KYC

KNOW YOUR CLIENT

Amol Financial Services Pvt. Ltd.

Amol Capital Markets Pvt. Ltd.

Members : NSE, BSE, CDSL and MCX

NSE Code No.: 12720 | Sebi Regn. No. INZ000246833

BSE Code No.: 694 | Sebi Regn. No. INZ000253632

CDSL DP Id : 12060200 & SEBI Regn. No. IN-DP-CDSL-503-2009

106, Motalibai Wadia Bldg., 1st Floor, 22-D, S.A. Brelvi Road,
Next to Bombay Samachar Press, Fort, Mumbai - 400 001.
Tel.: +91 22 2285 5168 / 2285 5169 | Email : amolfinance@vsnl.com

Client Registration Application Form

Client Name : ______________________________

Client Demat A/c No. : ______________________________

Client DP ID No. : ______________________________

Client PAN No. : ______________________________

Client Code : ______________________________

Compliance Officer:

Amol Capital Markets Pvt. Ltd. : Kundan B. Shah

Amol Financial Services Pvt. Ltd. : Apoorva L. Sanghvi

Amol Financial Services Pvt. Ltd.

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Next to Bombay Samachar Press, Fort, Mumbai - 400 001.

Tel.: +91 22 2285 5168 / 2285 5169 | Email : amolfinance@vsnl.com

COMPANY DETAILS

Name	Registered Office	Contact Number
Amol Capital Markets Pvt. Ltd. Amol Financial Services Pvt. Ltd.	106, Motalibai Wadia Building, 22-D.S.A. Brelvi Road, Next to Bombay Samachar Press, Fort, Mumbai - 400 001.	022 2285 5168 022 2285 5169

SEBI REGISTRATION DETAILS

	BSE		NSE	
PARTICULARS	REGN. NO.	REGN. DATE	REGN. NO.	REGN. DATE
CASH SEGMENT	INZ000253632	26.04.2000	INZ000246833	28.07.2006
DERIVATIVE SEGMENT			INZ000246833	28.07.2006
DEPOSITORY	IN-DP-CDSL-503-2009			
DP ID	120 60200			
CLEARING NUMBER	0694		12720	

CLEARING MEMBER DETAILS

COMPLIANCE OFFICER DETAILS

Designation	Name	Exchange	Contact Number	E-mail ID
CEO	Approva Sanghvi	BSE & NSE	9821037212	als@amolfinance.com
Compliance Officer	Kundan Shah	BSE	9869912659	kundan@amolfinance.com
Compliance Officer	Kundan Shah	NSE	9869912659	kundan@amolfinance.com

For any grievance / dispute please contact us at the above address or

Contact Number	E-mail ID
022 2285 5168 022 2285 5169	support@amolfinance.com

In case not satisfied with the response, please contact the concerned exchange(s) respectively as per the following details:

Exchange	Contact Number	E-mail ID
NSE	022 2659 8190	ignse@nse.co.in
BSE	022 2272 8097	is@bseindia.com

INDEX OF DOCUMENTS

Know Your Client (KYC)
Application Form (For Individuals Only)

Please fill in ENGLISH and in BLOCK LETTERS

AMOL

Application No. :

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).

Name

Father's/Spouse Name

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

2. Gender ☐ Male ☐ Female **B. Marital status** ☐ Single ☐ Married **C. Date of Birth** d d / m m / y y y y

3. Nationality ☐ **Indian** ☐ **Other** (Please specify)

4. Status Please tick (✓) ☐ Resident Individual ☐ Non Resident ☐ Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN Please enclose a duly attested copy of your PAN Card

Aadhaar Number, if any:

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓)

☐ UID (Aadhaar) ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others (Please see guideline 'D' overleaf

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village Pin Code

State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD) Fax (ISD) (STD)

E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village Pin Code

State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

6. Any other information:

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.

Place: Date:

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done ☐ **on** d d / m m / y y y y

AMC/Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

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

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

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

D. Exemptions/clarifications to PAN
(*Sufficient documentary evidence in support of such claims to be collected.)

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

E. List of people authorized to attest the documents:

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

Know Your Client (KYC)
Application Form (For Individuals Only)

AMOL

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).
Name

Father's/Spouse Name

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

2. Gender ☐ Male ☐ Female **B. Marital status** ☐ Single ☐ Married **C. Date of Birth** d d / m m / y y y y

3. Nationality ☐ **Indian** ☐ **Other** (Please specify)

4. Status Please tick (✓) ☐ Resident Individual ☐ Non Resident ☐ Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN Please enclose a duly attested copy of your PAN Card

Aadhaar Number, if any:

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓)
☐ UID (Aadhaar) ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others (Please see guideline 'D' overleaf

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village Pin Code
State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD) Fax (ISD) (STD)
E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)
*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village Pin Code
State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
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*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

6. Any other information:

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.

Place: Date:

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done ☐ **on** d d / m m / y y y y

AMC/Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain	Seal/Stamp of the intermediary should contain
Staff Name	Staff Name
Designation	Designation
Name of the Organization	Name of the Organization
Signature	Signature
Date	Date

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
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3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals,(allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

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

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

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

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

D. Exemptions/clarifications to PAN
(*Sufficient documentary evidence in support of such claims to be collected.)

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

E. List of people authorized to attest the documents:

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

N

Know Your Client (KYC)
Application Form (For Non-Individuals Only)

AMOL

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. Date of Incorporation d d / m m / y y y y **Place of Incorporation**

3. Registration No. (e.g. CIN) **Date of commencement of business** d d / m m / y y y y

4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP

Others (Please specify)

5. Permanent Account Number (PAN) (MANDATORY) Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village Postal Code

State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD) Fax (ISD) (STD)

E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises

☐ Any other proof of address document (as listed overleaf). (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

4. Registered Address (If different from above)

City / Town / Village Postal Code

State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises

☐ Any other proof of address document (as listed overleaf). (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)

2. Any other information:

DECLARATION

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

Place:

Date:

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)

FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

N

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals,(allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
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3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

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

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

D. Exemptions/clarifications to PAN

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

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

E. List of people authorized to attest the documents:

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

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

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

N

Know Your Client (KYC)
Application Form (For Non-Individuals Only)

AMOL

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. **Name of Applicant** (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. **Date of Incorporation** d d / m m / y y y y **Place of Incorporation**

3. **Registration No. (e.g. CIN)** **Date of commencement of business** d d / m m / y y y y

4. **Status** Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP
Others (Please specify) ______

5. **Permanent Account Number (PAN) (MANDATORY)** Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. **Address for Correspondence**

City / Town / Village Postal Code
State Country

2. **Contact Details**

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD) Fax (ISD) (STD)
E-Mail Id.

