687	INZ000163752
MSEI	CM, F&O, CURRENCY	13400	INZ000163752
MCX	COMMODITY	56180	INZ000163752

CDSL DP ID: 12087400 • SEBI REGN. No. IN-DP-391-2018

Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)
Phone : +91-120-6294400 (100 Lines)
E-mail : info@pluswealth.com
Website : www.pluswealth.com

Compliance Officer's Details (For DP)

Name : Ms. Komal Goyal
Phone : 0120-6294400
E-mail ID : compliance@pluswealth.net

Compliance Officer's Details (For Securities/Commodities)

Name : Ms. Komal Goyal
Phone : 0120-6294400
E-mail ID : compliance@pluswealth.net

Designated Partner's Details

Name : Mr. Gaurav Chhabra & Mr. Parmeet Singh Chadha
Phone No. : 0120-6294400
E-mail ID : grievance@pluswealth.com

For any grievance/dispute please contact Pluswealth Capital Management LLP at the above address or email grievance@pluswealth.com and Phone No. +91-120-6294400. In case not satisfied with the response, please contact the concerned exchange(s) at

Exchange Name	E-mail ID	Phone No.
National Stock Exchange of India Ltd. (NSE)	ignse@nse.co.in	022-26589190, 18002660058
Bombay Stock Exchange Ltd. (BSE)	is@bseindia.com	022-22728097
Metropolitan Stock Exchange of India Ltd. (MSEI)	investorcomplaints@msei.in	022-61129028
Multi Commodity Exchange of India Ltd. (MCX)	grievance@mcxindia.com	022-67318888
Central Depository Services Ltd. (CDSL)	complaints@cdslindia.com	022-22723333

ACKNOWLEDGEMENT TO PLUSWEALTH CAPITAL MANAGEMENT LLP FROM CLIENT

To,

Pluswealth Capital Management LLP

Date: _____

Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

I/We intends to open a Trading account with M/s. Pluswealth Capital Management LLP who is Member of NSE, BSE, MSEI, MCX and CDSL, undertakes as follows:

1. I/We have been duly aware by Member that client has a preference to receive the below referred documents either in electronic form or in physical form:
   A. Right and Obligations of Stock Brokers, Sub-Brokers and Clients
   B. Internet and Wireless technology based trading facility provided by Stock Brokers to Client
   C. Risk and Disclosure document for capital market and derivative segments
   D. Guidance note-Do's and Don't for trading on the Exchange(s) for Investors
   E. Policies & Procedures
   F. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories
   G. Other disclosure/ documents as agreed by me/us specifically in voluntary segment.
2. I/We am/are further aware by my/our Member that for receiving the above said documents in Electronic or Physical Form, I/We have to accord my/our consent.
3. Therefore, in reference to the above, I/We hereby voluntarily accord my/our consent to receive the aforesaid documents in:-
   ☐ Electronic Form ☐ Physical Form
4. If I/We opted for the same in Electronic mode, then Member can sent said aforesaid documents at my registered email id.
5. I/We have been further aware by my/our Member that the aforesaid documents has also been available at the Member's website i.e. www.pluswealth.com
6. I/We am/are aware that the non receipt of bounced mail notification by the Member shall amount to delivery of the aforesaid documents at my registered email id.
7. I/We hereby accord my/our consent to an arbitration agreement by virtue of which I/We shall refer all my/our claims, differences or disputes between us which might have arise out of my/our trading, deposits, margin money, etc. in relation to my/our dealings in contracts and transactions which have been made subject to the Bye-Laws, Rules and Regulations of the Exchange or with reference to anything incidental thereto or in pursuance thereof or relating to their validity, construction, interpretation, fulfillment or the rights, obligations and liabilities of the parties thereto and including any question of whether such dealings, transactions and contracts have entered into, to the arbitration in accordance with the provisions of these Byelaws, Rules and Regulations of the Exchanges.

✍1 _____
Client Signature

Client Name: _____

(Tear Here)

RECEIPT OF PHYSICAL KIT

To,

Date: _____

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 (U.P.)

I/We hereby confirm that I/We have received a copy of following documents:

A. Right and Obligations of Stock Brokers, Sub-Brokers and Clients
B. Internet and Wireless technology based trading facility provided by Stock Brokers to Client
C. Risk and Disclosure document for capital market and derivative segments
D. Guidance note-Do's and Don't for trading on the Exchange(s) for Investors
E. Policies & Procedures
F. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories
G. Other disclosure/ documents as agreed by me/us specifically in voluntary segment.

✍2 _____
Client Signature

Client Name: _____

(Tear Here)

ANNEXURE - 1

Mandatory

ACCOUNT OPENING KIT

INDEX OF DOCUMENTS

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository Participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark Sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI) : - List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D)
2. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): - List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/ Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account Power of Attorney given by FII/sub account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse shall be acceptable, subject to the submission of proof of relationship alongwith the same.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50, 000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

F. In case of Non Individuals additional documents to be obtained from non-individuals over & above the POI & POA, as mentioned below :

Types of entity	Documentary Requirments
Corporate	• Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. • Photograph, POI, POA, PAN of individual promoters holding control-either directly or indirectly. • Copies of the Memorandum and Articles of Association and certificate of incorporation. • Copy of the Board Resolution for investment in securities market. • Authorised signatories list with specimen signatures.
Partnership Firm	• Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered partnership firms only). • Copy of partnership deed. • Authorised signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners.
Trust	• Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered trust only). Copy of Trust deed. • List of trustees certified by managing trustees/CA. • Photograph, POI, POA, PAN of Trustees.
HUF	• PAN of HUF. • Deed of declaration of HUF/ List of coparceners. • Bank pass-book/bank statement in the name of HUF. • Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	• Proof of Existence/Constitution document. • Resolution of the managing body & Power of Attorney granted to transact business on its behalf. • Authorized signatories list with specimen signatures.
Banks/ Institutional Investors	• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. • Authorized signatories list with specimen signatures.
Foreign Institutional Investors (FII)	• Copy of SEBI registration certificate. • Authorized signatories list with specimen signatures.
Army/ Government Bodies	• Self-certification on letterhead. • Authorized signatories list with specimen signatures.
Registered Society	• Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members. • Committee resolution for persons authorised to act as authorised signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

INSTRUCTIONS / CHECK LIST (for filling additional information related to trading account)

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

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

2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals:
   a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
   b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals:
   a. Form need to be initialized by all the authorized signatories.
   b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

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 off 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)

☐ Name* (Same as ID proof)
Maiden Name (If any*)
Father's / Spouse Name*
Mother's Name*
Date of Birth* D D – M M – Y Y Y Y

PHOTO
Sign Across the photograph
Signature / Thumb Impression

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

☐ 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)*

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

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

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

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others please specify ☐ Simplified Measures Account - Document Type code

Address

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

☐ 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

Website

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

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

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

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

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

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

✍3 [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☑ Certified Copies ☑ IPV Done

KYC / IN-PERSON VERIFICATION CARRIED OUT BY

Date D D M M Y Y Y Y Place

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **Pluswealth Capital Management LLP**

Code

[Institution Stamp]

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 (U.P.)

plus Wealth

KNOW YOUR CLIENT (KYC) Application Form - For Non-Individual

☐ **NEW** ☐ **CHANGE REQUEST** (Please tick ✓ the appropriate)

Please fill this form in ***ENGLISH*** and in ***BLOCK LETTERS***

(Please tick ✓ the box on left margin of appropriate row where ***CHANGE/CORRECTION*** is required and provide the details in the corresponding row)

Acknowledgement No.

A IDENTITY DETAILS

☐ **Name of the Applicant** .....

☐ **Date of Incorporation** ☐☐ ☐☐ ☐☐☐☐ **Place of Incorporation** .....

