



Trading and Demat Account Opening Form - Individual & NRI

Form No. _____ Client Code _____

Client Name _____

RM / SM Name _____

Distributor Name _____



Ambit Capital Private Limited

Ambit House, 449, Senapati Bapat Marg, Lower Parel, Mumbai 400 013 India

T +91 22 6623 3000 | F +91 22 6623 3100

www.ambit.co

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Note: Booklet 1 to be filled by client and returned to ACPL. Booklet 2 to be read, understood by the client for future reference.

Name of Stock Broker / Trading Member / Clearing Member: AMBIT CAPITAL PRIVATE LIMITED, CIN NO.: U74140MH1997PTC107598 Uniform SEBI Registration No. & Date : INZ000259334 - May 7th, 2019		
NSE Membership Code-12476	BSE Membership Code 3081	
Research Analyst-INH000000313	Merchant Banker-INM000012379	
CDSL DP-IN-DP-CDSL-374-2006	AMFI ARN- 36358	
Portfolio Manager-INP000002221	AMFI-registered Mutual Fund Distributor	
Registered and Correspondence Office Address: Ambit Capital Private Limited, Ambit House, 449, Senapati Bapat Marg, Lower Parel, Mumbai - 400013, India. Phone: +91-22-66233000 Fax:+91-22-66233100 Website: www.ambit.co		
Compliance Officer :	Phone No.:	Email id:
For any grievance / dispute please contact, Ambit Capital Private Limited at the above address or email id: investorgrievance.acpl@ambit.co and Phone No.+91-22-66233000.		
In case not satisfied with the response, please contact - BSE Limited (Tel.:+91-22-22728097; E-mail: is@bseindia.com); National Stock Exchange of India Limited (Tel.:+91-22-26598190; E-mail: ignse@nse.co.in)		

CHECK LIST FOR FILLING KYC FORM (List of documents to be Submitted) - For Individual

	Acceptable Documents (Self attested copies required) of Account Holder	Please Tick
PAN card		
Photograph	One Colored Front Face Photograph on photographic Paper (Passport Size)	
Proof of Identity (Any One)	1. Unique identification number (UID) (Aadhaar)	
	2. Valid Passport (Name, Address & Photo page)	
	3. Voter ID (front and back)	
	4. Valid Driving License (Name, Address & Photo page)	
	5. PAN Card	
	6. Other 1 (Pls. Specify) _____	
Proof of Address (Any One)	1. Valid Passport (Name, Address & Photo page)	
	2. Voter ID (front and back)	
	3. Valid Driving License (Name, Address & Photo page)	
	4. Unique identification number (UID) (Aadhaar)	
	5. Bank Statement/Passbook (not more than 2 months old, seal & signature of the bank official)	
	6. Banker's Certificate on letter head of the Bank (ORIGINAL)	
	7. Electricity Bill (not more than 2 months old)	
	8. Resident Landline Tel. Bill (not more than 2 months old)	
	9. Registered Flat Sale Agreement of Residence	
	10. Registered Lease/ Leave & License Agreement	
	11. Other* (Pls. Specify) _____	
Bank Proof Provide for all the Bank Account Mentioned (Any One)	1. Bank Statement/ Bank Passbook with cheque leaf (not more than 2 months old, seal & signature of Bank Official)	} specifying name of the constituent, MICR Code or/and IFSC Code of the bank
	2. Banker's Certificate on letter head of the Bank (ORIGINAL)	
	3. Cancelled Personalized Cheque leaf	
Proof of Income (Any One)	1. Copy of ITR Acknowledgement	
	2. Copy of Annual Accounts	
	3. In case of salary income - Salary Slip, Copy of Form 16	
	4. Net-worth certificate	
	5. Copy of Demat Account Holding Statement	
	6. Bank Account Statement for last 6 months reflecting income	

IMPORTANT INSTRUCTIONS

GENERAL:

- Trading Account will be in the name of First/ Sole holder of Demat and/or Bank A/c only.
- Thumb impression and signatures other than English, Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a special Executive Magistrate.
- Witness should be a person other than co-holder/ joint holder.
- The applicant should authenticate any corrections/ alteration in the account opening form.
- All the fields in the Form must be filled up otherwise the Form may be rejected.
- Signature should be preferably in black ink. In case of any correction cancellation, please provide counter signature on the left side of the page.

BANK DETAILS:

- Cheque/DD towards Registration fees & other charges should be drawn in favour of "Ambit Capital Pvt. Ltd."
- It is mandatory to provide complete Bank Accounts' details. In absence of complete details, form may be rejected.

DEMAT ACCOUNT:

- For Demat Account, Joint Holder and Nominee cannot be the same person.
- Photographs to be signed across and pasted (Not Staped) for all the holders in Demat as well as the nominee and his/her guardian.
- In case of joint applicants for Demat Account, copy of PAN, Proof of Address, Proof of Identity and FATCA-CRS Declaration for all Applicants is mandatory.

INSTRUCTIONS/GUIDELINES FOR FILLING INDIVIDUAL KYC APPLICATION FORM

General Instructions:

1. Self-Certification of documents is mandatory.
2. KYC number of applicant is mandatory for update/change of KYC details.
3. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant 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 list mentioned under [I].
5. If any proof of identity or address is in a foreign language, then translation into English is required.
6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
8. Sole proprietor must make the application in his individual name & capacity.
9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
11. 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.

A. Clarification / Guidelines on filling 'Identity Details' section

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

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

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

C. Clarification / Guidelines on filling 'Proof of Identity [PoI]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if 'Z - Others (any document notified by the central government)' is ticked.
3. Others - Identity card with applicant's photograph issued by any of the following: Central/ State Government 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.
4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Proof of Address [PoA] section

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
3. Others includes - Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government 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.

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

1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
2. In case of multiple correspondence / local addresses, Please fill 'Annexure A1'
3. Others includes - Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government 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.

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

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

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

1. Provide KYC number of related person if available.

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

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

I. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. 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).
5. 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.
6. Government authorised officials who are empowered to issue Apostille Certificates.

J. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

K. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

KNOW YOUR CLIENT / CKYC & KRA KYC FORM

First Holder

Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields.

Application New UCC Code : _____
 Type* Update KYC Number* _____
 KYC Type* Normal Simplified Small (PAN is mandatory)
 PAN Exempt Investors (Refer instruction **K**)

1. IDENTITY DETAILS (Please refer instruction **A**)

PAN* _____ UID/AADHAR (only last 4 digit) _____

Prefix First name Middle Name Last Name

Name* (Same as ID proof) _____

Maiden Name (If any*) _____

Father/ Spouse Name* _____

Mother Name* _____

Date of Birth* DD / MM / YYYY

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others - Country _____ 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

PHOTO



Signature/
Thumb Impression 

1/16

2. PROOF OF IDENTITY (PoI)* (for PAN exempt Investor or if PAN card copy not provided)

(Please refer instruction C & K)

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

A- Passport Number B- Voter ID Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card

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

3. PROOF OF ADDRESS (PoA)*

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D**)

Address

Line 1* _____

Line 2 _____ City / Town / Village* _____

District* _____ Pin / Post Code* _____ State / U.T. Code as per Indian Motor Vehicle Act, 1988

State/UT* _____ Country* _____ Country Code* as per ISO 3166

Address Type* Residential/ Business Residential Business Registered Office Unspecified

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

Proof of Address*

A- Passport Number B- Voter ID Card C- Driving Licence D- Aadhaar Card E- NREGA Job Card

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

3.2 CORRESPONDENCE/ LOCAL ADDRESS DETAILS* (Please see instruction **E**)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local address, please fill '**Annexure A1**', Submit relevant documentary proof)

Line 1* _____

Line 2 _____ City / Town / Village* _____

District* _____ Pin / Post Code* _____ State / U.T. Code as per Indian Motor Vehicle Act, 1988

State/UT* _____ Country* _____ Country Code* as per ISO 3166

4. CONTACT DETAILS (All communications will be sent on provided Mobile No./ Email-ID)

(Please refer instruction **F**)

Email ID _____

Mobile _____ Tel. (Off) _____ Tel. (Res) _____

5. FATCA/CRS Information (Tick (✓) if Applicable) Residence for Tax Purpose in Jurisdiction(s) Outside India (Please refer instruction **B**)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* _____ Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by Jurisdiction)* _____
 Place of Birth* _____ Country of Birth* _____ Country Code as per ISO 3166
Address
 Line 1* _____
 Line 2 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State / U.T. Code as per Indian Motor Vehicle Act, 1988
 State/UT* _____ Country* _____ Country Code* as per ISO 3166


6. DETAILS OF RELATED PERSON (Optional) (Please refer instruction **G**)
 (In case of additional related persons, please fill 'Annexure B1')
 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)
 (Certified copy of any one of the following Proof of Identity (POI) needs to be submitted)
 A- Passport Number B- Voter ID Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number _____

7. REMARKS (IF ANY)

8. CONSENT FOR AADHAAR AUTHENTICATION
 I/we hereby give my/our consent in accordance with Aadhaar Act, 2016 and regulation made there under for (i) Collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our aadhaar number in accordance with Aadhaar Act, 2016 and as per the amendment to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005. I/we hereby give my/our consent for sharing of above aadhaar details to Ambit group companies where I/we have an account. "

9. APPLICANT DECLARATION
 • I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.
 Date : DD / MM / YYYY Place : _____
 (Signature/ Thumb Impression) 
 2/16
 Signature/ Thumb Impression of Applicant

10. ATTESTATION/ FOR OFFICE USE ONLY

<p>Documents Received <input type="checkbox"/> Certified Copies</p> <p>KYC Verification carried out by (Refer Instruction I)</p> <p>Date <u>DD</u> / <u>MM</u> / <u>YYYY</u></p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p> <p>_____ (Employee Signature)</p>	<p>Institution Details</p> <p>Name _____</p> <p>Code _____</p> <p>Emp. Branch _____</p> <p>_____ (Institution Stamp)</p>
<p>In-Person Verification (IPV) carried out by (Refer Instruction J)</p> <p>Date <u>DD</u> / <u>MM</u> / <u>YYYY</u></p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p> <p>_____ (Employee Signature)</p>	<p>Institution Details</p> <p>Name _____</p> <p>Code _____</p> <p>Emp. Branch _____</p> <p>_____ (Institution Stamp)</p>

KNOW YOUR CLIENT / CKYC & KRA KYC FORM

Second Holder

Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields.