3. **Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf). (Please specify) ______
*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

4. **Registered Address (If different from above)**

City / Town / Village Postal Code
State Country

5. **Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf). (Please specify) ______
*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

C. Other Details (please see guidelines overleaf)

1. **Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors** (Please use the Annexure to fill in the details)

2. **Any other information:** ______

DECLARATION

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

Place:

Date:

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)

FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

N

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

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

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

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

D. Exemptions/clarifications to PAN

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

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

E. List of people authorized to attest the documents:

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

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

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

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

Name of Applicant ______________________________ **PAN of the Applicant** | | | | | | | | | |

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	

Name & Signature of the Authorised Signatory(ies)

Date d d / m m / y y y y

PEP: Politically Exposed Person **RPEP:** Related to Politically Exposed Person

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

Name of Applicant ______________________ **PAN of the Applicant** | | | | | | | | | |

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	

Name & Signature of the Authorised Signatory(ies)

Date d d / m m / y y y y

PEP: Politically Exposed Person **RPEP:** Related to Politically Exposed Person

DETAILS OF PERSON AUTHORISED TO DEAL IN SECURITIES ON BEHALF OF COMPANY / FIRM

I. Individual's Full Name

Residence Address

City/State Pin

Permanent Address

City/State Pin

Country Date of Birth

PAN Designation

UID Contact Number/s

E-mail Id

Affix your recent Passport size photograph over here & Sign Across

II. Individual's Full Name

Residence Address

City/State Pin

Permanent Address

City/State Pin

Country Date of Birth

PAN Designation

UID Contact Number/s

E-mail Id

Affix your recent Passport size photograph over here & Sign Across

III. Individual's Full Name

Residence Address

City/State Pin

Permanent Address

City/State Pin

Country Date of Birth

PAN Designation

UID Contact Number/s

E-mail Id

Affix your recent Passport size photograph over here & Sign Across

IV. Individual's Full Name

Residence Address

City/State Pin

Permanent Address

City/State Pin

Country Date of Birth

PAN Designation

UID Contact Number/s

E-mail Id

Affix your recent Passport size photograph over here & Sign Across

DECLARATION BY HUF AND CONSENT LETTER

To, Date

Amol Capital Markets Pvt. Ltd. & Amol Financial Services Pvt. Ltd.
106, Motalibai Wadia Building,
22-D, S.A. Brelvi Road,
Fort, Mumbai - 400 001.

Trading Id

BO Id

HUF A/c M/s

Dear Sir/Madam,

We the following family members, being the co-parceners in the afore mentioned HUF account do hereby give our consent that the said Karta, viz

would operate above mentioned BO ID/Trading account as far as shares transactions of the HUFaccount is concerned.

We further declare and authorize you to recognize the afore mentioned Beneficiary Account Number with depository i.e. CDSL opened in the name of the undersigned who is the Karta of the HUF for the purpose of completing the share transfer obligations pursuant to the trading operations. I/We agree and understand that this is to facilitate the operations of the afore mentioned trading account. The transfer made by you to the beneficiary account shall be complete discharge of obligations by you in respect of trades executed in the afore mentioned trading account.

Details of our HUF and all its co-parceners are stated as mentioned below:

S.No.	Name of Family Member	Gender	Date of Birth (DD MM YYYY)	Relationship with Karta	Signature
1					
2					
3					
4					
5					
6					
7					

I, hereby state that details mentioned above are true and any change in them would be intimated to you in writing.

Signature of Karta *(HUF Rubber Stamp)*

ADDITIONAL DETAILS FOR TRADING AND DEMAT ACCOUNT

DP Internal Reference No. **DP ID** **CLIENT ID**

(To be filled bu the Applicant **BLOCK LETTERS** in English) *(Please tick whichever is applicable)*

I / We request you to open a Depository Account in my our name as per the following details :

ACCOUNT HOLDER(S) DETAILS

NAME*

(* In case of firms, Association (AOP), Partnership Firm UnregisteredTmst etc. although the account is open in the name of natural persons the name of the Firm, Association of Persons(AOP), Partnership Firm unregistered trust etc., should be mentioned above.)

Sole/First Holder PAN

Joint/Second Holder Name PAN

Third Holder Name PAN

TYPE OF ACCOUNT

Status | **Sub Status**

- ☐ Individual — ☐ Individual Resident ☐ Others (Specify)
- ☐ NRI — ☐ NRI Repatriable ☐ NRI Repatriable Promoter ☐ NRI Non Repatriable
- ☐ NRI Non Repatriable Promoter ☐ NRI Depository Receipts ☐ Others(Specify)________
- ☐ Forieng National — ☐ Foreign National ☐ Foreign National Depository Receipt ☐ Others(Specify)________
- ☐ Non-Individual — ☐ Body Corporate ☐ Mutual Fund ☐ Bank ☐ FI ☐ OCB
- ☐ Clearing House ☐ CM ☐ Trust ☐ FII ☐ Others(Specify)________
- ☐ National — ☐ Indian ☐ Others (specify)

REGISTRATION DETAILS *(CM / FIs / FIIs / Banks / OCBs to fill whichever is applicable)*

SEBI Registration Number Date of Registration

RBI Registration Number Date of RBI Approval

CLEARING MEMBER DETAILS *(To be Filled by CM only)*

Name of Stock Exchange

Name of CC / CH

Clearing Member ID Trading Member ID

BANK ACCOUNT (S) DETAILS

Bank Name

Bank Address

Bank A/c No. MICR Number

IFSC No. ☐ A/C Type ☐ Saving ☐ Current ☐ NRI ☐ NRE ☐ NRO

DEPOSITORY ACCOUNT (S) DETAILS

DP1 Details ☐ CDSL *(Default for Payout)* **DP2 Details**

DP Name ☐ CDSL

DP ID CLIENT ID ☐ NSDL

TRADING PREFERENCES

EXCHANGE

NSE Cash	**NSE F&O**	**BSE Cash**	**BSE Currency Derivative**

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: If yes, please specify.....................

DEALING THROUGH SUB-BROKERS / AUTHORISED PERSON (AP) AND OTHER STOCK BROKERS

Sub-Broker's Name ________ SEBI Registration No. ________

Registered Office Add

Contact Numbers Email Id

Whether dealing with any other Stock Broker / Sub-Broker (if case dealing with multiple Stock Brokers Sub-Brokers, provide details of all)

Name of SB/AP ________ Name of Sub-Broker, if any ________

Name of Exchange ________ Client ID ________

Details of Dispute/dues pending from/to such Stock Broker/Sub-Broker________

STANDING INSTRUCTIONS

Wish to avail BSDA facility for the new account ☐ No ☐ Yes
Receive Delivery Instruction Slip ☐ No ☐ Yes
Share Email Id with Registrar & Transfer Agent ☐ No ☐ Yes
Whether you wish to avail the facility of Internet Trading ☐ No ☐ Yes
Account to be opened through Power of Attorney ☐ Yes ☐ No
I/We instruct the DP to receive each and every credit in my/our account
(If not marked, the Default would be 'Yes') ☐ No ☐ Yes
I/We wish to receive dividend / interest directly in to my/our bank account through ECS
{If not marked, the Default would be 'Yes') ☐ No ☐ Yes
I/We would like to instruct the DP to accept all pledge instructions in my/our account without any other further instruction from my/our end
(If not marked, the Default would be 'Yes') ☐ No ☐ Yes
Receive Additional Booklet of KYC Document (If not marked, the Default would be 'Physical') ☐ Electronic ☐ Physical
Contract Note/Holding & Transaction Statement ☐ Electronic ☐ Physical
Receive Annual Report ☐ Both ☐ Electronic ☐ Physical
DP Account Statement ☐ As per SEBI Regulation ☐ Monthly ☐ Fortnightly ☐ Weekly
Declaration for Mobile Number ☐ Self ☐ Spouse ☐ Others (specify) ____________