☐ **Date of commencement of business** ☐☐ ☐☐ ☐☐☐☐

☐ **Permanent Account Number (PAN)** ☐☐☐☐☐☐☐☐☐☐

☐ **Registration No. (e.g. CIN)** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

☐ **Status** (Please tick any one)

☐ Private Limited Co.	☐ Public Ltd. Co.	☐ Body Corporate	☐ Partnership	
☐ Trust	☐ Charities	☐ NGO's	☐ FI	☐ FII
☐ HUF	☐ AOP	☐ Bank	☐ Government Body	☐ Non-Government Organization
☐ Defense Establishment	☐ BOI	☐ Society	☐ LLP	☐ Others (Please specify)

B ADDRESS DETAILS

☐ **Address for Correspondence** .....

.....

City / Town / Village ..... Pin Code ☐☐☐☐☐☐

State ..... Country .....

☐ **Contact Details**

Tel. (Off.) ..... Fax .....

Tel. (Res.) ..... Mobile No .....

E-Mail Id .....

☐ **Specify the Proof of Address submitted for Correspondence Address:** .....

☐ **Validity Expiry Date of Proof of Address Submitted** D D M M Y Y Y Y

☐ **Registered Address** (If different from above or overseas address, mandatory for Non-Resident Applicant to specify Overseas address)

.....

.....

City / Town / Village ..... Pin Code ☐☐☐☐☐☐

State ..... Country .....

☐ **Specify the Proof of Address submitted for Registered Address:** .....

☐ **Validity Expiry Date of Proof of Address Submitted** D D M M Y Y Y Y

C OTHER DETAILS

☐ Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors : .....

If space is insufficient, enclosed these details separately (illustrative format enclosed)

☐ DIN OF Whole time directors : .....

If space is insufficient, enclosed these details separately (illustrative format enclosed)

☐ AADHAR No. OF Promoters/Partners/Karta : .....

If space is insufficient, enclosed these details separately (illustrative format enclosed)

D DECLARATION

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

Date ☐☐ ☐☐ ☐☐☐☐

✍4

Name & Signature of the Director/Authorised Signatory(ies)

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: **Pluswealth Capital Management LLP**

Date of IPV: ☐☐ ☐☐ ☐☐☐☐

Signature of the person who has done the IPV

Seal/Stamp of the Stock Broker

☐ Originals Verified & Self Attested Document copies received

Date ☐☐ ☐☐ ☐☐☐☐ Place : _____

Name & Signature of the Authorised Signatory

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

1. Name ____________________
2. Relationship with Applicant (i.e. promoters, whole time directors etc.) ____________________
3a. PAN ____________________ 3b. DIN/Aadhaar No. ____________________
4. Residential/ Registered Address ____________________

City / Town / Village ____________________ Pin Code ____________________
State ____________________ Country ____________________
5. Please tick, if applicable : ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (PEP)

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name ____________________
2. Relationship with Applicant (i.e. promoters, whole time directors etc.) ____________________
3a. PAN ____________________ 3b. DIN/Aadhaar No. ____________________
4. Residential/ Registered Address ____________________

City / Town / Village ____________________ Pin Code ____________________
State ____________________ Country ____________________
5. Please tick, if applicable : ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (PEP)

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name ____________________
2. Relationship with Applicant (i.e. promoters, whole time directors etc.) ____________________
3a. PAN ____________________ 3b. DIN/Aadhaar No. ____________________
4. Residential/ Registered Address ____________________

City / Town / Village ____________________ Pin Code ____________________
State ____________________ Country ____________________
5. Please tick, if applicable : ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (PEP)

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name ____________________
2. Relationship with Applicant (i.e. promoters, whole time directors etc.) ____________________
3a. PAN ____________________ 3b. DIN/Aadhaar No. ____________________
4. Residential/ Registered Address ____________________

City / Town / Village ____________________ Pin Code ____________________
State ____________________ Country ____________________
5. Please tick, if applicable : ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (PEP)

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name ____________________
2. Relationship with Applicant (i.e. promoters, whole time directors etc.) ____________________
3a. PAN ____________________ 3b. DIN/Aadhaar No. ____________________
4. Residential/ Registered Address ____________________

City / Town / Village ____________________ Pin Code ____________________
State ____________________ Country ____________________
5. Please tick, if applicable : ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (PEP)

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

✍ ____________________

Name & Signature of the Authorised Signatory (ies)

Date : D D M M Y Y Y Y

TRADING ACCOUNT RELATED DETAILS (For Individuals & Non-Individuals) ANNEXURE-3

A. OTHER DETAILS

- Gross Annual Income Details (please specify) : Income Range per annum : ☐ Upto Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac ☐ Rs. 5 Lac to 10 Lac ☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lac to 1 Crore ☐ >1 Crore

  OR

  Net Worth : Amount Rs..... as on (date) ...../...../.....

  (Net worth should not be older than 1 year) (Compulsory for Non-Individuals)

- Occupation (please tick any one and give brief details) : ☐ Private Sector ☐ Public Sector ☐ Business ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others_____Pl.Specify
- Nature of Business : ☐ Manufacturing ☐ Services ☐ Consultancy ☐ Others_____Pl.Specify
- Please tick, if applicable : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
- Any other information : .....

B. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	Bank Account No.	Account Type	MICR Number	IFSC Code
			☐ Saving ☐ Current ☐ Others..... In case of NRI: ☐ NRE ☐ NRO		

C. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name	Depository Name	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	☐ NSDL			
	☐ CDSL			

D. TRADING PREFERENCES

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

Exchange	Market Segment/s				
NSE	✍ Cash	✍ F&O	✍ Currency	✍ Commodity Delivery	✍ Commodity F&O
BSE	✍ Cash	✍ F&O	✍ Currency	✍ Commodity Delivery	✍ Commodity F&O
MSEI	✍ Cash	✍ F&O	✍ Currency		
MCX	✍ Commodity Delivery	✍ Commodity F&O			

 # If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

E. GST REGISTRATION DETAILS (AS APPLICABLE, STATEWISE)

Local GST Registration No.		Validity Date	
Name of the State		State Code	
Other GST Registration No.		Validity Date	
Name of the State		State Code	

F. PAST ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years :

G. DEALINGS THROUGH SUB-BROKES / AUTHORISED PERSON (AP) / OTHER STOCK BROKERS

Whether dealing with Sub-broker / AP / Other Stock Broker of any Exchange ☐ Yes ☐ No					
If client is dealing through the Sub-broker/AP, provide the following details					
Sub-broker's / AP Name					
SEBI / AP Registration No.					
Registered office address					
Phone		Fax		Website	
Whether dealing with any other stock broker/sub-broker (if case dealing with multiple stock brokers/sub-brokers, provide details of all)					
Name of Stock Broker					
Name of Sub-Broker, if any					
Client Code		Exchange			
Details of disputes/dues pending from/to such stock broker/sub- broker					

H. INTRODUCER DETAILS (optional)

Name of the introducer	
Status of the Introducer	☐ Sub Broker ☐ Remisier ☐ Auth. Person ☐ Existing Client ☐ Others_____
Address and Phone No. of the Introducer	
Sign. of the Introducer	

I. ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)	☐ Physical Contact Notes ☐ Electronic Contract Note (ECN)
I/We wish to avail facility provided by the exchange	☐ SMS Alert ☐ E-mail Alert ☐ Both
In case of ECN/E-mail alert pl. specify your Email id	
In case of SMS alert, please specify you Mobile No.	
Whether you wish to avail of the facility of internet trading/ wireless technology (please specify)	
Number of years of Investment/Trading Experience	
In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others:	
Any other information	

DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.
4. I/We declare that Pluswealth Capital Management LLP the broker, have put me/us on notice that it is engaged in not only client based trading but also in pro-account trading.