Application New
 Type* Update KYC Number* _____
 KYC Type* Normal Simplified Small (PAN is mandatory)
 PAN Exempt Investors (Refer instruction **K**)

1. IDENTITY DETAILS (Please refer instruction **A**)

PAN* _____ UID/AADHAR (only last 4 digit) _____


Prefix _____ First name _____ Middle Name _____ Last Name _____

Name* (Same as ID proof) _____
 Maiden Name (If any*) _____
 Father/ Spouse Name* _____
 Mother Name* _____

Date of Birth* DD / MM / YYYY

Gender* M- Male F- Female T-Transgender
 Marital Status* Married Unmarried Others
 Citizenship* IN- Indian Others - Country _____ 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

PHOTO



Signature/
Thumb Impression

2. PROOF OF IDENTITY (PoI)* (for PAN exempt Investor or if PAN card copy not provided)

(Please refer instruction C & K)

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

A- Passport Number B- Voter ID Card C- Driving Licence D- Aadhaar Card E- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number _____

3. PROOF OF ADDRESS (PoA)*

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D**)

Address

Line 1* _____
 Line 2 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State / U.T. Code as per Indian Motor Vehicle Act, 1988
 State/UT* _____ Country* _____ Country Code* as per ISO 3166

Address Type* Residential/ Business Residential Business Registered Office Unspecified

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

Proof of Address*

A- Passport Number B- Voter ID Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number _____

3.2 CORRESPONDENCE/ LOCAL ADDRESS DETAILS* (Please see instruction **E**)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local address, please fill '**Annexure A1**', Submit relevant documentary proof)

Line 1* _____
 Line 2 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State / U.T. Code as per Indian Motor Vehicle Act, 1988
 State/UT* _____ Country* _____ Country Code* as per ISO 3166

4. CONTACT DETAILS (All communications will be sent on provided Mobile No./ Email-ID)

(Please refer instruction **F**)

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

5. FATCA/CRS Information (Tick (✓) if Applicable) Residence for Tax Purpose in Jurisdiction(s) Outside India (Please refer instruction **B**)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* _____ Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by Jurisdiction)* _____
 Place of Birth* _____ Country of Birth* _____ Country Code as per ISO 3166
Address
 Line 1* _____
 Line 2 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State / U.T. Code as per Indian Motor Vehicle Act, 1988
 State/UT* _____ Country* _____ Country Code* as per ISO 3166

6. DETAILS OF RELATED PERSON (Optional) (Please refer instruction **G**)
 (In case of additional related persons, please fill 'Annexure B1')
 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)
 (Certified copy of any one of the following Proof of Identity (POI) needs to be submitted)
 A- Passport Number B- Voter ID Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number _____

7. REMARKS (IF ANY)

8. CONSENT FOR AADHAAR AUTHENTICATION
 I/we hereby give my/our consent in accordance with Aadhaar Act, 2016 and regulation made there under for (i) Collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our aadhaar number in accordance with Aadhaar Act, 2016 and as per the amendment to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005. I/we hereby give my/our consent for sharing of above aadhaar details to Ambit group companies where I/we have an account. "

9. APPLICANT DECLARATION
 • I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.
 Date : DD / MM / YYYY Place : _____
 (Signature/ Thumb Impression)
 Signature/ Thumb Impression of Applicant

10. ATTESTATION/ FOR OFFICE USE ONLY

<p>Documents Received <input type="checkbox"/> Certified Copies</p> <p>KYC Verification carried out by (Refer Instruction I)</p> <p>Date <u>DD / MM / YYYY</u></p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p> <p>(Employee Signature)</p>	<p>Institution Details</p> <p>Name _____</p> <p>Code _____</p> <p>Emp. Branch _____</p> <p>(Institution Stamp)</p>
<p>In-Person Verification (IPV) carried out by (Refer Instruction J)</p> <p>Date <u>DD / MM / YYYY</u></p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p> <p>(Employee Signature)</p>	<p>Institution Details</p> <p>Name _____</p> <p>Code _____</p> <p>Emp. Branch _____</p> <p>(Institution Stamp)</p>

KNOW YOUR CLIENT / CKYC & KRA KYC FORM

Third Holder

Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields.

Application New
 Type* Update KYC Number* _____
 KYC Type* Normal Simplified Small (PAN is mandatory)
 PAN Exempt Investors (Refer instruction **K**)

1. IDENTITY DETAILS (Please refer instruction **A**)

PAN* _____ UID/AADHAR (only last 4 digit) _____


Prefix _____ First name _____ Middle Name _____ Last Name _____


Name* (Same as ID proof) _____
 Maiden Name (If any*) _____
 Father/ Spouse Name* _____
 Mother Name* _____

Date of Birth* DD / MM / YYYY

Gender* M- Male F- Female T-Transgender
 Marital Status* Married Unmarried Others
 Citizenship* IN- Indian Others - Country _____ 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

PHOTO



Signature/
Thumb Impression 

2. PROOF OF IDENTITY (PoI)* (for PAN exempt Investor or if PAN card copy not provided)

(Please refer instruction C & K)

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

A- Passport Number B- Voter ID Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number _____

3. PROOF OF ADDRESS (PoA)*

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D**)

Address

Line 1* _____
 Line 2 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State / U.T. Code as per Indian Motor Vehicle Act, 1988
 State/UT* _____ Country* _____ Country Code* as per ISO 3166

Address Type* Residential/ Business Residential Business Registered Office Unspecified

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

Proof of Address*

A- Passport Number B- Voter ID Card C- Driving Licence D- Aadhaar Card E- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number _____

3.2 CORRESPONDENCE/ LOCAL ADDRESS DETAILS* (Please see instruction **E**)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local address, please fill '**Annexure A1**', Submit relevant documentary proof)

Line 1* _____
 Line 2 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State / U.T. Code as per Indian Motor Vehicle Act, 1988
 State/UT* _____ Country* _____ Country Code* as per ISO 3166

4. CONTACT DETAILS (All communications will be sent on provided Mobile No./ Email-ID)

(Please refer instruction **F**)

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

5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purpose in Jurisdiction(s) Outside India (Please refer instruction **B**)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* _____ Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by Jurisdiction)* _____
 Place of Birth* _____ Country of Birth* _____ Country Code as per ISO 3166

Address
 Line 1* _____
 Line 2 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State / U.T. Code as per Indian Motor Vehicle Act, 1988
 State/UT* _____ Country* _____ Country Code* as per ISO 3166

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

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**)

(Certified copy of any one of the following Proof of Identity (POI) needs to be submitted)
 A- Passport Number B- Voter ID Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number _____

7. REMARKS (IF ANY)

8. CONSENT FOR AADHAAR AUTHENTICATION

I/we hereby give my/our consent in accordance with Aadhaar Act, 2016 and regulation made there under for (i) Collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our aadhaar number in accordance with Aadhaar Act, 2016 and as per the amendment to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005. I/we hereby give my/our consent for sharing of above aadhaar details to Ambit group companies where I/we have an account. "

9. APPLICANT DECLARATION

• I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

(Signature/ Thumb Impression)

 Signature/ Thumb Impression of Applicant

Date : DD / MM / YYYY Place : _____

10. ATTESTATION/ FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC Verification carried out by (Refer Instruction **I**)

Date <u>DD</u> / <u>MM</u> / <u>YYYY</u>	Institution Details
Emp. Name _____	Name _____
Emp. Code _____	Code _____
Emp. Designation _____	Emp. Branch _____
<div style="border: 1px solid black; padding: 5px; width: fit-content;">(Employee Signature)</div>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">(Institution Stamp)</div>

In-Person Verification (IPV) carried out by (Refer Instruction **J**)

Date <u>DD</u> / <u>MM</u> / <u>YYYY</u>	Institution Details
Emp. Name _____	Name _____
Emp. Code _____	Code _____
Emp. Designation _____	Emp. Branch _____
<div style="border: 1px solid black; padding: 5px; width: fit-content;">(Employee Signature)</div>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">(Institution Stamp)</div>

TRADING & DP ACCOUNT RELATED DETAILS

For Individuals

A. Bank Account(s) details		
	Bank 1 (Default)	Bank 2
Bank Name:		
Branch Address:		
Bank Account No.:		
Account Type: Saving/Current/Others -In case of NRI/NRE/NRO/PIS:		
MICR Number:		
IFSC Code:		
City:		
State:		
Country:		

- (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 (or)
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.