SMS Alert Facility **Mobile No. +91** ☐☐☐☐☐☐☐☐☐☐ ☐ Yes
(Refer to Terms & Conditions given as Annexure-A)
{Mandatory, if you are giving Power of Attorney (POA)}
(If POA is not granted & you do not wish to avail if this facility, cancel the option.)

Transactions Using Secured Texting Facility (TRUST)
I/We wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I/We have read and understood the Terms and Conditions prescribed by CDSL for the same
I/We wish to register the following clearing member IDs under my/our below mentioned ID registered for TRUST ☐ Yes ☐ No
(Refer to Terms & Conditions given as Annexure-B)
Stock Exchange Name/ID ____________
Clearing Member Name ____________
Clearing Member ID (Optional) ____________

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

INFORMATION FOR PREVENTION OF MONEY LAUNDERING ACT, 2002

Experience ______ Number of year of Investment / Trading Experience
Gross Annual Income ☐ Below of 1 lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 Crore ☐ >1 Crore
OR Net Worth in ____________ *(should be older than 1 year)* As on Date ☐☐☐☐☐☐☐☐
Occupation ☐ Govt. Service ☐ Business ☐ Professional ☐ Private Sector ☐ Public Sector Service
☐ Retired ☐ Agriculturist ☐ Housewife ☐ Student ☐ Others *(Specify)* ____________
Nature of Business ☐ Manufacturing ☐ Services ☐ Trading ☐ Consultancy ☐ Others *(Specify)* ____________
If any of your Holder/Authorised Signatories) Politically Exposed or Related to Politicaly Exposed Person ☐ No ☐ Yes

INTRODUCER DETAILS

Status of Introducer ☐ AP/Sub-Broker ☐ Employee E C ☐☐☐☐ ☐ Others (Specify) ____________
Name of Introducer ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Address of Introducer ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ City ☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐☐☐☐☐☐☐☐☐ Country ☐☐☐☐☐☐ Pin ☐☐☐☐☐☐
Contact Number/s ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Email Id ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

In case introduced by Sub-Broker/Authorised Person:
I/we hereby confirm that I/we verified the identity & bonafides of the client.
I/we undertake to ensure prompt settlement of the transaction carried out by the client and also extend full co-operation to Amol Capital Markets Pvt. Ltd. and/or Amol Financial Services Pvt. Ltd. facilitate their smooth dealings with this client.
I/We shall also ensure that all the dealings with the client are as per the Rules/Regulation/Bye-laws of Exchanges/SEBI.
Further I/We undertake to abide by the operational policies and procedures of Amol Capital Markets Pvt. Ltd. / or Amol Financial Services Pvt. Ltd. and also the terms of the agreement entered into by me/us Amol Capital Markets Pvt. Ltd. / or Amol Financial Services Pvt. Ltd.

Introducer's Signature ____________

Date ☐☐☐☐☐☐☐☐ Place ____________

NOMINEE DETAILS FOR TRADING DEMAT ACCOUNT Registration No.

Date

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

I/We do not wish to nominate any one for this demat account.

I/We nominate the following person who is entitled to receive security balances laying in my/our account, particulars whereof are given below, in the event of my/ourdeath.

Full Name of Nominee

Address of Nominee

City

State Country Pin

Contact Number/s

Email Id

PAN of Nominee Relationship with BO (if any)

UID Nominee Date of Birth (mandatory if nominee is minor)

As the nominee is a minor as on date, to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders, I /We appoint following person to act as Guardian :

Full Name of Nominee

Address of Nominee

City

State Country Pin

Contact Number/s

Email Id

PAN of Nominee Relationship with BO (if any)

UID Nominee Age of Guardian as on Date

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

Note: Two Witnesses shall attest signature(s) thumb impression(s)

Witness 1	Witness 2
Name	Name
Address	Address
Witness Signature	Witness Signature

DECLARATION

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 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 i.e. **www.amolfinance.com**

I/We have read the terms & conditions of Rights and obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories and agree to abide by and be bound by the same and by the Bye Laws as are in force time to time.

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 hereby declare that the details furnished above are true and correct t the best of rny/our knowledge as on date of making this application and belief and I/We undertake to inform you of any changes therein, immediately.

I/We further agree that any false/misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action. I/We am/are may be held liable for it.

Sole/First Holder Second/Joint Holder Third Holder

Date Place

Declaration for Opening Trading and Depository Account along with Acceptance of KYC Document Booklet

By Signing this document you confirm that you have read and understood the T&C, Rights and Obligations, Risk Disclosure, Policy and General Information mentioned in the additional booklet. You also confirm that all information furnished by you in this form is true.

1. I/We am/are desirous of opening the trading account with Amol Capital Markets Pvt. Ltd. and depository account with Amol Financial Services Pvt. Ltd. and is in the process of executing client registration documents relating to the opening of trading and demat account.

2. I/We have furnished ad the details required in the KYC form as per SEBI/Exchange/DP requirements. I/We confirm having read/been explained and understood the contents of the KYC documents which are provided to me/us in separate booklet. The KYC document booklet includes the following:

a) Instructions Checklist forfilling KYC form (In the main KYC Form) (Pg. No. 2 - 8)

b) Rights and Obligations of the parties (including additional rights and obligations in case of internet and wireless technology based trading) prescribed by SEBI and Stock exchanges (Pg. No. 1 - 3)

c) Internet & Wireless Technology based Trading facility provided stock brokers to clients (Pg. No. 3)

d) Uniform Risk Disclosure Documents (ROD) prescribed by SEBI and Stock exchanges (Pg. No. 4 - 5)

e) Guidance note detailing Do's and Don'ts fortrading in the Stock Exchanges (Pg. No. 6)

f) Policies and Procedures (under paragraph 8 of SEBI Circular no. MIRSD/SECIR-19/2009 dated December 03,2009) etc. (Pg. No. 7 - 8)

g) Rights and obligation of Beneficial Owner and Depository participant as prescribed by SEBI and Depositories to clients (Pg. No. 9 - 10)

h) Terms & Conditions - Annexure 'A' for SMS Alert Facility (Pg. No. 11 - 12)

i) Terms & Conditions -Annexure 'B' for Availing TRUST Facility (Pg. No. 13)

3. I/We understand and agree that any amendment/modifications as required by the exchanges/DP and/or regulators will be applicable to me/us at all point of time and I/We understand that these changes will be intimated to me.