✍5 _____

Client Signature

Place _____

Date D D – M M – Y Y Y Y

FOR OFFICE USE ONLY

UCC Code allotted to the Client :_____

	Document verified with Originals	Client Interviewed By	In-Person Verification Done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			

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

For **Pluswealth Capital Management LLP**

_____

Signature of the Authorised Signatory

Seal / Stamp of the Stock Broker

Date _____

NOMINATION FORM - DEMAT / TRADING

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 (U.P.)

SEBI Regn. No. IN-DP-391-2018 • DP ID : 12087400

Dear Sir/Madam,

I/We the Sole Holder/ Joint Holder / Guardian (in case of minor) hereby declare that :

☐ I/We **do not wish to nominate any one for this demat/trading account.**
[Strike out what is not applicable] [Signatures of all account holders should be obtained on this form]

☐ I/We **nominate** the following persons who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of Sole holder or the death of all the Joint Holders.

BO / TRADING ACCOUNT DETAILS									**TRADING CODE :**								
DP ID	1	2	0	8	7	4	0	0	Client ID								
Name of the Sole / First Holder																	
Name of the Second Holder																	
Name of the Third Holder																	

NOMINATION DETAILS	**NOMINEE 1**	**NOMINEE 2**	**NOMINEE 3**
Nominee Name First Name*			
Middle Name			
Last Name*			
Nominee Father's Name*			
Address*			
City*			
State*			
PIN*			
Country*			
Telephone No.			
Fax No.			
PAN No.			
UID			
Email ID			
Relationship with the BO*			
Date of Birth* (Mandatory if Nominee is a Minor)	d d - m m - y y y y	d d - m m - y y y y	d d - m m - y y y y
Name of the Guardian of Nominee (if the nominee is minor) First Name*			
Middle Name			
Last Name*			

Address of the Guardian of nominee*			
City*			
State*			
PIN*			
Country*			
Age			
Telephone No.			
Fax No.			
E-mail Id			
Relationship of the Guardian with the Nominee			
Percentage of allocation of securities*			
Residual Securities [please tick any one nominee.* If tick not marked default will be first nominee]	☐	☐	☐

Note : Residual securities: 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.

***Marked is Mandatory field**

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

Place :_____ Date D D – M M – Y Y Y Y

	Sole / First Holder	Second Holder	Third Holder
Name			
Signature	✍6	✍	✍

(Signatures should be preferably in Blue ink)

Note : One Witness shall attest signature(s) / Thumb Impression(s).

Details of the Witness		
Name of Witness	Address of Witness	Signature of Witness
		✍

(To be filled by DP)

Nomination Form accepted and registered wide Registration No._____Dated_____.

For Pluswealth Capital Management LLP

(Authorised Signatory)

TARIFF SHEET

(BROKERAGE & STATUTORY CHARGES)

CASH SEGMENT

Brokerage Slab	Slab in %	Minimum per Share
Delivery Based		
Square off		

F & O SEGMENT

Brokerage Slab	Slab in %	Minimum per Lot
Futures		
Options		
Delivery		

CURRENCY DERIVATIVES SEGMENT

Brokerage Slab	Slab in %	Minimum Brokerage per Lot
Futures		
Options		

COMMODITY SEGMENT

Brokerage Slab	Slab in %	Minimum per Lot
Futures		
Options		
Delivery		

Note:

1. Transaction & Clearing Charges, Stamp duty, GST, SEBI Fee, STT, CTT, and all legal levies as may applicable from time to time shall be charged separately in addition to the brokerage.
2. Late payment penalty @18% p.a. calculated on daily overdue balance shall be charged till actual realisation.
3. In case an internet trading terminal is provided, connectivity charges @Rs._____/- per month or_____% of turn over shall be charged separately.
4. Charges/ service standards are subject to revision at sole discretion of Pluswealth Capital Management LLP
5. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.

✍ 7 _____

Client Signature

DISCLOSURE REGARDING PROPRIETARY TRADING

To, **Date :** _____

Client Code : _____ **Client Name :** _____

SUBJECT : DISCLOSURE REGARDING PROPRIETARY TRADING

As required under Circular No. SEBI / MRD / SE / Cir-42 / 2003 dated 19.11.2003 issued by the Securities and Exchange Board of India; I/We hereby disclose that in addition to client-based business, I/We am/are also doing proprietary trading.

☐ I/we acknowledge the above information.

For Pluswealth Capital Management LLP

✍ 8 _____

Client Signature

Authorised Signatory

PMLA DECLARATION

I/We_____having the trading code no._____with Pluswealth Capital Management LLP confirm and declare that I/We have read and understood the contents and the provisions of the PMLA Act, 2002 and it was also explained by Pluswealth Capital Management LLP official. I/We further declare that I/we shall adhere to the rules and regulations and requirements mentioned in the PMLA Act, 2002.

✍ 9 _____

Client Signature

RUNNING ACCOUNT AUTHORISATION

To,

Pluswealth Capital Management LLP

Date _____

Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

Sub : Running Account Authorisation

I/We are dealing through you as a client in Capital Market and/or Future & Option Segment and/or Currency Segment/Commodity Derivatives Segment in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under:

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.

2. I/We request you to settle my fund once in every ☐ 90 days or once in ☐ 30 days or such other higher period as allowed by SEBI/Stock Exchange time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.

3. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.

4. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement so made in writing within30 working days from the date of receipt of funds/securities or statement of account or statement related to it, as the case may be at your registered office.

The running account authorization provided by me/us shall remain valid until it is revoked by me/us anytime.

Thanking you

Yours faithfully,

✍10

Client Signature

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION (for NSE, BSE, MSEI, MCX, CDSL)

To,

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

Date _____

Dear Sir,

I/We _____ a client with member M/s. Pluswealth Capital Management LLP of _____ Exchange undertakes as follows:

- I/We am/are aware that the member has to provide physical contract note in respect of all the trades placed by me/us unless I/We myself want the same in the electronic form.
- I/We am/are aware that the member has to provide electronic contract note for my/our convenience on my/our request only.
- Though the member is required to deliver physical contract note, I/We find that it is inconvenient for me/us to receive physical contract notes. Therefore , I/We am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me/us.
- I/We have access to a computer and am/are a regular internet user, having sufficient knowledge of handling the email operation.
- My/our email id is* _____. This has been created by me/us and not by someone else.
- I/We am/are aware that this declaration form should be in English or in any other Indian language known to me/us.
- I/We am/are aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.
- I/We am/are aware that this authorisation can be revoked any time by giving a notice in writing.

  The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me/us. I/We am/are aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

  *(The email id must be written in own handwriting of the client)

Client Name: _____

Unique Client Code : _____

PAN: _____

Address : _____

✍ 11 _____
Client Signature

Date :_____Place:_____

Verification of the client signature done by,

Name of the designated officer of the Member_____

Signature_____

LETTER OF AUTHORITY

To,

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

Date _____

Sub : Letter of Authority - NSE / BSE / MSEI / MCX

I/We am/are dealing in shares/securities with you at NSE/BSE/MSEI/MCX in various segments and in order to facilitate ease of operations. I/We authorise you as under :

1. **Delivery of order/ trade confirmation/ cancellation:**
   I/We hereby authorise you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

2. **Telephonic Conversation:**
   I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.

3. **Fines & Penalties:**
   All fines/penalties and charges levied upon you due to my/our acts / deeds or transactions may be recovered by you from my/our account.

4. **Charges & Balance Maintenance:**
   I/We have a Trading as well as depository account with ..... Please debit the charges relevant with depository services from my/our trading account on monthly basis. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

5. I/We authorised you to re-pledge securities retained in my/our running account with the clearing corporation, clearing member against the debit in my/our account arising due to my/our margin / settlement obligation.

6. I/We have been explained that I/We may not opt to give any of the above authorisation and that the above authorisations is/are voluntary on my/our part and that I/We can revoke this authorisation at any point of time during the operation of my/our trading account with you by giving you a notice in writing.