B. Depository Account(s) details		
	DP 1 (Default)	DP 2
Depository Participant Name:		
Depository Name (NSDL/CDSL):		
Beneficiary Name:		
DP ID:		
Beneficiary ID (BO ID):		

Note : Leave this field blank if you are opening DP A/c with Trading A/c.

C. Other Details (Please see guidelines overleaf)
<p>1. Gross Annual Income Details Please tick (✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50-1 Cr <input type="checkbox"/> >Cr</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Net worth in Rs. (*Net worth should not be older than 1 year) _____ as on (Date) _____ </div>
<p>2. Occupation (Please tick (✓) any one and give brief details): <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer Others (Please specify) _____</p>
<p>3. Please tick (✓), if applicable: Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/></p>
<p>4. Is the entity involved/providing any of the following services YES [] NO [] For Foreign Exchange/Money Changer Services - YES <input type="checkbox"/> NO <input type="checkbox"/> - Gaming / Gambling / Lottery Services (E.g. Casinos, Betting Syndicates) - YES <input type="checkbox"/> NO <input type="checkbox"/> - Money Lending / Pawning YES <input type="checkbox"/> NO <input type="checkbox"/></p>

C1. TRADING PREFERECES (SIGNATURE PURPOSE):

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

Exchange	Segments	
NSE	Cash	3a/16 <input checked="" type="checkbox"/>
	Mutual Fund	3b/16 <input checked="" type="checkbox"/>
	F & O	3c/16 <input checked="" type="checkbox"/>
	Currency Derivatives	3d/16 <input checked="" type="checkbox"/>
BSE	Cash	3e/16 <input checked="" type="checkbox"/>
	Mutual Fund	3f/16 <input checked="" type="checkbox"/>

Note: If, in future, you wants to trade on any New Segment/ New Exchange, separate authorization/ letter will be required.

D. PAST ACTIONS

- Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock Exchange/any other authority against the applicant/constituent or its Partners/ Promoters/ Whole-Time Directors/ Authorized Persons in charge of dealing in securities during the last 3 years: _____

E. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

- If Client is dealing through the Sub-Broker, provide the following details:
 Sub-Broker's Name: _____ SEBI Registration Number: _____
 Registered Office Address: _____
 Phone: _____ Fax: _____ Website: _____
- Whether dealing with any other Stock Broker/Sub-Broker (in case dealing with multiple Stock Brokers/ Sub-Brokers, provide details of all)
 Name of Stock Broker: _____ Name of Sub-Broker, if any: _____
 UCC (Client Code:) _____ Exchange: _____

Details of disputes/ dues pending from/ to such Stock Broker/ Sub-Broker:

F. ADDITIONAL DETAILS

- Whether you wish to receive *standard documents in electronic form or physical form
- *Rights & Obligations of stock broker and client for trading on exchanges (including additional rights & obligations in case of internet/ wireless technology based trading), Uniform Risk Disclosure Documents, Guidance Note, Policies and Procedures and Rights & Obligations of Beneficial Owners and Depository Participants.
- Whether you wish to receive the confirmation, account statements and any other correspondence electronically or physically? (please specify) Physical Electronic
- Whether you wish to receive Physical Contract Note Electronic Contract Note (ECN)
 (please specify) _____
 Specify your Email id, if applicable: _____
- Whether you wish to avail of the facility of internet trading (please specify): _____
- Number of years of Investment/Trading Experience: _____
- Any other information: _____
- Please specify your choice of receiving a copy of this form Physical Electronic

SMS Alert Facility Refer to Terms & Conditions given as (available on our website www.ambit.co)	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)]										
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure - 2.6 (available on our website www.ambit.co)	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. <div style="display: flex; align-items: center; margin-top: 5px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Yes <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> No </div> <p>I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:30%;">Stock Exchange Name/ID</th> <th style="width:30%;">Clearing Member Name</th> <th style="width:40%;">Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)							
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)									
<i>Easi</i>	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.										

Type of Account (Please tick (✓) whichever is applicable)

Status	Sub – Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF/ AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable NRI <input type="checkbox"/> Repatriable Promoter NRI <input type="checkbox"/> - Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify) _____	
I / We instruct the DP to receive each and every credit in my/ our account (If not marked, the default option would be 'Yes')		[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any further instruction from my/our end (If not marked, the default option would be 'No')		<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA		<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick (✓) the applicable box. If not marked the default option would be in Physical)		
I/ We wish to receive dividend / interest directly in to my/or bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]		<input type="checkbox"/> Yes <input type="checkbox"/> No

I/We hereby opt for : Regular Demat Account / BSDA Account

G. INTRODUCTION DETAILS (Optional)

Name of the Introducer: _____
(Surname)
(Name)
(Middle Name)

Status of the Introducer: Sub-Broker/ Remisier/ Authorized Person/ Existing Client/ Others, please specify: _____

Address and Phone No. of the Introducer: _____

Signature of the Introducer:

NOMINATION FORM

- I/We do not wish to nominate any one for this demat account.
[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].
- I/We nominate the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details														
DP ID	1	2	0	4	7	5	0	0	Client ID	0	0	0		
Name of the Sole / First Holder														
Name of Second Holder														
Name of Third Holder														

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:			
Middle Name:			
*Last Name:			
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Telephone No:			
Fax No:			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
PAN No:			
UID :			
Email ID:			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor):			
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:			

*Country:			
*Pin:			
Age			
Telephone:			
Fax No:			
Email 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]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




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: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature	4/16 		

Note: One witness shall attest signature/ Thumb impression.

Details of the Witness	
First Witness	
Names of Witness	
Address of Witness	
Signature of Witness	

(To be filled by DP)

Nomination Form accepted and registered with Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

DECLARATION-ONLY NRIs

In continuation to the terms and conditions for opening of trading account and accepting rights and obligations I/we hereby declare and undertake that:

1. I/We are making investment in securities/shares through member broker;
2. I/We have one Bank Account and Demat Account for the above investments. The details of the same are provided in Trading account related details.

I/We are aware of the rules and regulations of the NRI investments in India, Anti-money laundering rules and regulations and keep myself updated from time to time. I/We hereby declare that I/We have complied with and will continue to comply with FEMA regulation or other applicable laws, regulations of RBI, SEBI or any other statutory Authority from time to time.

Income tax or other tax liability is our responsibility and the same will be borne by and paid by me.

I hereby acknowledge that I have received and understood this authorization to maintain the account.

I/We _____ have requested to open the Demat a/c with you. I/We have given following address in the a/c opening document which is on the basis of my P.O. Box no. My/us complete address as on date is as follows:

Foreign Address			
City		State	
Country		PIN code	
Telephone No.		FaxNo.	
E-mail ID			

In case any changes in my/us above mentioned address I/we will intimate to Ambit Capital Private Limited.



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 have received and read the Rights and 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/ our account liable for termination and suitable action.

1ST HOLDER

2ND HOLDER

3RD HOLDER

 5/16		
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Place: _____ Date: _____

FATCA-CRS KYC Information & Declaration - Individuals & HUF

First Holder

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA/ CRS Guidance)

PAN*	_____
Name	_____
Place of Birth	_____
Country of Birth	_____

Gross Annual Income Details in INR	Below 1 Lakh <input type="checkbox"/>	5 - 10 Lacs <input type="checkbox"/>	25 Lacs - 1 Crore <input type="checkbox"/>	Net Worth in INR. in Lakhs _____ Net Worth as on <u>DD/MM/YYYY</u>
	1 - 5 Lacs <input type="checkbox"/>	10 - 25 Lacs <input type="checkbox"/>	> 1 Crore <input type="checkbox"/>	

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

Politically Exposed Person [PEP]	Yes <input type="checkbox"/>	Related to PEP <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Are you a tax resident of any country other than India?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country	Tax Identification Number	Identification Type (TIN or Other, please specify)

- # To also include USA, where the individual is a citizen / green card holder of The USA
- % In case Tax Identification Number is not available, kindly provide its functional equivalent.

Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

I/We understand that the information is required under Rules 114F to 114H of The Central Board of Direct Taxes as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation. In relevant cases, information will have to be reported to tax authorities/ appointed agencies.

Should there be any change in any information provided to you, I/We would inform you promptly, i.e., within 30 days.