4. I/We understand that the KYC document booklet is in accordance of the exchanges and/or SEBI/DP requirements applicable for opening trading/DP account.

5. The KYC documents cover the additional terms and conditions mentioned at point no. 2 (h) I hereby give/do not give (Strike off whichever is not applicable) my/our consent for additional terms and conditions.

6. I/We understand that as addition controls Amol Capital Markets Pvt. Ltd. and Amol Financial Services Pvt. Ltd. have registered the KYC documents related to opening of trading account and depository account, respectively are registered by Amol Capital Markets Pvt. Ltd. and Amol Financial Services Pvt. Ltd.

7. I/We confirm having read/been explained and understood the contents of the documents on policy and procedures of the stock broker and the tariff sheet and also the Demat tariff, and their Terms & Conditions in the booklet.

8. I/We have received the booklet with above mentioned contents.

9. 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 account liable for termination and suitable action.

I confirm having read/been explained and understood the contents of the documents on policy and procedures of the stock broker and the tariff sheet and also the Demat tariff, and their Terms & Conditions in the booklet.

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

BROKERAGE / TARIFF SHEET FOR TRADING AND DEMAT ACCOUNT

		INTRADAY TRADING				DELIVERY	
		Minimum (Rs.)		%age (percentage)		Minimum (Rs.)	%age (percentage)
		1st Side	2nd Side	1st Side	2nd Side		
EQUITY	Cash						
	Future						
	Nifty Options						
CURRENCY	Other Options						
	Future						
	Options						

BROKERAGE / TARIFF SHEET FOR TRADING AND DEMAT ACCOUNT

DP Account Maintenance Charges (AMC)	Rs. 350/- per annum (Non Refundable)
DP Account Maintenance Charges (AMC) for Corporate Account	Rs. 1000/- per annum (Non Refundable)
DP Account Maintenance Charges (AMC) for BSDA Account	Nil (Holding Vale less that Rs. 50000/-) + AMC Rs. 100/- if value of holding is between Rs. 50001/- to Rs. 20000/-
Stamp Paper Charges	As Per Actual
Demat Transaction Charges Receipt	Nil
Demat Transaction Charges Delivery/Pledge	Rs. 50/- per transaction
Creation/Confirmation/Closure/hvocation	
Dematerialisation	Rs. 30/- per certificate + Rs. 30/- Postage charges
Dematerilisation Rejection	Rs. 30/- per rejection + Rs. 30/- Postage charges
Rematerialisation Charges for other than Government Securities	Rs. 20/- for every 100 securities or part thereof OR
and units of UTI and Other Mutual Funds	Flat Rs. ____/- per certificate whichever is higher
Issuance of new Delivery Instruction Book	Nil

1. In addition to Brokerage/DPAMC/Any Transaction Charges, service tax, stamp duty, Securities transaction tax, transaction charges, SEBI turnover fees, stamp charges on DP agreement / Power of Attorney (POA) & other charges as applicable from time to time shall be borne by the client.
2. Delayed payment charges @ ____% per annum or such other rate as may be applicable and intimated to the Client from time to time chargeable on the Client's daily debit balance will be borne by the Client.
3. Inter-Settlement charge towards debit transactions of client shares from Amol beneficiary & Amol collateral account, respectively Rs. ____/- & Rs. ____/- per ISIN would be applicable.
4. Handling charges for issue of Account Statement, copy of conract note., etc. as may be required by the Client, Demat transaction charges & other charges as applicable and intimated to the Client from time to time shall also be borne by the Client.
5. Fees for upload / download of KYC form with KRAas may be applicable from time to time plus applicable tax, if any, will be borne by the client.
6. Rs. ____/- per security will be charged extra if any instructions received on same day for pay-in. The DP will not be responsible for non-execution of same day instruction.
7. In case of conversion of BSDA Account into regular demat account by virtue of exceeding of value of holding held in BSDA account beyond the prescribed limit of Rs.____lacs, the charges as applicable to normal demat account will be applicable from that date onwards, as per billing cycle which is for one year.

I/We hereby agree to pay the charges as set out herein above subject to any change/s therein from time to time and specifically authorise Amol Capital Markets Pvt. Ltd. and/or Amol Financial Services Pvt. Ltd. to debit all types of dues/charges as set out herein above to my/our Trading Account.

Sole/First Holder | Second/Joint Holder | Third Holder

FOR OFFICE USE ONLY

UCC Code Allotted to Client | Date

I/We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. We have also made the client aware of 'Rights and Obligations' document(s), ROD and Guidance Note. We have given/sent him a copy all the KYC documents. We undertake that any changes in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. We also undertake that any changes in the 'Rights and Obligations' and ROD would be available on ourwebsite i.e. www.amolfinance.com for the information of the clients.

Employee Details	Documents Verified with Originals By	Client Interviewed and In-Person Verification Done By
Emp Name		
Emp Code		
Designation		
Date		
Signature		

Seal/Stamp of Amol

Date :

Place :

VOLUNTARY

DEMAT DEBIT AND PLEDGE INSTRUCTION

Date:___/___/______

Unique Client Code																
BO ID	1	2	0	6	0	2	0	0	0	0	0					
Name of First Holder																
Name of Second Holder																
Name of Third Holder																

To,

AMOL CAPITAL MARKETS PVT. LTD. & AMOL FINANCIAL SERVICES PRIVATE LIMITED
106, Motalibai Wadia Building, 1st Floor, 22-D, S. A. Brelvi Road,
Next to Bombay Samachar Press, Fort, Mumbai - 400 001.

Sub: Execution of 'Demat Debit and Pledge Instruction' (DDPI) for transfer of securities towards deliveries / settlement obligations and pledging / re-pledging of securities as per SEBI circular SEBI/ HO/ MIRSD/ DoP/ P/ CIR/ 2022/ 44 dated April 4, 2022 on Execution of Demat Debit and Pledge Instruction' (DDPI).

Whereas I/we hold beneficial owner account number 12060200 ________________ with Central Depository Services (India) Limited (CDSL) through **AMOL FINANCIAL SERVICES PRIVATE LIMITED** registered with Securities and Exchange Board of India (SEBI) bearing Registration No. IN-DP-CDSL-503-2009/bearing DP ID 12060200.

And Whereas I/ we am/ are investor engaged in buying and selling securities through **AMOL CAPITAL MARKETS PVT. LTD.** who is a stock broker registered with SEBI and a member of BOMBAY STOCK EXCHANGE LIMITED bearing SEBI registration No. INZ000253632 & **AMOL FINANCIAL SERVICES PRIVATE LIMITED** a member of National stock exchange of india limited bearing SEBI registration No. INZ000246833.