Thanking you,

Yours faithfully

✍12

Client Signature

FOR REGISTRATION AND VERIFICATION OF MOBILE NUMBER AND E-MAIL ADDRESS

To,

The Compliance Officer

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

Member Id's :
90129 (NSE)
6687 (BSE)
13400 (MSEI)
56180 (MCX)

I/We am/are aware that NSE, BSE, MSEI and MCX provide SMS/email alerts to the constituents (clients) of its member for trades executed on its platform. I/We hereby provide and confirm my/our mobile number and/or email address as stated below for the purpose of receipt of SMS/email alerts.

- I/We want to receive transaction alerts in SMS as well as email from Exchanges.
- I/We want to receive transaction alerts only in SMS from Exchanges.
- I/We want to receive transaction alerts only in Email from Exchanges.
- I/We do not want to receive any transaction alerts from Exchanges, specify reason

.....

The alerts should be sent on :
Mobile number (enter 10 digit mobile no.)

E-mail Id.....

I/We agree to the terms and conditions specified by the Exchange in its circular no. SEBI/4/2012/C/13 dated 02/02/2012 as modified from time to time. I/We am/are aware that the receipt of SMS/E-mail alerts on the above mobile number and/or email address can be stopped only on my/our written request.

✍13 _____ Date _____

Client Signature

REQUEST FOR TRADING IN COMMODITY FORWARD CONTRACTS / COMMODITY DERIVATIVES ON NSE / BSE / MCX

To,

Pluswealth Capital Management LLP

Date _____

Regd. Office : RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 (U.P.)

Dear Sir,

Subject : My / Our request for trading in commodity forward contracts / commodity derivatives on NSE / BSE / MCX as your client

I/We, the undersigned, have taken cognizance of relevant circulars issued by exchanges on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits as may be prescribed from time to time by NSE / BSE / MCX or Forward Markets Commission and such position limites will be calculated in accordance with the contents of above stated circular of NSE / BSE / MCX as modified from time to time.

I/We undertake to inform you and keep you informed if any of my/our partners/directors/karta/trustee or any of the partnership firms/companies/HUF's/Trusts in which I/We or any of above such person is a partner/director/karta/trustee, takes or holds any position in any commodity forward contract/commodity derivative on NSE / BSE / MCX through you or through any other member(s) of NSE / BSE / MCX to enable you to restrict our position limit as prescribed by the above referred circular of NSE / BSE / MCX as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me/us as your clients on NSE / BSE / MCX only on the basis of our above assurances and undertaking.

I/We also confirm that my/our account in your company may be debited with the amount of penalty imposed by NSE / BSE / MCX for violating of norms of open position limits then ever any consequences arises.

✍14 _____

Client Signature

Client Name :_____

Client Code : _____

LETTER FOR NSE MFSS / BSE STAR MF

To,

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

Date _____

Sub : Mutual Fund Service System (MFSS) facility of NSE / BSE STAR MF

Sir,

I/We am/are registered as your client with Client Code as mentioned below for the purpose of trading in the Capital Market Segment.

I/We am/are interested in availing the facility of the following Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with

☐ NSE MFSS ☐ BSE STAR MF

For the purpose of availing the facility, I/We state that Know Your Client details as submitted by me/us for securities broking may be considered for the purpose and I/we further confirm that the details contained in same remain unchanged as on date.

I/We are willing to abide by the terms and conditions as mentioned in the Circular dated 24 November, 2009 and as may be specified by the Exchange from time to time in this regard.

I/We shall also ensure compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).

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

I/We therefore request you to register me/us as your client for participating in the MFFS/BSE STAR MF.

Terms and Conditions

1. The client shall be bound by circulars issued by NSEIL/BSE, Rules, Regulations and circulars issued there under by SEBI and relevant notifications of Government authorities as may be in force from time to time.
2. The client shall notify the Participant in writing if there is any change in the information in the 'Client Registration Form' provided by the client to the Participant at the time registering as a client for participating in the New MFSS/BSE STAR MF or at any time thereafter.
3. The client shall submit to the Participant a completed application form in the manner prescribed format for the purpose of placing a subscription order with the Participant.
4. The client has read and understood the risks involved in investing in Mutual Fund Schemes.
5. The client shall be wholly responsible for all his investment decisions and instruction.
6. The client shall ensure continuous compliance with the requirements of the NSEIL, BSE, SEBI and AMFI.
7. The Client shall pay to the Participant fees and statutory levies as are prevailing from time to time and as they apply to the Client's account, transactions and to the services that Partici pant renders to the Client.
8. The client will furnish information to the Participant in writing, if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation which may have material bearingon his capacity has been filed against him.
9. In the event of non-performance of the obligation by the Participant, the client is not entitled to claim any compensation either from the Investor Protection Fund or from any fund of NSEIL/BSE or NSCCL/ICCL.
10. In case of any dispute between the Participants and the investors arising out of this facility, NSEIL/BSE and / or NSCCL/ICCL agrees to extend the necessary support for the speedy redressal of the disputes.

Thanking you,

Yours faithfully,

Client Name :_____

✍15

Client Signature

Client Code : _____

IMPORTANT : Password for your account will be sent on your registered email ID only, login ID and alerts on mobile no. as mentioned in KYC form.

DECLARATION, INDEMNITY CUM UNDERTAKING FOR NAME DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS PROOF

Plusweath Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

Date _____

I/We_____s/o, w/o, d/o_____

_____, refer to my/our Trading Account

_____with Pluswealth Capital Management LLP (Pluswealth) do hereby affirm, declare and undertake that

1. That my/our name as it appears on my/our Pan Card is_____
2. That my/our name as it appears on the Income Tax website is_____
3. Additional ID Proof_____
4. That my/our name as it appears on the Address proof is_____
5. That my/our name as it appears on the Bank Proof is_____
6. That above mentioned names, on Trading account, Tax website, Address proof, PAN Card No. _____ and Bank account bearing no._____are mine alone.
7. That I/We hereby request Pluswealth to maintain my/our name in Demat and Trading account as per the name appearing on the website / PAN card.
8. That I/We promise and undertake to get my/our PAN card altered in accordance with my/our name as appearing on the Income tax within 45 days from the date of signing this undertaking. Pluswealth may, at its sold discretion, terminate my/our trading and demat account in the event of me/us not getting my/our name altered within 45 days of signing this undertaking.
9. That I/We further undertake to open a bank account in accordance with the name as appearing on the Income Tax website week from the date of signing this undertaking.
10. I/We further undertake that in case my/our name has been changed after approal from government authorities and notification gazette. I/We shall get the name change effected in PAN, Bank account etc. and furnish immediately to Pluswealth.
11. That I/We further declare that I/We am/are responsible and I/We shall indemnify & keep indemnified Pluswealth, its directors, officers, employees, agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, action proceedings arising out or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA) transfer, dematerialization of securities, rematerialization of securities, dividends, interest etc., that may arise out Declaration-cum-undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me/us in vernacular and I/We have understood before signing it. That this declaration, Indemnity-cum-undertaking given by me/us to Pluswealth is by my/our absolute free will and not by coercion, undue influence, pressure etc., and at present I/We am/are having sound health and mind.

✍16 _____

Client Signature

FATCA & CRS Declaration - Individual

PAN ______ Trading Code ______ DP Code ______

Name ______

Place of Birth ______ Country of Birth ______

Nationality ______

Annual Income ☐ Below Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac ☐ Rs. 5 Lac to 10 Lac
☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lac to 1 Crore ☐ >1 Crore

Net Worth **Amount Rs**.. Net Worth as on D D M M Y Y Y Y
(Net worth should not be older than 1 year)

Occupational Detail ☐ Business ☐ Private Sector ☐ Professional ☐ Government Service ☐ Public Sector
☐ Agriculturist ☐ Housewife ☐ Student ☐ Retired ☐ Forex Dealer ☐ Others Pl. Specify ______

Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP) ☐

Are you a tax resident of any country other than India ☐ Yes ☐ No

If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type *(TIN or Other, please specify)*
1.			
2.			
3.			