Signature



Place: _____

Date: DD / MM / YYYY

FATCA-CRS KYC Information & Declaration - Individuals & HUF

Second Holder

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA/ CRS Guidance)

PAN*	_____
Name	_____
Place of Birth	_____
Country of Birth	_____

Gross Annual Income Details in INR	Below 1 Lakh <input type="checkbox"/>	5 - 10 Lacs <input type="checkbox"/>	25 Lacs - 1 Crore <input type="checkbox"/>	Net Worth in INR. in Lakhs _____
	1 - 5 Lacs <input type="checkbox"/>	10 - 25 Lacs <input type="checkbox"/>	> 1 Crore <input type="checkbox"/>	

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

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

Are you a tax resident of any country other than India?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country	Tax Identification Number	Identification Type (TIN or Other, please specify)

- # To also include USA, where the individual is a citizen / green card holder of The USA
- % In case Tax Identification Number is not available, kindly provide its functional equivalent.

Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

I/We understand that the information is required under Rules 114F to 114H of The Central Board of Direct Taxes as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation. In relevant cases, information will have to be reported to tax authorities/ appointed agencies.

Should there be any change in any information provided to you, I/We would inform you promptly, i.e., within 30 days.

Signature 6/16

Place: _____

Date: DD / MM / YYYY

FATCA-CRS KYC Information & Declaration - Individuals & HUF

Third Holder

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA/ CRS Guidance)

PAN*	_____
Name	_____
Place of Birth	_____
Country of Birth	_____

Gross Annual Income Details in INR	Below 1 Lakh <input type="checkbox"/>	5 - 10 Lacs <input type="checkbox"/>	25 Lacs - 1 Crore <input type="checkbox"/>	Net Worth in INR. in Lakhs _____
	1 - 5 Lacs <input type="checkbox"/>	10 - 25 Lacs <input type="checkbox"/>	> 1 Crore <input type="checkbox"/>	
				Net Worth as on <u>DD/MM/YYYY</u>

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

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

Are you a tax resident of any country other than India?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country	Tax Identification Number	Identification Type (TIN or Other, please specify)

- # To also include USA, where the individual is a citizen / green card holder of The USA
- % In case Tax Identification Number is not available, kindly provide its functional equivalent.

Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

I/We understand that the information is required under Rules 114F to 114H of The Central Board of Direct Taxes as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation. In relevant cases, information will have to be reported to tax authorities/ appointed agencies.

Should there be any change in any information provided to you, I/We would inform you promptly, i.e., within 30 days.

Signature 6/16

Place: _____

Date: DD / MM / YYYY

TARIFF SHEET (FOR ALL EXCHANGE & SEGMENT)

Brokerage

	1st Leg		2nd Leg (Same Day)	
	%Age	Min.	%Age	Min
Trading				
Delivery				
Derivatives				
Futures				
Options				
Option Flat				
CDS Derivatives				
CDS Futures				
CDS Options				
CDS Option Flat				
MFSS				

Note:

The member shall charge in addition to the Brokerage mentioned herein above, other charges like Stamp Duty, Securities Transaction Tax, Goods & Service Tax, Turnover Charges, Clearing Charges etc. as may be applicable and as prescribed by SEBI/Exchange from time to time. Auction charges @ 1% of auction value will be charged.

Charges for Depository Services through CDSL

Charges

Charges Head	Transaction Type	
Account Charges	Account Maintenance Charges (Accounting year)	<input type="checkbox"/> Rs.2500/- Lifetime AMC <input type="checkbox"/> Normal DP Rs.1500/- AMC Note: DP for PMS Account AMC charges will be applicable as per PMS Tariff Signed by client.
Transaction Charges	On-Market	Purchase/Sale through Ambit Capital - NIL Sale transactions done through other Brokers: charges @0.03% of value (minimum Rs. 20/-)
	Off-Market (within Ambit DP)	Sale transactions - only CDSL charges on actual
	Off-Market/Inter-Depository	Sale transactions - @0.03% of value (minimum Rs. 20/-)
Pledge	Pledge Creation/ Closure/ Invocaton	Rs. 25/- each leg (within Ambit Capital)
	Margin Pledge/ Un-Pledge	At actuals as per depository
	Margin Re-Pledge/ Un-Pledge of Re-Pledge	
	Pledge/Un-Pledge/Invocation	@0.02% of value, minimum Rs. 25/- per ISIN outside Ambit Capital
Other Charges	Dematerialization	Rs. 5/- per certificate + Rs. 30/- towards courier charges

Other Terms

- Stamp Duty Charges on Agreement & automated POA will be charged on actual in the first bill.
- Notary Charges on automated POA Rs. 100/- will be charged in the bill.
- Rematerialization Charges @Rs10/- per certificate plus Rs. 30/- towards courier charges.
- Any service not quoted above will be charged separately.
- GST will be charged as applicable.
- All payments to be made in the name of "Ambit Capital Pvt. Ltd." via a cheque/DD.

DP ID	1	2	0	4	7	5	0	0	Client ID	0	0	0				
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1ST HOLDER

2ND HOLDER

3RD HOLDER

 7/16		
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VOLUNTARY TERMS AND CONDITIONS

The following clauses are not part of model formats of Uniform Set of Documents prescribed by SEBI vide its circular number CIR/MIRSD/16/2011 dated August 22, 2011. These clauses have been added in order to ensure smooth functioning of trading and to enhance the transparency of Member-Client relation. The Client is further informed that these clauses are voluntary and at the discretion of Member and Client. The Client and the Member, in addition to Mandatory clauses, also voluntarily agree to the Terms and Conditions stated herein below. The Client is further informed that he/she/it may strike out any of these clauses, if he/she/it does not wish to accept the same.

Types of services offered: The Stock Broker agrees to provide, and the Client agrees to avail of, the following services:

a. Trading facilities for Cash Segment/ Derivatives Segment/ Currency Derivatives Segment

1. GENERAL TERMS AND CONDITIONS GOVERNING THE SERVICE

(a) COMPLIANCE WITH LAWS

- (i) All transactions that are carried out by and on behalf of the Client shall always be subject to Government notifications, any rules, regulations, guidelines and circulars issued by SEBI and Rules, Regulations and Bye-laws of the Exchange that may be in force from time to time, and their Clearing Houses, if any, on which such transactions are executed and / or cleared by the Member that may be in force from time to time, the Reserve Bank of India and the NSDL and CDSL, the Securities Contracts Regulation Act and the rules made thereunder, and any other applicable statutory provisions and/ Rules or Regulations. The Member is under no obligation to inform the Client of changes in these rules, regulations or guidelines.
- (ii) The Client hereby confirms that the Stock Broker has disclosed that it undertakes Proprietary trading primarily as Investments in addition to Client Based Trading
- (iii) The Client has read and understood Risk Disclosure Document issued by BSE and NSE.

The Client further confirms that they are aware of the Rules and Regulations on Prevention of Money Laundering Act (PMLA), 2002 and that

the Client has not violated any of the Rules and Regulations of the said act and hereby indemnify the Stock Broker from any liability arising from my/our transactions executed with the Stock Broker.

- (iv) The Client hereby confirms that he / she himself/ herself for none of its Directors/ Partners/ Trustees/ Promoter/ Karta/ Whole -Time Directors and/ or, Shareholders holding majority stake are/ were debarred from dealing in securities market by any statutory authority including SEBI/ NSE/ BSE. The Client also confirms that he is not the member of the any Stock Exchanges including NSE/ BSE nor he is Sub-Broker or remiser to any other member of the Exchange.
- (v) Unless otherwise agreed in writing by the Member, Client agrees and confirms that the Member and the Client shall in no circumstances be considered as persons acting in concert or as persons co-operating with each other (directly or indirectly) or as persons having a common objective or purpose of substantial acquisition of shares or voting rights or gaining control over any company, whose shares are purchased by the Member for and on behalf of and on account of the Client.
- (vi) The Client understands, agrees and confirms to provide copies of Annual Accounts, Returns or any other document that may be asked for by the Member to comply with Prevention of Money Laundering Act, 2002, as amended. If the Client fails to provide the documents, as may be required by the Member, the Member reserves the right to terminate the relationship forthwith.

(b) ACTING AS A SUB-BROKER

The Client agrees not to act as a Sub Broker without prior written permission of the Member and without obtaining certificate of registration from SEBI.

(c) DISCLAIMER

The Client agrees that all investments and disinvestment decisions are based on the Client's own evaluation of financial circumstances and investment objectives. This extends to any decision made by the Client on the basis of any information that may be made available by the Member/ Sub-Broker through its website www.ambitcapital.com or through any

other media. The Client will neither hold, nor seek to hold the Member/ Sub-Broker, as the case may be, or any of its Officers, Directors, Employees, Agents, Subsidiaries, Affiliates or Business Associates liable for any trading losses, costs or damage incurred by the Client consequent upon relying on investment information, research opinion or advice or any other material/ information provided by the Member/ Sub-Broker as the case may be. The Client is aware that any information provided by the Member through any medium based on the research of the Member or other external sources is subject to variations in the stock market and is merely an estimation of the availability of certain investments. The Client should seek independent professional advice regarding the suitability of any investment decision before acting on such reports and Member shall not be liable under any circumstances for any losses, costs, charges, expenses incurred/suffered by the Client based on such reports.

(d) AUTHORISED PERSON

The Client confirms and agrees to inform to the Member in writing any change in the name of authorised representative, subject to applicable guidelines of SEBI/Exchange if any, failing which the Client shall be responsible for the trade obligations arising out of the actions of both the old representative as well as the new representative.