Whereas in the course of availing the services and for meeting the settlement Obligation thereof on the Exchanges, I/We do hereby explicitly instruct and authorize **AMOL CAPITAL MARKETS PVT. LTD. & AMOL FINANCIAL SERVICES PRIVATE LIMITED** (Member Broker), acting through their Directors and/or duly authorized staff for the purpose, to execute and perform severally the following acts, deeds, matters and things, with respect to my depository account held with **AMOL CAPITAL MARKETS PVT. LTD.**

Sr. No.	Purpose/Nature of Instruction	Client Signature
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries/ settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker (TM).	✍ First Holder: ________ ✍ Second Holder: ________ ✍ Third Holder: ________
2.	Pledging/re-pledging of securities in favour of trading member (TM) /clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	✍ First Holder: ________ ✍ Second Holder: ________ ✍ Third Holder: ________
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms	✍ First Holder: ________ ✍ Second Holder: ________ ✍ Third Holder: ________
4.	Tendering shares in open offers through Stock Exchange platforms	✍ First Holder: ________ ✍ Second Holder: ________ ✍ Third Holder: ________

As per CDSL Communique No. **CDSL/OPS/DP/SYSTM/2022/332 dated June 14, 2022** and for the purpose of aforesaid acts, the shares which are to be debited/transferred from the Client's BO Account, by exercising the rights/powers granted hereinabove, be transferred/credit/delivered to the following Demat accounts which are in the name of **"AMOL CAPITAL MARKETS PVT. LTD."**.

'Additional Rights And Obligations' of the Rights and Obligations Document (Annexure-4 of SEBI circular no. CIR/MIRSD/16/2011 dated August 22, 2011) and shall read as under:

AMOL CAPITAL MARKETS PVT. LTD. & AMOL FINANCIAL SERVICES PRIVATE LIMITED shall not directly/indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI."

Name of the Stock Broker	A/c. No. of the Stock Brokers & DP	Status of A/c.
AMOL CAPITAL MARKETS PVT. LTD.	1206020000001551	BSE-CDSL-POOL ACCOUNT
AMOL CAPITAL MARKETS PVT. LTD.	1206020000001545	BSE-CDSL-PRINCIPAL ACCOUNT
AMOL CAPITAL MARKETS PVT. LTD.	IN00101910007992	BSE-NSDL-POOL ACCOUNT
AMOL CAPITAL MARKETS PVT. LTD.	1301190000019592	CDSL CUSA A/C
AMOL CAPITAL MARKETS PVT. LTD.	1301190300098609	CDSL Client Securities MARGIN PLEDGE A/C
AMOL CAPITAL MARKETS PVT. LTD.	IN00101910012265	NSDL Client Securities MARGIN PLEDGE A/C
AMOL CAPITAL MARKETS PVT. LTD.	IN653817	BSE- CM BP ID
AMOL CAPITAL MARKETS PVT. LTD.	1100001000017689	BSE-EARLY PAY-IN

Name of the Stock Broker	A/c. No. of the Stock Brokers & DP	Status of A/c.
AMOL FINANCIAL SERVICES PVT. LTD.	1206020000001579	NSE-CDSL-POOL ACCOUNT
AMOL FINANCIAL SERVICES PVT. LTD.	IN00101910008333	NSE-NSDL-POOL ACCOUNT
AMOL FINANCIAL SERVICES PVT. LTD.	1301190000019609	CDSL- CUSA ACCOUNT
AMOL FINANCIAL SERVICES PVT. LTD.	1301190300098647	NSE CDSL Client Securities MARGIN PLEDGE A/C
AMOL FINANCIAL SERVICES PVT. LTD.	IN00101910012257	NSE NSDL Client Securities MARGIN PLEDGE A/C
AMOL FINANCIAL SERVICES PVT. LTD.	IN513713	NSE- CM BP ID
AMOL FINANCIAL SERVICES PVT. LTD.	1100001100018640	NSE-EARLY PAY-IN

*Any modification, deletion or addition in the above account shall be intimated to me/ us separately.

3. The authorization provided by DDPI shall be applicable for all transactions specified herein from the date of applicability as specified by SEBI/ Exchange.

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

If HUF, Co-parceners Signature:

1) ____________________

2) ____________________

3) ____________________

4) ____________________

Place: ____________

Date: ____________

DISCLOSURE FOR PROPRIETARY TRADING

To

Date

Trading Id

Client Name

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

Seal/Stamp of Amol

VOLUNTARY AUTHORISATION

A. Authorisation for Maintaining Running Account Yes No

I/we am/are aware that payout / dividend received / credited from the exchange(s) against settlement of transaction as per settlement cycle is available within 1 working day of the payout from the Exchange. It is difficult for me/us to make available the required funds on every pay-in of funds obligation / margin obligation, hence I/we request you to maintain my account on a running basis and retain the payment received / credit balance in my account for my/our future obligations / margin obligation or other liabilities unless I/we instruct otherwise.

I/we hereby further authorize you to debit / credit / transfer the amounts between the various segments either on the same Exchange and / or other Exchanges to meet my/our obligation or various dues payable to you Exchange(s).

If payment of funds is required, I/we shall request you in writing or through the web option for funds withdrawal on the web login. Further if may be noted that if required I/we may revoke this authorization at any time after giving request in writing.

The actual settlement of funds shall be done at least once in the preference period selected below:

(i) Once is a calendar quarter, (ii) Once in a calendar month,

While settling the account having outstanding obligations on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.

I/We shall bring any dispute arising from the statement of account or settlement so made to your notice within 7 working days from the date of receipt of funds or statement, as the case may be. In case of non-receipt of any such communication the statement / settlement of running account shall be considered as final as agreed and accepted by me/us.

I/We instruct the member to retain amount upto Rs. 10000/- lying with them.

I/We understand that this authorization can be revoked by me/us anytime by giving a written intimation to this effect at the office of the broker. However, the revocation shall be effective prospectively from the date of its receipt and shall not affect the rights of the broker to the outstanding obligations of already executed transaction till the date of receipt of the revocation intimation.

B. Authorisation for receiving for Calls & SMS from Stock Broker and Depository Participant Yes No

In respect of investment/trading services received from the Trading Member, I/We undertake to the Trading Member and confirm to use ourown judgement in taking a call on the said investment(s). I/We also undertake to the Trading Member and confirm that I/We execute trades in the identified sercurity/ies according to my/ourfinancial strength/capability.

I/We declare and agree that the Trading Member shall not be responsible for any loss suffered by me/us on account of executing or omitting to execute any trades in pursuance of the Voice Calls and SMS alert(s) sent by the Trading Member.

I/We shall not have any claim whatsoever against the Trading Member in respect of the above mentioned acts or omissions.

I/We hereby state that any number is not under 'Do Not Disturb' and I am availing these services on my own will be there will and there will be no financial obligations of NDNC / National Customer Preference Register (NCPR) in case of legal disputes or any.