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Pluswealth Capital Management LLP for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Sign here : ✍17

Date : D D M M Y Y Y Y Place : ______

For Investor convenience, Pluswealth Capital Management LLP collecting this mandatory information for updating across all Group Companies of Pluswealth Capital Management LLP whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Pluswealth Capital Management LLP branch or you can dispatch the hard copy to-

Pluswealth Capital Management LLP
Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

• For Detail Terms & Conditions please visit www.pluswealth.com

plus Wealth

FATCA & CRS Declaration – Non Individual

PAN | Trading Code | DP Code

Name

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number*	Identification Type *(TIN or Other*, please specify)*
1.			
2.			
3.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A *(to be filled by Financial Institutions or Direct Reporting NFEs)*

1.	We are a, Financial institution (Refer 1 of Part C) ☐ or Direct reporting NFE (Refer 3(vii) of Part C) ☐ (please tick as appropriate)	**GIIN** ☐ **Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____
	GIIN not available (please tick as applicable)	☐ **Applied for** ☐ Not obtained – Non-participating FI ☐ Not required to apply for - please specify 2 digits sub-category ☐ (Refer 1 A of Part C)

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*

1.	Is the Entity a publicly traded company *(that is, a company whose shares are regularly traded on an established securities market)* (Refer 2a of Part C)	Yes ☐ *(If yes, please specify any one stock exchange on which the stock is regularly traded)* Name of stock exchange_____
2.	Is the Entity a related entity of a publicly traded company *(a company whose shares are regularly traded on an established securities market)* (Refer 2b of Part C)	Yes ☐ *(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)* Name of listed company_____ Nature of relation: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange_____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes ☐ Nature of Business_____ Please specify the sub-category of Active NFE ☐ (Mention code – refer 2c of Part C)
4.	Is the Entity a passiveNFE (Refer 3(ii) of Part C)	Yes ☐ Nature of Business_____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):
☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company
☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust
☐ Others (please specify_____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). *(Please attach additional sheets if necessary)*

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip State: Country:	Zip State: Country:	Zip State: Country:
Address Type	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others
Nationality			
Father's Name			
Gender	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) $			

* To include US, where controlling person is a US citizen or green card holder

If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

% In case Tax Identification Number is not available, kindly provide functional equivalent

$ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Pluswealth Capital Management LLP for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name	
Designation	

Sign here : ✍18

Date : D D M M Y Y Y Y

Place :

For Investor convenience, Pluswealth Capital Management LLP collecting this mandatory information for updating across all Group Companies of Pluswealth Capital Management LLP whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Pluswealth Capital Management LLP branch or you can dispatch the hard copy to-

Pluswealth Capital Management LLP
Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

• For Detail Terms & Conditions please visit www.pluswealth.com

Pluswealth Capital Management LLP

CDSL DP ID: 12087400 • SEBI REGN. No. IN-DP-391-2018

Regd. Office : RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 (U.P.)
Phone : +91-120-6294400 (100 Lines) • E-mail : info@pluswealth.com

CDSL Your Depository ISO 27001 Certified

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT FOR INDIVIDUALS & NON-INDIVIDUALS

(To be filled by the Depository Participant)

Application No.									Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																	
DP ID	1	2	0	8	7	4	0	0	Client ID								

(To be filled by the applicant in BLOCK LETTERS in English)
I/We request you to open a demat account in my/our name as per following details :

HOLDERS DETAILS

Sole/First Holder's Name													PAN									
UID													Date of Birth	D	D	M	M	Y	Y	Y	Y
Second Holder's Name													PAN									
UID													Date of Birth	D	D	M	M	Y	Y	Y	Y
Third Holder's Name													PAN									
UID													Date of Birth	D	D	M	M	Y	Y	Y	Y

Name* _____ PAN

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

TYPE OF ACCOUNT (Please tick whichever is applicable)

☐ Individual	☐ Individual Resident	☐ Individual Director	☐ Individual Director's Relative
	☐ Individual HUF/AOP	☐ Individual Promoter	☐ Minor
	☐ Individual Margin Trading A/c (Mantra)		☐ Others (Specify)_____
☐ NRI	☐ NRI Repatriable	☐ NRI Non-Repatriable	☐ NRI Repatriable Promoter
	☐ NRI Non-Repatriable Promoter	☐ NRI - Depository Receipts	☐ Others (Specify)_____
☐ Foreign National	☐ Foreign National	☐ Foreign National-Depository Receipts	☐ Others (Specify)_____

Status	**Sub-Status (To be filled by the DP)**
☐ Body Corporate ☐ Banks ☐ Trust ☐ Mutual Fund ☐ OCB ☐ FII ☐ CM ☐ FI ☐ Clearing House ☐ Other (Specify)_____	

SEBI Registration No. (if applicable)		SEBI Registration Date	D	D	M	M	Y	Y	Y	Y
RBI Registration No. (if applicable)		RBI Approval Date	D	D	M	M	Y	Y	Y	Y
ROC Registration No. (if applicable)		ROC Registration Date	D	D	M	M	Y	Y	Y	Y
Nationality	☐ Indian ☐ Others (specify)_____									

DETAILS OF GUARDIAN (in case the account holder is minor)

Guardian's Name		PAN										
Relationship with the applicant												

I/We instruct the DP to receive each and every credit in my/our account (if not marked, the default option would be 'Yes')		[Automatic Credit] ☐ Yes ☐ No
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. (If not marked, the default option would be 'No')		☐ Yes ☐ No
Account Statement Requirement	☐ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly	
I/We request you to send Electronic Transaction-cum-Holding Statement at the email Id_____ and on Website		☐ Yes ☐ No
I/We wish to receive dividend/interest directly in my/our bank account given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]		☐ Yes ☐ No
I/We would like to share the email ID with the RTA		☐ Yes ☐ No
I/We would like to receive the Annual Report (Tick the applicable box. If not market the default option would be in Physical)	☐ Physical ☐ Electronic ☐ Both Physical & Electronic	
Rajiv Gandhi Equity Savings Scheme (RGESS)		☐ Yes ☐ No
CAS Mode (Consolidated Account Statement)	☐ No (CAS not required) ☐ PH (Physical CAS required)	
Mental Disability Flag		☐ Yes ☐ No

BANK DETAILS (Dividend Bank Details)

Bank Code (9 digit MICR Code)												
IFS Code (11 Character)												
Account Number												
Account Type	☐ Saving ☐ Current ☐ Cash Credit ☐ NRE ☐ NRO ☐ Others (specify)_____											
Bank Name												
Branch Name												
Bank Branch Address												
City		State		Country		PIN						

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO.
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.

➢ In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.

OTHER DETAILS

Gross Annual Income Details (please specify) :
Income Range per annum : ☐ Upto Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac ☐ Rs. 5 Lac to 10 Lac ☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lacs to 1 Crore ☐ More than 1 Crore

Net Worth (Net worth should not be older than 1 year) Amount Rs..... as on (date) D D M M Y Y Y Y

Occupation (please tick any one and give brief details) : ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Housewife ☐ Student ☐ Others_____Please Specify

Please tick, if any of authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either
☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP) (Pl. provide details as per Annexure 2.2A)

Is the entity involved/providing any of the following services : ☐ Yes ☐ No
- For Foreign Exchange / Money Changer Services : ☐ Yes ☐ No
- Gaming/Gambling/Lottery Services (e.g. casinos, betting syndicates) : ☐ Yes ☐ No - Money Lending / Pawning : ☐ Yes ☐ No

Any Other Information	

IN CASE OF NRIs/FOREIGN NATIONALS

RBI Approval Reference Number	
RBI Approval Date	D D M M Y Y Y Y

CLEARING MEMBER DETAILS (To be filled by CMs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member ID		Trading Member ID	

SMS Alert Facility Refer to Terms & Conditions given as **Annexure 2.4**	MOBILE No.: + 9 1 ☐☐☐☐☐☐☐☐☐☐ [Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	☐ Yes ☐ No
Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions **Annexure 2.6**	I wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I have read and understood the Terms and Conditions prescribed by CDSL for the same.	☐ Yes ☐ No
	I wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.	