2. RISK DISCLOSURE

The Client confirms, declares and agrees that:-

(a) Client shall deposit with the Member such monies, securities "Fixed deposit, Bank Guarantee or any other securities as may be permitted by Exchanges", which may be required to open and/ or maintain his account with the Member.

(b) All monies, securities "Fixed Deposit, Bank Guarantee or any other securities as may be permitted by Exchanges", which the Member may hold on Client's account shall be held subject to a general lien for the discharge of Client's obligations to the Member.

(c) The Client shall not exercise a long or short position where, acting alone or in concert with others, directly or indirectly the Client will have exercised in excess of the number of permitted derivatives contracts as may be fixed from time to time by the Exchange.

3. MARGINS

3.1 The Client shall make the prescribed initial margin in

the form of cash and/or in the form of securities (the "Margin") with the Member simultaneously with the opening of the Account and prior to commencement of trading. The Client shall be permitted to trade upto a predetermined number of times of the MARGIN (the "Multiple") and the quantum of the Multiple on the Margin shall be decided at sole option or discretion of the Member who shall have the irrevocable right to set off a part or whole of the Margin i.e. by way of appropriation of the relevant amount of cash or by Sale or Transfer of all or some of the Securities which form part of the margin, against any lawful dues of the Client in the event of the failure of the Client to meet any of their respective obligations under these Terms.

3.2 Any reference in these terms to Sale or Transfer of Securities by the Member shall be deemed to include Sale of Securities which form part of the Margin maintained by the Client with the Member. In exercise of the Member's Right to Sell Securities, the Client agrees that the choice of specific securities to be sold shall be solely at the Member's discretion.

3.3 The Client confirms that the Member is permitted in its sole and absolute discretion to collect additional margins (even though not imposed by the Exchange, the Clearing House or SEBI) and the Client shall be obliged to pay such margins.

(a) Margin on Purchase:

Client confirms and agrees to deposit interest-free margin as may be intimated by the Member from time to time on the price of the securities proposed to be purchased.

(b) Margins on Sales:

The Client confirms and agrees to deposit interest free margin as may be intimated by the Member from time to time on the price of securities proposed to be sold.

(c) Margins in Derivative Contracts

In the Derivative Segment/ Currency Derivatives Segment, the Client agrees to pay an initial margin upfront on or before creating a position. Such margin shall be decided upon by the Member or the Exchange from time to time. Further more, the Client is liable to pay (or receive) daily margins depending on whether the price of the Derivatives Contract moves for or against the position undertaken. The Client may also be liable to pay withholding margins, special margins or such other margins as are

considered necessary by the Member or the Exchange(s) from time to time.

(d) Mark to Market Margin in Derivative Contracts/ Currency Derivative Contracts

For Derivative Contracts, the Client agrees that the Member shall raise bills on daily basis. The Client also agrees to pay an upfront margin at the beginning of the day that will be sufficient to cover the daily margins if at any time during the day, the cumulative Mark to Market (MTM) margin falls short of the margin available in the Client's account, the Client agrees to heed the Member's additional margin calls. As the upfront daily market margin calls are purely for operational convenience, the Client will ensure that the margins are adequate at all times and will immediately make good any shortfall that the Member may communicate.

(e) Payment through Cheque/ Demand Draft:

Client understands that in case where the payment by the Client towards the margin is made through a cheque issued in favour of the Member, trade(s) will be executed by the Member only upon the realisation of the funds of the said cheque or at the discretion of the Member. The Client agrees to mention his/her/its Client code along with his name on the reverse of any instrument through which he makes the payment to the Member. Client further understands and agrees that the Client shall prepare Demand Draft/ Pay Order out of his own funds and agrees to provide Banker Certificate and/or source of the funds in case of any request made by the Member. However, the acceptance of pay order/demand draft will be on exceptional circumstances and at the sole discretion of member based on the satisfactory explanation received from the Client regarding the source of funds.

(f) Margin in the form of Securities:

The Client may place margin with the Member in form of securities as approved by the Member. Such securities may at the discretion of the Member be marked as lien in favour of the Member from the Depository Account of the Client or such securities may be placed in a separate Depository Account of the Member. Client confirms that the Member may, at its own discretion, treat the securities lying in the Depository Account of the Client, as margin,

where the Client has executed a Power of Attorney in favour of the Member, for operating the said Depository Account.

The Client may place/ deposit only those securities, which are acceptable to the Member. If at any time, a particular security ceases to be on the list of approved securities, the Client shall provide such other margins as may be required in place of such security.

The Client agrees and authorises that the Member will determine the market value of securities placed as Margin after applying a haircut at least at the rate prescribed by SEBI/ Exchange that the Member deems appropriate. The Client's positions are valued at the latest market price available ('marked to market') on a continuous basis by the Member. The Client undertakes to monitor the adequacy of the collateral and the market value of such securities on a continuous basis. If due to price fluctuations, there is erosion in the value of the Margins, the Client agrees to replenish any shortfall in the value of the Margins immediately.

The Client understands that the Member may grant exposure to the Client at its sole discretion based on the securities purchased by the Client through the Member after paying entire purchase price and which securities are kept in the Demat Account of the Client with Power of Attorney executed by the Client in favour of the Member with a request to treat such securities as Margin.

(g) Type of Margin:

The Client confirms that the Member has a sole discretion to prescribe the payment of Margin in the form of cash instead of securities. The Client accepts to comply with the Member's Right of Payment of Margin in the form of cash immediately failing which the Member may sell, dispose, transfer or deal in any other manner the securities already placed with it as Margin or square off all or some of the positions of the Client as it deems fit in its discretion after intimation of shortfalls and debits and any resultant or associated losses/profit that may occur due to such square off/sale shall be borne by/ paid to the Client, and the Member is hereby fully indemnified and held harmless by the Client in this behalf.

(h) Margin with Exchanges/ Clearing Corporation/ Clearing Member:

The Client agrees and authorizes that any securities placed by him/her it as Margin may

in turn be placed as Margin by the Member with the Exchanges or Clearing Corporation or Clearing House/ Clearing Member as may be permitted by Exchange/ SEBI from time to time.

Other Provisions:

- (i) The Client confirms and agrees that Client is responsible for all equity orders, including any orders that may be executed without the required Margin in the Client's account. If the Client's order is executed despite a shortfall in the available Margin, the Client shall, whether or not the Member intimates such shortfall in Margin to the Client, instantaneously make up the shortfall either through delivery of shares from his own Demat Account in the event of a sale, or credit the required funds in the Bank Account via RTGS or Wire Transfer or Personal Cheque, Cashier's Cheque or Money Order or Account Transfer or any other mode as may be required by the Member.
- (ii) The Client confirms that any reference in these terms to sale or transfer of securities by the Member shall be deemed to include sale of the securities, which form part of the Margin and/ or such securities of the Client which are in possession or control of the Member, maintained by the Client with the Member. In exercise of the Member's right to sell securities, the Client agrees that the choice of specific securities to be sold shall be solely at the Member's discretion.
- (iii) For the purpose the term "Dues of Client" shall include the amount of money payable to the Client including, but not limited to, the purchase price of the Securities, Brokerage, Margin Money, Service Tax, Turnover Tax, Auction Debit and Lawful Charges, Service Charge and other Lawful Amounts agreed to and payable by the Client to the Stock Broker. Any incentive, rebate, rounding of amounts, collected from the Client on account of such taxes and charges or offered by the Exchanges may not be passed on to the Client and retained by the Stock Broker.

Amendment in Margins

Any amendment in the percentage of Margins as required to be maintained under these Terms and Conditions, shall be intimated by the Member to the Client over the telephone or in writing and by posting the details on its website of the Member as may be intimated. The Client is required to replenish the shortfall in such Margins, if any, on demand of the same by the Member or otherwise immediately.

- (i) All margins provided by the Client shall be interest free and the Member shall not be liable to pay any interest on the same irrespective whether the same

forms part of any investment by the Member in Fixed Deposits with the Bank or in any other instrument as may be approved by the Exchange or SEBI from time to time.

- (I) In the event of any change in Margin percentage by the Exchange, the Member may change the applicable Margin percent immediately and shortfall in Margin on Client's open position as a result of the same shall be dealt with in the same manner as specified in shortfall in Margins specified here in above.

4. EXECUTION OF ORDERS

- (a) The Client confirms and agrees that placing an order with the Member including a Market Order, does not guarantee execution of the order. The Member has the absolute right to reject any order that may be made by the Client for any reason such as insufficient margin, debit balance, anti-money laundering requirement/ policy, risk perceptions/ policy etc.
- (b) The Client agrees that if, under any circumstances or for any reason, the market closes before the acceptance of the order by the Exchange, the order may be rejected. The Client agrees further, that the Member may reject orders if the same are rejected by the Exchange for any reason. In case of rejection of an order due to rejection by the Exchange, the Client agrees that the order shall remain declined and shall not be reprocessed, in any event.
- (c) The Client agrees that he shall not enter into trades at unrealistic prices from the current market price or at manipulates prices or cross/ synchronized trading, etc. The Client further understands and agrees that Member shall have right to reject the orders placed by the Client and/or put circuit breakers to discourage trades getting executed at unrealistic prices from the current market price of the contracts which creates artificial liquidity or manipulates prices or to discourage Client from cross/ synchronised trading and Member shall not be liable for any loss arising out of non acceptance or rejection of the Client orders by the Member for any such reason if the Client fails to give sufficient reason for placing such orders.
- (d) The Client is aware that the Electronic Trading System either at the Exchange or in the Member's office is vulnerable to disruptions, breakdown or failures, in the event of non-execution of trade orders or trade cancellation due to the

happening of such events or vulnerabilities due to failure/ disruption/ breakdown of system or link, the Client may not be able to execute the desired transactions. In such an event the Member does not accept responsibility for the losses, costs, expenses or damages that may be incurred by the Client due to such eventualities.