In respect of all intimation services offered by the Trading Member. I/We undertake to indemnify the Trading Member and absolve the Trading Member of any claim on account of various services rendered to me/us in respect of servicing my trading account with them.

C. Authorisation for receiving ECN's and any documents/communications in electronic form by E-mail from Stock Broker and Depository Participant

Yes No

I/We am/are registered as a Client and having the captioned trading account with Amol Capital Markets Pvt. Ltd. & Amol Financial Services Pvt. Ltd. and Depository account with Amol Capital Markets Pvt. Ltd. & Amol Financial Services Pvt. Ltd. and hereby authorize Amol Capital Markets Pvt. Ltd. & Amol Financial Services Pvt. Ltd. for the following:

a) I/we authorize Amol Capital Markets Pvt. Ltd. & Amol Financial Services Pvt. Ltd. to issue me/us electronic contract notes (ECN's), bills, trade confirmations, ledgers, daily margin statements, statement of accounts for periodical settlement of funds and securities, any notices, circulars, amendments and such other correspondence or communication related to my/our trading and demat account (hereinafter referred to as "Documents") and wherever required duly authenticated by means of a digital signature as specified in the information technology Act, 2000 and the rules made there under to the E-mail ID as mentioned hereunder:

I have no objection to Amol Capital Markets Pvt. Ltd. & Amol Financial Services Pvt. Ltd. sharing the above information or any such other information, about me/us with its group/associate companies or affiliates. This is without legal obligation on you, your group companies and associates to so inform and you or they may, in their discretion, discontinue sending such information.

Sole/First Holder

Second/Joint Holder

Third Holder

AUTHORITY LETTER TO TRANSFER THE FUNDS AMONGST VARIOUS EXCHANGE(S)

To   Date

AMOL CAPITAL MARKETS PVT. LTD. & AMOL FINANCIAL SERVICES PVT. LTD.
106, Motalibai Wadia Building,
22-D.S.A. Brelvi Road,
Next to Bombay Samachar Press,
Fort, Mumbai - 400 001.

Trading Id

Client Name

Dear Sir / Ma'am,

I/We am/are aware that payout/dividend received/credited from the exchange(s)/specified authority/ies against settlement of transaction as per settlement cycle is available within 1 (one) working day of the payout from the Exchange. It is difficult for me/us to make available the required funds on every pay-in of funds obligation/margin obligation, hence I/We request the Broker to maintain my/our trading account on a running basis and retain the payment received/credit balance in my/our trading account for my/our future obligations/margin obligation or other liabilities unless I/We instruct otherwise.

I/We authorize the Broker to retain credit balance in any of my/our trading account and to use the idle fund towards my/our margin/future/other obligation of all the exchange(s) unless I/We instruct the Broker otherwise.

I/We authorize the Broker to setoff outstanding in any of my/our trading account(s) against credits available or arising in any other trading account(s) maintained with the Broker irrespective of the fact that such credits in my/our trading account(s) may pertain to transactions in any segments of the BSE Cash, NSE Cash, NSE Derivatives, or other Exchange(s) and/or against the value of cash margin or

I/We authorize the Broker to keep all the commodities / stocks / securities / currency / or any other instrument(s) which I/We give the Broker in margin including the payment or commodities / stocks / securities / currency / or any other instrument (s) received, to use the commodities / stocks / securities / currency / or any other instrument (s) for meeting margin / other obligations in BSE Cash, NSE Cash, NSE Derivatives, or other Exchange(s) in whatever manner which may include pledging of commodities / stocks / securities / currency / or any other instrument (s) in favour of bank and/or taking loan against the same of meeting margin/pay-in or other obligation on my/our behalf of for giving the same as margin to the Stock/ Commodity Exchange(s) otherwise.

I/We understand that this authorization can be revoked by me/us anytime by giving a written intimation to this effect at the office of the Broker. However, the revocation shall be effective prospectively from the date of its receipt and shall not effect the rights of the broker to the outstanding/ margin obligation of already executed transaction till the date of receipt of the revocation intimation.

Yours faithfully,

ACKNOWLEDGEMENT

To Date

AMOL CAPITAL MARKETS PVT. LTD. & AMOL FINANCIAL SERVICES PVT. LTD.
106, Motalibai Wadia Building,
22-D.S.A. Brelvi Road,
Next to Bombay Samachar Press,
Fort, Mumbai - 400 001.

Trading Id

Client Name

Dear Sir / Ma'am,

I/We confirm having read/been explained and understood the contents of the documents of the Instructions Checklist for filling KYC form, Rights and Obligations of the parties (including additional rights and obligations in case of internet and wireless technology based trading) prescribed by SEBI and Stock exchanges, Internet & Wireless Technology based Trading facility provided stock brokers to clients, Uniform Risk Disclosure Documents (ROD) prescribed by SEBI and Stock exchanges, Guidance note detailing Do's and Don'ts for trading in the Stock Exchanges, Policies and Procedures (under paragraph 8 of SEBI Circular no. MIRSD/SECIR-19/2009 dated December 03,2009) etc., Information onAnti Money Laundering, Additional Terms & Conditions (Voluntary Document), Terms & Condition for Stock Exchange, General Information for both trading & demat account, Rights and obligation of Beneficial Owner and Depository participant as prescribed by SEBI and Depositories to clients, KYC Document Booklet and Declaration and the tariff sheet and also the Demat tariff, and their Terms & Conditions in the booklet.

I/We have received the booklet with above mentioned contents.

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 hereby acknowledge receipt of copy of duly executed KYC Form along with KYC Booklet containing all above documents and forms also with supporting, all other annexure/s, documents and/or POAbearing trading id as mentioned above.

I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

Yours faithfully,

Sole/First Holder	Second/Joint Holder	Third Holder

FATCA-CRS
Annexure for Individual Accounts
(Individual Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency, if required)

First/Sole Applicant/Guardian

PAN | **Client Code**

Name | **Gender** M F O

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

Type of address given at KYC KRA Residential & Business | Residential | Business | Regd. Off.

Permissible documents are ❑ Passport ❑ Election ID Card ❑ PAN Card ❑ Govt. ID Card ❑ Driving Licence ❑ UIDAI Card ❑ NREGA Job Card ❑ Others

Date of Birth | **Place of Birth**

Country of Birth

Nationality

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

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 $

Second Applicant

PAN | **Client Code**

Name | **Gender** M F O

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

Type of address given at KYC KRA Residential & Business | Residential | Business | Regd. Off.

Permissible documents are ❑ Passport ❑ Election ID Card ❑ PAN Card ❑ Govt. ID Card ❑ Driving Licence ❑ UIDAI Card ❑ NREGA Job Card ❑ Others

Date of Birth | **Place of Birth**

Country of Birth

Nationality

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

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 $

Third Applicant

PAN		**Client Code**	

Name		**Gender**	M F O

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

Type of address given at KYC KRA Residential & Business ☐ Residential ☐ Business ☐ Regd. Off. ☐

Permissible documents are ❑ Passport ❑ Election ID Card ❑ PAN Card ❑ Govt. ID Card ❑ Driving Licence ❑ UIDAI Card ❑ NREGA Job Card ❑ Others

Date of Birth		**Place of Birth**	
Country of Birth			
Nationality			

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

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.