S.No.	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)
1.			
2.			
3.			
4.			
5.			

Easi	To register for ***easi***, please visit our website www.cdslindia.com. ***easi*** allows a BO to view his ISIN balances, transactions and value of the portfolio online.	☐ Yes ☐ No

The mobile number mentioned here belongs to name of relative_____

☐ Self ☐ Spouse ☐ Dependent parent ☐ Dependent children PAN of relative ☐☐☐☐☐☐☐☐☐☐

The email ID mentioned here belongs to name of relative_____

☐ Self ☐ Spouse ☐ Dependent parent ☐ Dependent children PAN of relative ☐☐☐☐☐☐☐☐☐☐

I/We confirm that I/We have received and read the copy of Rights & Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures	✍19	✍	✍

(Signatures should be preferably in blue ink)

Combined Registration Form for availing SMS Alert and/or TRUST facility and for registering Clering Members on whose behalf the securities can be transferred from the account of BO on the basis of SMS under TRUST Facility

To,

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market,
Sector-18, Noida-201301 (U.P.)

Dear Sir/Madam,

I/We wish to avail the following facility/ies provided by the depository on my/our mobile number as provided below subject to the terms and conditions as specified by CDSL.

a. SMART - SMS alert facility
b. TRUST - Transaction using Secured Texting facility.

(please note that SMS alert facility is mandatory if TRUST facility is opted for)

BO ID	1	2	0	8	7	4	0	0									

(Please write your 8 digit DP ID) (Please write your 8 digit Client ID)

Sole/First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

I/We wish to register the following clearing member / IDs under my/our above mentioned BO ID registered for TRUST.

Sr. No.	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)
1.			
2.			
3.			
4.			
5.			

Mobile No. on which messages are to be sent	+	9	1										

(Please write only the mobile number without prefixing country code or zero)

(Existing users registered for SMS alerts : Please note that if the mobile number for TRUST is different than the registered mobile number for SMS alert, the new mobile number will be updated for SMS alert also.)

The Mobile Number is registered in the name of : (Name) _____

E-mail Id : _____

(Please write only ONE valid email Id on which communication; if any, is to be sent)

I/We consent to CDSL providing to the service provider such information pertaining to account / transactions in my/our account as is necessary for the purpose of availing the said facility.

I/We acknowledge that transactions entered by the above clearing members will be executed on the basis of SMS sent through our registered mobile number under TRUST and I/we shall be wholly responsible for execution / non-execution of the said transactions based on receipt/non-receipt of such SMS.

I/We have read and understood the terms and conditions prescribed by CDSL for the said facility/ies and agree to abide by them and any amendments thereto made by the depository from time to time. I/We further undertake to pay fee / charges as may be levied by the depository from time to time.

✍20
Signature of Sole/First Holder

✍
Signature of Second Holder

✍
Signature of Third Holder

Terms And Conditions for availing Transaction Using Secured Texting (TRUST) service offered by CDSL

1. **Definitions:**
   In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:
   I. "Depository" means Central Depository Services (India) Limited (CDSL)
   ii. TRUST means "Transactions Using Secured Texting" service offered by the Depository.
   iii. "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into an arrangement for providing the TRUST service to the BO.
   iv. "Service" means the service of providing facility to receive/give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
   v. "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
2. The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance of application shall be subject to the verification of the information provided by the BO to the Depository
3. The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.
4. The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive messages generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.
5. The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.
6. The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.
7. The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.
8. The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
9. BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP .
10. The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.
11. The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
12. The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
13. Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
14. The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
15. The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
16. The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.
17. **Indemnity:**
    In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.
18. **Disclaimer:**
    Depository shall be absolved of any liability in case :-
    a. There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
    b. There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
    c. There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

21

Signature of Sole/First Holder | Signature of Second Holder | Signature of Third Holder

Terms & Conditions-Cum-Registration / Modification Form for receiving SMS Alerts from CDSL

Definitions :

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise.

Fees, Charges and deposits

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Tower, Dalal Street, Fort, Mumbai-400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. 'Alerts' means a customized SMS sent to the BO over the said mobile phone number.
6. 'Service Provider' means a cellular service provider(s) with whom the depository has entered/will be entering into an arrangement for providing the SMS alerts to the BO.
7. 'Service' means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability :

1. The service will be provided to the BO at his/her request and at the discretion of the depository. The service will be available to those account holders who have provided their mobile numbers to the depository through their DP. The service may be discontinued for a specific period/indefinite period with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository.

   In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts :

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the services depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledge that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/or in accuracy. In case of BO observes any error in the information provided in the alert, the BO shall inform the depository and/or the DP immediately in writing and the depository will make best possible efforts to rectify the errors as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/suffered by the BO an account to avail SMS alerts facility.
5. The BO authorized the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com The BO is advised not to inform the service provider about any such unauthorized debit to/transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.

✍22 Signature of Sole/First Holder

✍ Signature of Second Holder

✍ Signature of Third Holder

7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

Fees :

Depository reserves the right to change such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer :

The depository shall made reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository will not be liable for any unauthorized use or access to the information and/or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by an third person.

Liability and Indemnity :

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, changes and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out or interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments :

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction :

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purpose of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/we further undertake to pay fee/charges as may be levied by the depository from time to time.

I/We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/are aware that more acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of registration/modification (Please cancel out what is not applicable).

DP ID	1	2	0	8	7	4	0	0	BO ID								

Sole/First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile No. on which messages are to be sent	+	9	1											

(Please write only the mobile number without prefixing country code or zero)

The Mobile Number is registered in the name of : _____

E-mail Id : _____

(Please write only ONE valid email Id on which communication; if any, is to be sent)

✍23 _____ ✍ _____ ✍ _____

Signature of Sole/First Holder | Signature of Second Holder | Signature of Third Holder

IN CASE OF JOINT HOLDING, ALL JOINT HOLDERS MUST SIGN.

***Please do not use correction fluid, all cuttings must be attested by all the joint holder(s).**

Place :..... Date :.....

OPTION FORM FOR ISSUE OF DIS BOOKLET

DP ID	1	2	0	8	7	4	0	0	Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

To,

Date	D	D	M	M	Y	Y	Y	Y

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 (U.P.)

Dear Sir / Madam,

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

☐ **OPTION 1 :**

I / We request you to issue Delivery Instruction Slip (DIS) booklet to me / us on opening my / our CDSL account through I / We have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with _____ (name of attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

OR

☐ **OPTION 2 :**

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with _____ (name of attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later day.

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	✍24	✍	✍

DECLARATION FOR AVAILING OF BASIC SERVICE DEMAT ACCOUNT (BSDA) FACILITY

To,

Date	D	D	M	M	Y	Y	Y	Y

Pluswealth Capital Management LLP

Regd. Office : RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 (U.P.)

Dear Sir / Madam,

☐ I/We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form.

☐ I/We do not wish to avail the BSDA facility for the new account for which we have submitted my/our account opening form.

DP ID	1	2	0	8	7	4	0	0	Client ID								

	NAME	PAN									
Sole/First Holder											
Second Holder											
Third Holder											

I / We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time.

I/We also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time.