5. CANCELLATION OR MODIFICATION OF ORDERS

The CLIENT confirms and agrees that:-

- (a) The execution of order cancellations or modifications is not guaranteed. Cancellation of orders is possible only if the original order remains pending at the Exchanges. Market orders are subject to immediate execution. The Client shall not presume that an order has been executed or cancelled or modified and the Client is required to verify the status of his/its orders with the Trade confirmations by the Member.
- (b) Unless otherwise specified by the Member, any order not executed at the end of the day shall stand cancelled.
- (c) In the event of trade cancellation due to such events or vulnerabilities, Member shall be entitled to cancel relative contract(s) with the Client. At times, due to unforeseen circumstances the Member may not be able to execute the desired transactions (either the Clients own transactions or transactions for enforcing margins as provided under this terms and conditions) on a timely basis. The Member does not accept responsibility for any losses that the Client may incur on such eventualities beyond the control of the Member.
- (d) The Member shall have Right to Reject any order based on its risk perceptions.

6. PAYOUT OF FUNDS

- (a) The Client agrees that the Member shall not be obliged to pay to the Client his share of money unless and until the same has been received by the Member from the Exchange, the Clearing Corporation/ Clearing House. Unless the Member otherwise determines, and subject to the Member's rights to set off and other rights as mentioned in these Terms and Conditions, the sale proceeds to be paid by the Member to the Client will be deposited in the designated account of the Client.
- (b) The Client understands and undertakes that he will give the funds from only his own Bank to

honour pay-in obligations.

- (c) At all times, the Client agrees to make the payment of funds only in the name of the Member titled "M/S. Ambit Capital Pvt. Ltd." vide a Account Payee Cheque/ Demand Draft drawn on a Scheduled Bank from his/her own account, with details of the Client code and the name of the Client mentioned on the reverse of the instrument. However, acceptance of Demand Draft is under exceptional circumstances and to the sole discretion of the Member as specified in clause.
- (d) The Client agrees that the Member shall not be responsible for any loss, damages in respect of any funds which are deposited/ transferred to any Account other than that of the Member's designated Account.
- (e) In the event of Client's Account receiving an incorrect credit/debit by reason of a mistake, the Member shall be entitled to reverse such incorrect credit/debit at any time whatsoever. The Client shall be liable and continue to remain liable to the Member for any incorrect gain obtained as a result of the same and the Member reserves the right to take such remedial measures against the Client for recovery of the erroneous credit.

7. MEMBER CLIENT COMMUNICATION

Change of Address and Email ID:

Unless the Client informs the Member of the change of the address and E-mail id for communication in writing, all notices, circulars, communication or mail sent to the existing address shall be deemed to have been received by the Client.

8. MISCELLANEOUS PROVISIONS:

(a) LIMITATION OF LIABILITY:

The Member does not guarantee, and shall not be deemed to have guaranteed, the time liness, sequence, accuracy, completeness, reliability or content of market information, or messages disseminated to the Client or the execution of the orders placed by the Client. The Member shall not be liable for any inaccuracy, error or delay in, or omissions of,

- 1) Any such data, information or messages, or
- 2) The transmission or delivery of any such data, information or messages, due either to any act or omission by the Member or to any "Force Majeure" event (e.g. flood, extraordinary we at her condition, earthquake or other any act of

God, fire, war, insurrection, riot, labour dispute, accident, action of government communication, power failure, shut down of the systems for any reason (including on account of computer viruses), equipment or software malfunction);

- 3) Cancellation or non execution of the order placed by the Client with the Member.

The Member shall not be liable for any inaccuracy, error, false statement, misrepresentation or fraud committed by third parties engaged by the Member to promote the services offered by it. The Client agrees that in case of any error or inaccuracy found or in case of any doubt about representation made by any sales or other associates or such third parties then Client will communicate with MEMBER's Head Office and confirm the same. The Client agrees that he/ she/ it will exercise due care and diligence in relying on any statements made by any person.

(b) SHARING OF INFORMATION:

The Client agrees and confirms that the member, without diluting any confidentiality obligation and sharing and information from Brokers' system, may make available Account related details to Lawyers, Consultants, Auditors, Vendors, IT software applications requirement etc.

The member hereby confirms that it will not share any Client information unless required by authority under law.

(c) TAPE-RECORDING OF CONVERSATION

The Client is aware that the Member can taperecord the conversations between the Client's representative and the Member, either personally or over the telephone, and hereby specifically permits the Member to do so. Such recordings may be relied upon by the Member as and when required to resolve disputes in connection with the trading transactions.

(d) CONCLUSIVENESS OF RECORDS

The Member's own record of the trades/transactions maintained through computer systems or otherwise shall be accepted by the Client for all purposes.

(e) ASSIGNMENT:

The Client confirms and agrees that Client shall not assign or transfer all or any of its Rights or Obligations.

(f) SEVERABILITY:

The Client confirms and agrees that in case anyone or more of the Terms and Conditions confirmed by the Client becomes invalid, illegal or unenforceable

in any respect under any law, the validity, legality and enforceability of the remaining provisions contained herein shall not in anyway be affected or impaired thereto.

9. MUTUAL FUND SERVICE SYSTEM FACILITY / BSE STAR MF:

Client is registered with Ambit Capital Pvt. Ltd. and has executed Know Your Form and certain other documents for the purpose of trading in securities market on the recognized Stock Exchange (herein after referred as "Exchange"). In case client opts for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the SEBI recognized Stock Exchanges (Mutual Fund Transaction Facilities). Know Your Client details as submitted by the client for the stock broking shall be considered for the purpose of Mutual fund transaction facilities and abide by the terms and conditions as mentioned in the circulars as may be specified by the Exchanges from time to time in this regard. Client 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). Client shall read & understand the contents of the Scheme Information Document and Key Information Memorandum, addendum issued regarding each Mutual Fund Schemes with respect to which client choose to subscribe / redeem. Client further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes. Client confirm to have read & understood the terms & conditions for using Mutual Fund transaction facility as stated in KYC handout (customer copy). Client is aware that he/she can transact directly with the AMC without recourse to Distributor's name at any time under the folio(s) tagged with the Distributor's name/ broker code. The Client agrees and authorizes Ambit as distributor of mutual funds to communicate on his/her behalf with the AMCs for financial and/or non-financial transactions including for receiving investment details from the AMC.

10. ADDRESS FOR COMPLAINT/ INVESTOR GRIEVANCES AND COMMUNICATION:

The Client understands and confirms to send all the Complaints and queries in case of any grievance or complaint arising out of and in the course of trading in securities on the email address at investorgrievance@ambitcapital.com. Alternatively, the Client shall send the written complaint marked to Investor Grievance

Cell, Ambit Capital Pvt. Ltd., Ambit house, 449, Senapati Bapat Marg, Lower Parel, Mumbai 400013, Maharashtra.

11. DISPUTE RESOLUTION

The Client agrees and confirms that except for the claims/disputes which are subject to the Rules and Regulations of the respective Exchanges on which the trades have been executed, any and all claims and disputes arising out of or in connection with the trading account or its performance shall be settled by arbitration by a single arbitrator to be appointed by the Member. The arbitration shall be governed by the provisions of the Arbitration and Conciliation Act, 1996.

12. JURISDICTION

(a) The Member and the Client declare and agree that the transactions executed on the Exchange are subject to the Rules, Bye-laws and Regulations and Circulars issued thereunder of the Exchange and all parties to such trade shall have submitted to the jurisdiction of such court as may be specified by the Bye-laws and regulations of the Exchange for the purpose of giving effect to the provisions of the Rules, Byelaws and Regulations of the Exchange and the Circulars issued thereunder.

(b) The Member hereby agrees that it shall ensure

faster settlement of any arbitration proceedings arising out of the transactions entered into between the Member and the Client and that it shall be liable to implement the arbitration awards made in such proceedings.

13. PROPRIETARY TRADING:

The Client confirms and acknowledge that the Member undertakes Proprietary Trading in addition to Client-based trading. The Client confirms having read and understood the terms and conditions and those relating to various services and products and accepts and agrees to be bound by the terms and conditions including those excluding / limiting the Member's and Exchanges' liabilities.

14. TERMINATION OF VOLUNTARY TERMS:

The Client may terminate this confirmation/document at any time by giving a prior notice of 30 days to Member. Provided however that all the obligations of the Client prior to the Termination of Voluntary Terms shall continue to subsist.