Signatures

☞	☞	☞
First/Sole Applicant/Guardian	**Second Applicant**	**Third Applicant**

DATE D D M M Y Y Y Y **PLACE**

FATCA & CRS Terms & Conditions

Details under FATCA & CRS. The Central Board of Direct Taxes has notified Rulers 114F to 114H, 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 from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the propose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you. Please ensure you advise us promptly, i.e. within 30 days.

Please note that you may receive more than one request for information. If you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or function equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explationation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	**Documentation required for Cure of FATCA / CRS indicia**
U.S. Place of Birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below) AND 3. Any one of the following documents: • Certified Copy of “Certificate of Loss of Nationality”; or • Reasonable explanation of why the customer does not have such a certificate despite renouncing citizenship; or • Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident of any other country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	**If no Indian telephone number is provided** 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) **If Indian telephone number is provided along with a foreign country telephone number** 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; or 2. Documentary evidence (refer list below)
Telephone number in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:
1. Certificate of residence issued by an authorised Government body *
2. Valid Identification issued by authorised Government body * (e.g., Passport, National Identity Card, etc.)
   *** Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**

For Non-Individuals

Details of ultimate beneficial owner including additional FATCA & CRS information

***Name of the entity**

Type of address given at KYC KRA Residential & Business ☐ Residential ☐ Business ☐ Regd. Off. ☐

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

Customer ID/Folio Number

PAN

Date of Incorporation D D / M M / Y Y Y Y

City of incorporation

Country of incorporation

Entity Constitution Type
Please tick as appropriate

❑ Parnership Firm ❑ HUF ❑ Private Limited Company ❑ Public Limited Company ❑ Society ❑ Aop/BoiSociety ❑ Trust H Liquidator ❑ Limited Liability Partnership ❑ Aritificial Judicial Person ❑ Others specify ____________________

Please tick the applicable tax resident declaration Yes ☐ No ☐

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

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

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

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

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

FATCA & CRS Declaration
(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

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

1. We are a,
Financial institution ☐
or
Direct reporting NFE ☐
(please tick as appropriate)

GIIN

Note: *If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below*

Name of sponsoring entity

GIIN not available *(Please tick as applicabe)* ☐ **Applied for**

If the entity is a financial institution, ☐ Not required to apply for-please specify 2 digits sub-category ☐☐

☐ Not obtained-Non participating FI

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*		
1.	Is the Entity a publicly traded company' *(that is, a company whose shares are regurlarly traded on a established securities market)*	Yes ☐ *(If yes, please specify any one stock exchange on which the stock is regularly traded)* Name of stock exchange ______________________
2.	Is the Entity a related entity of a publicly traded company *(a company whose shares are regurlarly traded on an established securities market)*	Yes ☐ *(If yes, please specify name of the listed company any one stock exchange on which the stock is regularly traded)* Name of listed company ______________________ Name of relation: ❑ *Subsidiary of the listed Company or* ❑ *Controlled by a listed Company* Name of stock exchange ______________________
3.	Is the Entity an active NFE	Yes ☐ *(If yes, please fill UBO declaration in the next section)* Nature of Business ______________________ Please specify the sub-category of Active NFE ☐☐
4.	Is the Entity an passive NFE	Yes ☐ *(If yes, please fill UBO declaration in the next section)* Nature of Business ______________________

UBO Declaration

Category *(Please tick applicable category)* ❑ Unlisted Company ❑ Parnership Firm
❑ Limited Liability Parnership Company ❑ Unincorporated association/body of individauls
❑ Public Charitable Trust ❑ Religious Trust ❑ Private Trust
❑ Others (please specify) ______________________

Please list below the details of controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax identification Numbers for EACH controlling person(s).
Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency Tax ID No. - or functional equivalent for each country"		Tax ID Type - TIN or other, please specify. Beneficial Interest - in persentage Type Code - of countrolling person"		Tax ID Type - TIN or other, please specify Beneficial Interest - in persentage Type Code - of countrolling person"
1. Name		Tax ID Type		Address
Country		Type Code		
Tax ID No.		Address Type	❑ Residence ❑ Business	
			❑ Registered Office	*ZIP* ☐☐☐☐☐☐ *State:* *Country:*
2. Name		Tax ID Type		Address
Country		Type Code		
Tax ID No.		Address Type	❑ Residence ❑ Business	
			❑ Registered Office	*ZIP* ☐☐☐☐☐☐ *State:* *Country:*
3. Name		Tax ID Type		Address
Country		Type Code		
Tax ID No.		Address Type	❑ Residence ❑ Business	
			❑ Registered Office	*ZIP* ☐☐☐☐☐☐ *State:* *Country:*

 # If passive NFE, please provide below additional details.

PAN/Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - *Service, Business, Others* **Nationality** Father's Name - *Mandatory if PAN is not available*	DOB - *Date of Birth* Gender - *Male, Female, Others*
1. PAN	Occupation Type	DOB D D / M M / Y Y Y Y
City of Birth	Nationality	Gender Male ✓ Female ✓
Country of Birth	Father's Name	Others ✓
2. PAN	Occupation Type	DOB D D / M M / Y Y Y Y
City of Birth	Nationality	Gender Male ✓ Female ✓
Country of Birth	Father's Name	Others ✓
3. PAN	Occupation Type	DOB D D / M M / Y Y Y Y
City of Birth	Nationality	Gender Male ✓ Female ✓
Country of Birth	Father's Name	Others ✓

Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India.

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

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

FATCA & CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rulers 114F to 114H, 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 from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the propose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you. Please ensure you advise us promptly, i.e. within 30 days.

Please note that you may receive more than one request for information. If you have multiple relationships with *(Insert FI's name)* or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explationation and attach this to the form.

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.

Name

Designation

☞ First Director/Partner/Trustee

☞ Second Director/Partner/Trustee

☞ Third Director/Partner/Trustee

Place: __________

Date: __________

NOMINATION FORM
[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

(To be filled in by individual applying singly or jointly)

TM/DP Name & Address	AMOL CAPITAL MARKETS PVT LTD & AMOL FINANCIAL SERVICES PVT LTD 106, MOTALIBAI WADIA BLDG, 22-D, S. A. BRELVI ROAD, FORT MUMBAI - 400001.	Nomination Registration No.	Dated

Date D D M M Y Y Y Y	DP ID	Client ID	
❑ **I/We wish to make a nomination. [As per details given below]**		UCC	
Nomination Details			
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death.			