I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guidelines issued by SEBI or any such authority at any point of time, my/our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I/We, the first / sole holder also hereby declare the I/We do not have / propose to have any other demat account across depositories as a first / sole holder.

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Signatures	✍25	✍	✍

POWER OF ATTORNEY FOR PAY-IN OF SECURITIES FOR THE PURPOSE OF SETTLEMENT

Whereas I/We hold a Beneficiary Account No. 12087400_____ with Central Depository Services (India) limited **Pluswealth Capital Management LLP** having registered office address at RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 and our DP-ID 12087400.

And Whereas I/We am/are engaged as an investor in buying and selling of securities through **Pluswealth Capital Management LLP**, a clearing member of National Stock Exchange Limited, Bombay Stock Exchange Limited and Metropolitan Stock Exchange of India Ltd. vide SEBI Registration No. **INZ000163752**.

And Whereas due to exigency and paucity of time I/We wish to appoint an agent/attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the manner hereinafter appearing:

Now know I/We all and these presents witness that I/We the above mentioned named do hereby nominate constituent and appoint **Pluswealth Capital Management LLP** (Stock Broker) as my/our lawful attorney (hereinafter to as "the attorney") for me/us and on my/our behalf and in my/our name to instruct the aforesaid Depository Participant to (i) transfer of securities held in my/our aforesaid account towards stock exchange related margin/ delivery obligations arising out of trades executed by me/us through the same Stock Broker. (ii) Pledge the securities in favour of Stock Broker for the limited purpose of meeting the margin requirements in my/our account in connection with the trades executed by me/us on the Stock Exchange through the same Stockbroker.

To instruct DP to Pledge the shares to **PLUSWEALTH CAPITAL MANAGEMENT LLP**-Client Securities Margin Pledge accounts having number **1208740000002070** for NSE/BSE/MCX pledge, re-pledge / release of pledge/invoke the same with the NSE/BSE/MCX or clearing member and or clearing corporations as margin deposit in connection with the trades executed and or to be executed by me/ us through.

To execute Margin Pledge Instructions and pledge securities from the aforesaid beneficiary account for the purpose of meeting Margin obligations toward any segment of the recognized Stock Exchanges arising out of the trades executed by me/ us through **PLUSWEALTH CAPITAL MANAGEMENT LLP**.

To Re-pledge the Securities to the Clearing Member and further by the Clearing Member to the Clearing Corporation.

I/We hereby confirm the list of Demat Accounts where securities can be moved are:

NSE POOL	12087400-00000035	NSE Early Pay in	11000011-00020512	NSDL POOL NSE	DP ID IN520296 CLIENT ID 11732388
BSE POOL	12087400-00000054	BSE Early Pay in	11000010-00024130	NSDL POOL BSE	DP ID IN666878 CLIENT ID 11734870
CUSA	12087400-00001495	CM/TM CMPA	12087400-00002070		

Further POA executed by me/us provide:-

- That Stock Broker would return to me/us the Securities that may have been received erroneously or those securities that it was not entitled to receive from me/us.
- That I/We authorizing the Stock Broker/ Depository participant to send consolidated summary of my / our script-wise buy and sell position taken with average rates to me / us by way of SMS/Email on my/our request, notwithstanding any other document to be disseminated as specified by SEBI from time totime.

The authority is restricted to the Pay-in obligations arising out of the transactions of sale affected by me/us though **Pluswealth Capital Management LLP** and I ratify the instructions given by the aforesaid Clearing Member to the Depository Participant named hereinabove in the manner specified herein.

I/We further agree and confirm that the powers and authorities conferred by the Power of Attorney shall continue until I/We have given to the Depository Participant, a notice in writing for withdrawing the same

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Address			
Signatures	✍26	✍	✍

Accepted by : **Pluswealth Capital Management LLP**

Authorized Signatory Name :

Witness (1) :

Name :_____

Address :_____

_____

Signature :_____

Witness (2) :

Name :_____

Address :_____

_____

Signature :_____

Place :_____ Date :_____

plus Wealth

Pluswealth Capital Management LLP

CDSL DP ID: 12087400 • SEBI REGN. No. IN-DP-391-2018

Regd. Office : RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 (U.P.)

Phone : +91-120-6294400 (100 Lines) • E-mail : info@pluswealth.com

CDSL Your Depository ISO 27001 Certified

SCHEDULE OF CHARGES FOR DEPOSITORY DIVISION — SCHEDULE-A

SCHEME		Individual		Corporate
	A	B	C	D
	Annually	Annually with Scheme	Life Time	Annually
Account Opening Charges	NIL	NIL	NIL	NIL
AMC : Equity Segment	Rs. 350/-	Rs. 550/-	Rs. 1100/-*	Rs. 1500/-*
AMC : BSDA (holding upto 50,000/-)	NIL	NIL	Not Applicable	Not Applicable
AMC : BSDA (holding between 50,001/- to 2,00,000/-)	Rs. 100/-	NIL	Not Applicable	Not Applicable

CHARGES	NORMAL	BSDA
Transaction Charges	Rs. 15/- per ISIN of 0.005% of Transaction Value whichever is Higher	Rs. 15/- per ISIN
Extra Charges for Processing TIFEs submitted late	Rs. 10/- per ISIN for instruction	Rs. 10/- per ISIN for instruction
Rejection / Fails	Rs. 30/- per Slip	Rs. 30/- per Slip
Demat Charges	Rs. 35/- per request and Rs. 5/- extra for each certificate.	Rs. 35/- per request and Rs. 5/- extra for each certificate.
Remat Charges	Rs. 35/- per request.	Rs. 35/- per request.
Pledge Creation / Closure / Invocation / Confirmation (% value for each ISIN in each request)	0.02% of value of securities pledged or Rs. 50/- whichever is higher	Rs. 50/- per request
Margin Pledge Request Margin Un-Pledge Request Margin Re-Pledge Request	Rs. 15/- per request. Rs. 15/- per request. Rs. 2/- per request.	Rs. 15/- per request. Rs. 15/- per request. Rs. 2/- per request.
Additional Account Statement	Rs. 20/- per Statement	Rs. 20/- per Statement
DIS Book including Courier Charges	Free with account opening and thereafter Rs. 30/- per booklet	Free two slip with account opening and thereafter Rs. 30/- per booklet
Postage per Demat / Remat Request	Actual	Actual

Other Term & Conditions:

1. In case of BSDA account no AMC till holding value is less than is Rs 50000/-, AMC of Rs. 100/- p.a shall be charged incase holding value is more than Rs 50000 but less than Rs 200000 & AMC as per normal rates shall be charged in case holding value is more than Rs. 200000
2. In case the client fail to pay charges on or before the due date a delay payment penalty shall be levied @ 24 % P.A. on outstanding balance, further company reserve the rights to suspend such account untill, outstanding balance are recover in full..
3. Any advance payments over and above the normal due amount can also be made. Any such higher amount paid than the minimum amount payable shall be adjusted against the bills raised from time to time.
4. Services not mentioned herein will be charged separately as per the rate applicable form time to time.
5. Taxes and other govt. levies will be charged extra as applicable for time to time.
6. Value of the transaction will be in accordance with rates provided by CDSL.
7. Please note that in case we are unable to recover the service charges due to non maintenance of adequate balances in the bank account or inadequate advance fees, then the demat account will be "frozen" for operations. Service charges for the delayed period against the outstanding will also be levied. Any request to resume the service will be charged Rs. 100/-.
8. NRI customers would be required to submit ECS mandate to debit DP charges form linked bank accounts.
9. The above charges/services are subject to revision at the discretion of the Company and any revision will be notified by ordinary post, and would be binding on the clients.
10. **Under the lifetime scheme AMC will be charged only once during account opening**. This AMC is non-refundable and would not be refundable even on the clouser of BO account.
11. Life Time AMC applicable for the period of seven years only

✍27 Signature of Sole/First Holder

✍ Signature of Second Holder

✍ Signature of Third Holder

Account type	❑ Saving ❑ Current ❑ Others (specify) _____											
Bank Name												
Branch Name												
Bank Branch Address												
City		State		Country	PIN code							

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.

- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details Gross Annual Income Details	**Income Range per annum:** ❑ Up to Rs.1,00,000 ❑ Rs 1,00,000 to Rs 5,00,000 ❑ Rs 5,00,000 to Rs 10,00,000 ❑ Rs 10,00,000 to Rs 25,00,000 ❑ More than Rs 25,00,000								
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs
	[Net worth should not be older than 1 year]									
Occupation	❑ Private / Public Sector ❑ Govt. Service ❑ Business ❑ Professional ❑ Agriculture ❑ Retired ❑ Housewife ❑ Student ❑ Others (Specify) _____								
Please tick , if applicable:	❑Politically Exposed Person (PEP) ❑ Related to Politically Exposed Person (RPEP)								
Any other information:									

SMS Alert Facility Refer to Terms & Conditions given as **Annexure - 2.4**	MOBILE NO. +91 __ __ __ __ __ __ __ __ __ __ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
Easi	To register for ***e***asi, please visit our website www.cdslindia.com. ***Easi*** allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)

❑ Jointly	❑ Anyone of the Holder

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be **first holder**.		
❑ first Holder	❑ All Holder	Email id
	☐ Second Holder	
	☐ Third Holder	

Nomination Details

Nomination Registration No.	**Dated**

☐ I/We hereby confirm that I/We **do not wish to appoint any nominee in my 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 demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

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

CHECK LIST OF THE DOCUMENTS FOR OPENING OF DEMAT / TRADING ACCOUNT

Check List For Individual	Check List For HUF
❑ Photocopy of PAN card (Self attested)	❑ Photocopy of PAN card of HUF and Karta
❑ Photocopy of Address proof (Self Attested)	❑ Photocopy of Bank Statement for last 6 months.
❑ Cancelled cheque (if A/c name not mentioned on cheque then provide bank statement also)	❑ Cancelled cheque (if A/c name not mentioned on cheque then provide bank statement also)
❑ Photocopy of Bank Statement for last 6 months / Income Tax Return (Last Two Years)	❑ Photocopy of Bank Statement for last 6 months / Income Tax Return (Last Two Years)
❑ Demat Client Master / Demat Holding Statement or Demat A/c Opening form.	❑ Demat Client Master / Latest Demat Holding Statement or Demat A/c Opening form.
❑ Margin Cheque (Account Payee favoring "Pluswealth Management Capital LLP"	❑ Margin Cheque (Account Payee favoring "Pluswealth Management Capital LLP"
❑ 1 Photograph duly pasted & sign across.	❑ 2 Photograph duly pasted & sign across
	❑ Photocopy of Address proof of Karta
	❑ Fill the List of Co-parceners / Member of KYC form

CHECK LIST FOR CORPORATE

M/s _____ Contact Name: _____Contact No.: _____

- ❑ Copy of PAN (Permanent Account Number) of the Non-Individual
- ❑ Copy of Address Proof (Form-18 with Payment Receipt, Bank Statement for last 6 months)
- ❑ Copy of the balance sheets for the last 2 financial years (to be submitted every year).
- ❑ Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).
- ❑ Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.
- ❑ Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.
- ❑ Copies of the Memorandum and Articles of Association and certificate of incorporation.
- ❑ Copy of the Board Resolution for investment in Securities market.
- ❑ Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in derivatives on behalf of company/firm/others and their specimen signatures.
- ❑ Copy of the Board Resolution for Opening of Demat Account
- ❑ Cancelled Cheque (Alongwith the Bank statement for last six month if name of client is not mentioned)
- ❑ Income Tax Return (for last 2 year)
- ❑ Demat Client Master / Latest Demat Holding Statement /Demat Account Opening Form
- ❑ 1 each photo of Authorised Signatory/ signatories on duly pasted, stamped & signed across.
- ❑ 1 each photo of Authorised Signatory/ signatories on Demat Account.
- ❑ 1 each photo of Authorised Signatory/ signatories on CKYC form.
- ❑ Power of Attorney (POA) for Demat A/c

Note: All the Document & KYC form must be stamp & sign by the Authorised Signatory as the Board Resolution

ADDITION IN MOA:-

To buy, sell or/and deal in all kind of shares, stocks, securities, equity derivative, currency derivative, Future & Options, bonds, debentures, units, commodity derivateive and other instruments of all types.

To deal in foreign exchange, and currencies and to convert currencies subject to approval of appropriate.

NRI Trading Account Demat Account

Additional Documents required in case of NRI :-

- **Document ensuring status of entity**
  - In case of Indian passport Valid passport, Place of birth as India, Valid Visa-Work/Student/employment/resident permit etc.
  - In case of Foreign passport : Valid passport and any of the following
    - Place of Birth as India in foreign passport
    - Copy of PIO/ OCI Card as applicable in case of PIO/OCI
  - Copy of Passport (all pages).
- **In case of place of birth is not India , proof of applicant being person of Indian Origin is required.**
- **Indian Address and Foreign Address Proof.**
- **PIS Permission Letter from the respective designated bank.**
- **Bank verification letter indicating type of A/c as NRI/NRO/NRE.**
- **PAN Card.**
- **Overseas Address**
  Driving License / Foreign passport / Utility Bills / Bank Statement (not more than 2 months old) Notarized copy of rent agreement / leave & license agreement / Sale deed.
- **Photograph of Investor.**
- **Proof of respective bank account & depository accounts.**
- **FEMA / FERA undertaking. (As per the attached with the KYC)**

Guidelines for NRI Trading:

- An NRI can deal with only one bank at any point of time. PIS (Portfolio Investment Scheme) approval can be issued by only one bank.
- Intra day trading is **not allowed** for NRIs. NRIs can trade only in delivery-based transactions.
- BTST (Buy Today Sell Tomorrow) is **not allowed** to NRIs.
- NRI will be allowed to invest only up to **5 %** of the paid up capital of the company. NRIs are NOT allowed to buy certain scrips under this regulation. Report of the same is available on the RBI website. http://www.rbi.org.in/scripts/BS_FiiUSer.aspx
- NRIs need to have **100% funds** at the time of buying. No exposure is given to NRIs. Same way, they need to have **100% stock** available to them while selling. No short selling allowed.
- Contract notes of NRIs are daily reported to respective Bank and bank in turn report them to RBI. Reporting is taken care by Member**.**
- A NRI is required to make **bill-to-bill payments**. **No adjustments** of purchase against sale consideration can be done. Purchase and Sales will be dealt separately for payments / receipts.
- IPOs/Mutual funds can be applied through NON PIS i.e. Through NRE/NRO Savings account.
- FNO transactions can be routed through NRO NON PIS i.e. through NRO Savings account For FNO transactions separate code is allotted by NSE and the same has to be punched at the time of placing FNO order for NRI clients along with the client code.

It may kindly be noted that NRI A/c's are controlled both by SEBI and RBI. Non compliance on the above defined parameters is a very serious offence and is taken very seriously as the same is taken a violations in FEMA

plus Wealth

Pluswealth Capital Management LLP

wealth management solutions

MEMBER : NSE, BSE, MSEI & MCX
(Cash, F&O, Currency, & Commodity Derivatives Exchange)
SEBI Regn. No.: INZ000163752
Depository Participant : CDSL • SEBI Regn. No.: IN-DP-391-2018 • DP ID : 12087400

Regd. Office : RS-1, 2nd Floor, Savitri Market, Sector-18, Noida-201301 (U.P.)
Phone : +91-120-6294400 (100 Lines)
E-mail : info@pluswealth.com • Website : www.pluswealth.com

EMPOWERING INVESTORS
A SEBI Initiative