15. SUPPLEMENTAL TO MANDATORY RIGHTS AND OBLIGATIONS:

These terms and conditions are supplemental to, and does not supersede, the Right and Obligations.

DISCLAIMER

I/We, _____, (herein after referred to as "Client") voluntarily and unconditionally hereby state and declare that I/We have read and understood the voluntary Terms and Conditions mentioned herein above governing the services of Ambit Capital Pvt. Ltd. (hereinafter referred to as "Member" or "Stock-Broker") and agree to be bound by the same.


8/16

Date : _____

Place : _____

VOLUNTARY RUNNING ACCOUNT AUTHORISATION LETTER

To,
Ambit Capital Pvt. Ltd.
Ambit House, 449, Senapati Bapat Marg,
Lower Parel, Mumbai - 400 013

**Subject: Collection of Payments and Delivery of Securities/Funds Voluntary Authorization
for Running Account maintenance.**

Ref.: Client Code No.: _____

Dear Sir/Madam,

This is in reference to your instructions on the above matter

I/We am/are one of the Clients registered with you for executing my/our Trades from time to time in the capital market segment, F&O segment and Currency Derivatives of NSE and BSE.

I/We would like to state that I/We have regular business operations with you and I/We have at times credit balances with you and I/We appreciate that you are ensuring to repay me/us as per the normal terms and the regulations of The Stock Exchange. However, I/We, am/are also required to make payments to you as per my/our further transactions for purchase of shares or margin requirements. Therefore to suit my/our convenience in business transactions, operations, you may treat my/our Credit Balance as funds provided to you on account and you are hereby authorized to utilize the said funds for the said purpose or keep in trust for me/us with you. Under this arrangement at my/our specific request, I/We shall not claim any interest on the Funds and Securities kept in Running Account with you.

I/We also request to hold the securities on my/our behalf as I/We am/are not in position to collect it from you and again give deliveries at appropriate time.

These instructions on my/our behalf may be treated as standing instructions unless otherwise cancelled/revoked by me/us at any time. The revocation of this authorization is effective once a written revocation request is received by you at your Registered Office.

I/We agree and authorize you to settle the Funds and Securities atleast once in a calendar quarter/ month as specified by me/us below. However, in case of outstanding obligations in the Capital Market Segment/ F&O segment/ Currency Derivative Segment on the settlement date, you shall retain requisite Securities/ Funds towards such outstanding obligations and may also retain the funds expected to be required to meet margin obligations for next five trading days or upto Rs. 10000/- or as notified by regulatory authority from time to time.

Quarterly Monthly

I/We agree to bring any dispute arising from the Statement of Account or settlement so made to your notice preferably within 7 days from the date of receipt of Funds/ Securities or Statement as the case may be.

Consequent upon the execution of my/our trades, I/We have to either pay/ receive Funds and/or Securities depending upon the trades executed. In the event, I/We have to receive Funds/ Securities from you upon receipt of pay out from the Exchanges, I/We hereby authorize you to retain the payout received from the Exchanges, in the form of funds and/ or securities, towards margin/transfer to Exchange, Bank, Stock Broker or any other PCM towards Capital Market Segment Margin/ F&O Margin/ and/or pay-in obligation that may arise for my/our ongoing transactions with you from time to time for any segments in any of the Exchanges.

The above authorization is not with standing the fact that you are required to make the payment of Funds and/or Transfer Securities to my/our Account within one working day from the declaration of payout from the Clearing Corporation.

You are requested to follow the above mentioned standing instructions until further written notice.

Thanking you

Name : _____

Date : _____


9/16

VOLUNTARY DOCUMENT - POWER OF ATTORNEY

TO ALL OF WHOM THESE PRESENTS SHALL COME I / WE, _____, (hereinafter referred to as the "The Client") (which expression shall unless repugnant to the context or meaning hereof include his/its nominees/heirs/executors/administrators/ successors and assign) as an individual/ partnership firm/ trust/ AOP/ a Company incorporated under the Companies Act, 1956, son/ daughter/ spouse of _____ having address/ Registered Office at _____, SEND GREETINGS:

WHEREAS

- (i) I/ We am/ are an investors / traders engaged in the buying and selling of securities through Ambit Capital Private Limited, a member of Bombay Stock Exchange Ltd. and a member of The National Stock Exchange of India Limited, bearing uniform SEBI registration No. INZ000259334.
- (ii) Whereas due to exigency and paucity of time, I/we am/are desirous of appointing an agent / attorney to operate the beneficiary demat account (referred to in Schedules) on my / our behalf for the purpose mentioned hereinafter.
- (iii) I/We am/are sufficiently entitled and duly regarded as the Owner and/or registered as the holder of certain shares, debentures, bonds and other marketable securities lying in the depository accounts, details whereof are given in the Schedule I hereto ("the said securities") which expression shall mean and be deemed to include all the additional/other shares / bonds / debentures and other marketable securities from time to time delivered or handed over or transferred by us or on our behalf as also those securities handed over or transferred in lieu or in addition to or in substitution of any of the said securities;
- (iv) Ambit Capital Pvt. Ltd. (ACPL or Ambit or Stock Broker) having its office at Ambit House, 449, Senapati Bapat Marg, Lower Parel. Mumbai 400 013 is registered as Trading Member with Bombay Stock Exchange and National Stock Exchange (uniform registration/membership No. INZ000259334) for cash market segment and for derivatives market segment (F & O) and also registered as Depository Participant (DP) with CDSL (registration/ membership No.12047500) (hereinafter referred as 'Ambit') I/We have opened a trading account & DP account with Ambit.
- (v) I/We am/are beneficial owner(s) of account(s) held by me/us with Ambit as Depository Participant, the detail whereof are given in Schedule I hereto. I/We have also taken note of certain demat accounts of Ambit, the details whereof are given in schedule hereto, which may be used by Ambit for interse transfer of securities from my/our demat accounts to the aforesaid demat accounts of Ambit.
- (vi) Ambit has agreed to clear and settle my/ our obligations arising out of our dealings in the Securities in Capital Market Segment or Derivatives Segment of The National Stock Exchange of India Limited (NSE) and / or The Bombay Stock Exchange (BSE) (hereinafter referred to as the "Exchange") on the terms and conditions agreed with the client.
- (vii) One of the terms and conditions of the above clearing and settlement of obligations, is that the due payment of the principal amount payable to Ambit together with interest, charges and other mon- ies payable by the Trading Member shall be secured by transfer of the said securities in favour of Ambit on the understanding that the said securities shall be re-transferred to the Trading Member on the full repayment and discharge by the Trading Member of all its obligations in respect of the dealings on the Derivatives segment of the Exchange and further that all costs incurred for and arising out of the same shall be to the account of the Trading Member;
- (viii) I / We are desirous of executing in favour of Ambit, a Power of Attorney authorising Ambit interalia to deal with the said securities and exercise all rights in the manner hereinafter appearing.

NOW KNOW ALL AND THESE PRESENTS WITNESS that, I/we for myself / ourselves and my/ our heirs, executor,

1ST HOLDER

2ND HOLDER

3RD HOLDER

		
11/16		

3RD HOLDER

2ND HOLDER

1ST HOLDER

10/16

administrators and/ or successors, do hereby nominate, constitute and appoint Ambit (hereinafter referred to as "the said Attorney"), to be my/ our true and lawful attorney for me/ us, in my/ our name and on my/our behalf and at my/ our cost and risk to from time to time do, execute and perform all or any of the following acts, deeds, matters and things, and exercise all or any of the following powers and authorities and continue to do so, until this Power of Attorney is revoked by melus by giving a written notice and is duly acknowledged by Ambit, that is to say:

1. To transfer the said securities or any of them to the name of Ambit to meet the Stock Exchange related margin/delivery obligation arising out of trades executed on my/our behalf by Ambit and for the aforesaid purpose endorse the same or sign and execute all transfer instruction slips, contracts, declarations, and rectify, remedy and remove any defect in any instruments and writings as may be necessary or expedient for giving delivery thereof;
2. To provide limits for trading/margin based on the securities in the designated demat accounts, to create pledge on the said securities/transfer the said securities to the designated demat account of Ambit inter alia for the purpose of meeting margin requirements in respect of the trades executed by Ambit on the Stock Exchange on our behalf and for this purpose sign the pledge form, transfer instruction slips and other documents and do all such acts as may be necessary to effect pledge/ sale of such Securities in favour of Ambit. Provided that necessary audit trail shall be maintained by Ambit for such transactions and made available to me/ us on my/ our request.
3. To apply for various products like mutual funds, public issues (shares as well as debentures), rights, offer of shares, tendering shares in open offer etc. pursuant to my/our instructions. Provided that a proper audit trail shall be maintained by Ambit to prove the necessary application or act done pursuant to receipt of instruction from me/us.
4. To debit securities and/ or to transfer securities from my/ our DP account for the purpose of delivering the same to the clearing house of the recognized Stock Exchange toward any segment in respect of securities sold by me/ us through Ambit.
5. To apply, demand and receive all interests, dividends, warrants, letters of offer, duplicate share certificates, maturity proceeds of non-convertible debentures, preferential allotments, split shares, endorsed share certificates and all accretions to the said securities whether by way of bonus or rights or other- wise and to sign and execute proper receipts and give valid and effectual discharges for, or in relation to the same; Provided that Ambit shall return to me/us the securities or fund that may have been received by Ambit erroneously or those securities or fund that Ambit was not entitled to receive from me/us.
6. To send consolidated summary of scrip-wise buy and sell positions taken by melus with average rates by way of SMS/ email on a daily basis notwithstanding any other document that may be disseminated as specified by SEBI from time to time.
7. To retain all originals of the documents executed by me/ us.
8. Additional Point 8. "POA can be revoked at any time."