Nomination can be made upto three nominees in the account.	**Details of 1st Nominee**	**Details of 2nd Nominee**	**Details of 3rd Nominee**
1. First Name			
Middle Name			
Last Name			
2. Share of each Nominee	%	%	%
Equally (If not equally, please specify percentage)	Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3. Relationship With the Applicant (If Any)			
4. Address of Nominee(s)			
City			
State			
Pin			
Country			
5. Mobile No./Tele. No. of nominee(s)			
6. E-mail ID of nominee(s)			
7. Nominee Identification details [Please tick any one of following and provide details of same] ❑ Photograph & Signature			
❑ PAN			
❑ Aadhaar			
❑ Saving Bank a/c. no.			
❑ Proof of Identity			
❑ Demat Account ID			
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:			
8. Date of Birth (in case of minor nominee(s))	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
9. Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			

10. Address of the Guardian(s)			
City			
State & Country			
Pin			
11. Mobile/Tele. no. of Guardian			
12. E-mail ID of the Guardian			
13. Relationship of the Guardian with the Nominee			
14. Guardian Identification details [Please tick any one of following and provide details of same] ❑ Photograph & Signature			
❑ PAN			
❑ Aadhaar			
❑ Saving Bank a/c. no.			
❑ Proof of Identity			
❑ Demat Account ID			

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

Declaration Form for opting out of nomination

[Annexure B to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

❑ **I/We do not wish to make a nomination.**

I/We hereby confirm that I/We do not wish to appoint any nominee(s) in my/our trading/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents/information for claiming of assets held in my/our trading/demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading/demat account.

Name and Signature of Nominee applicable for both Annexure A & B

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

Details of the Witness applicable for both Annexure A & B (Required only if the account holder affixes thumb impression, instead of signature)

Names of **Witness**	
Address of **Witness**	
Signature of **Witness** W	

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the 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 further agree that any false/misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action.

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

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

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

Application Type* ☐ New ☐ Update
KYC Number (Mandatory for KYC update request)
Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

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

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				

Date of Birth* D D — M M — Y Y Y Y
Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
PAN* ☐ Form 60 furnished

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction **B** at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number
☐ B-Voter ID Card
☐ C-Driving Licence
☐ D-NREGA Job Card
☐ E-National Population Register Letter
☐ F-Proof of Possession of Aadhaar

II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar

☐ **PHOTO***

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

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction **B** at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number
☐ B-Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar

II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar
IV ☐ Deemed Proof of Address - Document Type code
V ☐ Self Declaration

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

☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) — Tel. (Res) — Mobile —

Email ID

☐ 5. REMARKS (If any)

6. APPLICANT DECLARATION

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

Date : D D — M M — Y Y Y Y Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	D D — M M — Y Y Y Y	Name	
Emp. Name		Code	
Emp. Code			
Emp. Designation			
Emp. Branch			
[Employee Signature]		[Institution Stamp]	

Important Instructions:

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

CERSAI

For office use only Application Type* ☐ New ☐ Update

(To be filled by financial institution) KYC Number *(Mandatory for KYC update request)*

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

☐ Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* D D – M M – Y Y Y Y Date of Commencement of Business D D – M M – Y Y Y Y

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN * ☐ Form 60 furnished

TIN / GST Registration Number

☐ 2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

☐ Officially valid document(s) in respect of person authorised to transact
☐ Certificate of Incorporation / Formation ☐ Registration Certificate Regn Certificate No.
☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed
☐ Resolution of Board / Managing Committee ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf
☐ Activity Proof - 1 (For Sole Proprietorship Only) ☐ Activity Proof - 2 (For Sole Proprietorship Only)

☐ 3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document

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

3.2 Local Address in India (If different from Above)*

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

☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction D at the end)

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

☐ 5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

☐ 6. REMARKS (If any)

7. APPLICANT DECLARATION (Please refer Instruction G at the end)

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

Date : D D – M M – Y Y Y Y   Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Authorised Person(s)

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY			INSTITUTION DETAILS	
Identity Verification	☐ Done	Date D D – M M – Y Y Y Y	Name	
Emp. Name			Code	
Emp. Code			[Institution Stamp]	
Emp. Designation				
Emp. Branch				
[Employee Signature]				

A Clarification / Guidelines for filing Entity Details section

1 Entity Constitution Type

A - Sole Proprietorship	H - Trust	O - Artificial Jurisdical Person
B - Partnership Firm	I - Liquidator	P - International Organisation or Agency /Foreign Embassy or Consular Office etc.
C - HUF	J - Limited Liability Partnership	Q - Not Categorized
D - Private Limited Company	K - Artificial Liability Partnership	R - Others
E - Public Limited Company	L - Public Sector Banks	S - Foreign Portfolio Investors
F - Society	M - Central/State Government Department or Agency	
G - Association of Persons (AOP) / Body of Individuals (BOI)	N - Section 8 Companies (Companies Act, 2013)	

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entitites, FORM 60 may be obtained if PAN is not available.

B Clarification / Guidelines for filling 'Proof of Identity[PoI]' section

1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.

2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.

3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.

4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.

5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C Clarification / Guidelines for filling 'Proof of Address [PoA]' section

1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.

2 Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for 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.

E Clarification / Guidelines for filling 'Related Person Details' section

1 Personal Details

- The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.

2 Proof of Address [PoA]

- 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.
- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
- REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.

4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.

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

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

List of ISO 3166 two digit Country Code

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

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

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

For office use only Application Type* ☐ New ☐ Update ☐ Delete

(To be filled by financial institution) KYC Number *(Mandatory for KYC update and delete request)*

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available*) *If KYC number is available, only 'Related Person Type' & 'Name' is mandatory*

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor ☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) *(Mandatory if Related Person Type is Director)*

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				

Date of Birth* D D — M M — Y Y Y Y

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)

PAN* ☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number
☐ B-Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar

II ☐ E-KYC Authentication

III ☐ Offline verification of Aadhaar

☐ PHOTO*

Address

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

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number
☐ B-Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar

II ☐ E-KYC Authentication

II ☐ Offline verification of Aadhaar

IV ☐ Deemed PoA

V ☐ Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction **D** at the end)

Tel. (Off) — Tel. (Res) — Mobile —

Email ID

2. APPLICANT DECLARATION

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

Date : D D — M M — Y Y Y Y Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

- ☐ Certified Copies
- ☐ Digital KYC process
- ☐ E-KYC data received from UIDAI
- ☐ Equivalent e-document
- ☐ Data received from Offline verification

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	— —	Name	
Emp. Name		Code	
Emp. Code			
Emp. Designation			
Emp. Branch			

[Employee Signature]

[Institution Stamp]

Amol Financial Services Pvt. Ltd.

Amol Capital Markets Pvt. Ltd.

Members : NSE, BSE, CDSL and MCX

NSE Code No.: 12720 | Sebi Regn. No. INZ000246833

BSE Code No.: 694 | Sebi Regn. No. INZ000253632

CDSL DP Id : 12060200 & SEBI Regn. No. IN-DP-CDSL-503-2009

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