My attorney Ambit shall not be liable for any loss that may result from failure / inability in electronic connectivity or rejection of my/ our application for any reason beyond its control.

For the better doing/ performing and executing all the matters and things aforesaid I/we hereby further grant into the said Attorneys full power and authority to substitute and appoint one or more employee of Ambit as authorised signatPries to exercise for melus all powers and authorities hereby conferred.

AND GENERALLY to do, perform and execute all acts, deeds, matters and things relating to or connecting or touching these presents as fully and effectually as if I/ we were personally present and had done, performed or executed the same myself/ ourselves.

AND I/We further agree and confirm that the revocation of this Power of Attorney shall not prohibit Ambit to exercise the powers and authorities granted by this POA with respect to matters/lactions/ transactions carried out/concluded prior to or on the day of acknowledgement of such written notice of revocation by Ambit.

AND I/WE, hereby agree to ratify all lawful acts and things done by the said Attorney in pursuance of the powers herein contained.

1ST HOLDER

2ND HOLDER

3RD HOLDER

 12/16		
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SCHEDULE I ABOVE REFERRED TO: (Details of beneficial owner(s) account(s)) with Ambit)

DEPOSITORY ACCOUNT WITH AMBIT (DP ID 12047500)

Sr.No.	Name of Beneficial Owner(s)	Client ID No.	Name of the Depository (CDSL/NSDL)
1.		12047500	
2.			

SR. No.	Name of the Account Holder	DP ID	CLIENT ID NO	REMARK
1	Ambit Capital Pvt. Ltd. (ACPL)	12047500	1204750000002144	CDSL - BSE PRINCIPAL A/C
2	ACPL	12047500	1204750000002159	CDSL - BSE CM POOL A/C
3	ACPL	12047500	1204750000002182	CDSL - NSE CM POOL A/C
4	ACPL		IN630818	NSDL - BSE CM POOL A/C
5	ACPL		IN513422	NSDL - NSE CM POOL A/C
6	ACPL	12047500	1204750000031414	CDSL - CUSA A/C
7	ACPL	12047500	1204750000039924	CDSL - Margin Pledge- Unpledge A/C
8	ACPL	IN301348	20132845	NSDL - CUSA A/C
9	ACPL	IN301348	20154842	NSDL-Margin Pledge-Unpledge A/C
10				

IN WITNESS WHEREOF I/We have hereunto set and subscribed our respective hands to this writing on the day of _____, 20_____.

1ST HOLDER

2ND HOLDER

3RD HOLDER

 13/16		
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Witnesses:

1) Name: _____ Signature :



Address: _____

2) Name: _____ Signature :



Address: _____

For Notary Stamp

To,

Ambit Capital Pvt. Ltd.
 Ambit House, 449,
 Senapati Bapat Marg,
 Lower Parel, Mumbai - 400 013.

Dear Sir,

We have/ had given my KYC form to open Demat/ Trading Account with Ambit Capital Pvt. Ltd.




Also, our below mentioned family member(s) has / had given his/ her KYC form to open Demat / Trading account with Ambit Capital Pvt. Ltd.




Sr. No.	BO ID	Trading Code	Name	Relation
1	12047500 000			Self
2	12047500 000			Spouse
3	12047500 000			Dependent Children
4	12047500 000			Dependent Children
5	12047500 000			Dependent Parent
6	12047500 000			Dependent Parent

We would like to register the same E-mail ID i.e. _____ & Mobile No. i.e. _____ for our Demat / Trading Account; which is mentioned in our family member's Account opening form & We don't have any objections regarding the same.

Please do the needful.

Yours Faithfully,

1)  2)  3) 

4)  5)  6) 

Note: Signature is require in case of using same e-mail id/ mobile number for family members account opening.

Note: Only for PMS Client

Application for Opening a Demat Account for Individuals/ Non Individuals

TYPE OF ACCOUNT (PLEASE TICK (✓) WHICHEVER IS APPLICABLE)					
Ordinary Resident <input type="checkbox"/>	Qualified Foreign Investor <input type="checkbox"/>	Margin <input type="checkbox"/>			
NRI-Repatriable <input type="checkbox"/>	Foreign National <input type="checkbox"/>	Others (Please Specify) _____			
NRI-Non Repatriable <input type="checkbox"/>	Promoter <input type="checkbox"/>				
I/We request you to open a demat account in my/our name as per following					
HOLDERS DETAILS (Name should be with the PAN Card Submitted)					
Sole/ First Holders Name					
Date of Birth		D	D	M	M
Sole/ First Holders Correspondence Address		<input type="checkbox"/> ICICI BANK CUSTODY SERVICES Empire Complex, Senapati Bapat Marg, Lower Parel, Mumbai - 400013.			
		<input type="checkbox"/> HDFC BANK CUSTODY SERVICE Lodha - I Think Techno Campus, Building - Alpha, 8th Floor, Opp : Crompton Greaves Limited, Kanjurmarg East, Mumbai - 400042.			
		<input type="checkbox"/> KOTAK MAHINDRA BANK LIMITED Plot No. C - 27, Block - 9, Bandra Kurla Complex, Bandra (E), Mumbai - 400051.			
Sole/ First Holders Permanent Address					
State		Country		Pin	
Mobile No.		Email Id			
I hereby declare that the aforesaid Email Id & Mobile Number belongs to me or my family (Spouse, dependent children and Parents)					
Second Holders Name (Not allowed if first holder is a minor or ir it is a HUF account)					
Date of Birth		D	D	M	M
Second Holders Permanent Address					
State		Country		Pin	
Mobile No.		Email Id			
I hereby declare that the aforesaid Email Id & Mobile Number belongs to me or my family (Spouse, dependent children and Parents)					
Third Holders Name (Not allowed if first holder is a minor or ir it is a HUF account)					
Date of Birth		D	D	M	M
Third Holders Permanent Address					
State		Country		Pin	
Mobile No.		Email Id			
I hereby declare that the aforesaid Email Id & Mobile Number belongs to me or my family (Spouse, dependent children and Parents)					
Address for communication		Permanent Address <input type="checkbox"/> Correspondence Address <input type="checkbox"/> Foreign Address <input type="checkbox"/>			

1ST HOLDER

2ND HOLDER

3RD HOLDER


14/16



OPTION FORM FOR ISSUE OF DIS BOOKLET

Date D D/M M/YYYY

DP ID	1	2	0	4	7	5	0	0	Client ID	0	0	0				
First Holder Name																
Second Holder Name																
Third Holder Name																

To,
Ambit Capital Pvt. Ltd.
 Ambit House, 449, Senapati Bapat Marg,
 Lower Parel, Mumbai - 400 013

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

OPTION 1:




I/We require you to issue Delivery Instruction Slip (DIS) booklet to me/us immediately on opening my/ our CDSL account though I/we have issued a Power of Attorney (POA)/ executed PMS agreement in favour of/ with _____ (name of the 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 POA/ executed PMS agreement in favour of/ with _____ (name of the 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 date.

Yours faithfully

	First/ Sole Holder	Second Holder	Third Holder
Name			
Signature	 15/16		

ACKNOWLEDGEMENT (OFFICE COPY)

Ambit Capital Private Limited

Ambit House, 449, Senapati Bapat Marg, Lower Parel, Mumbai - 400 013,

India Phone: +91-22-6623 3000 Fax: +91-22-6623 3102

Date: _____

Form No.: _____

Dear Sir/Madam,

We hereby acknowledge the receipt of the Account Opening Application form, received from Mr./Ms _____ as the Sole/ First holder.

Your DP ID and/ or trading code will be intimated to you once your account gets opened successfully.

Initial cheque details: Amount : _____ Cheque No.: _____

Bank Name : _____ Date of Cheque : _____

Name of the Sole/ First Holder	
Name of the Second Holder	
Name of the Third Holder	

AMBIT CAPITAL PRIVATE LIMITED

I/We confirm receipt of DP/ Trading Form


 16/16

DP & Trading Member Seal and Signature

You may contact us at : +91-22-66233000 • Email : contactus@ambitcapital.com

FOR OFFICE USE ONLY (To Be Filled by Relationship Manager)

UCC Code allotted to the Client: _____

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

I/We undertake that I/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.

Date: _____

Seal/Stamp of the Stock Broker/ DP

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.



The Ambit identity© comprises an abacus - in the shape of the letter 'A' - a simple yet powerful tool that helps users perform complex mathematical equations at high speeds. At Ambit, the business tool we use in our acumen.