



CLIENT NAME:

CLIENT CODE:

DP / CLIENT ID: 12088400

RELITRADE STOCK BROKING PRIVATE LIMITED

NSE Cash			
NSE F&O	:		
NSE CDS	:		
NSE CO	:		
BSE Cash		----- INZ000184331 -----	16th July, 2018
BSE F&O	:		
BSE CDS	:		
BSE CO	:		
MCX CO	}		
CDSL	-----	IN-DP-405-2019 -----	9th May, 2019
AMFI	-----	147999 -----	18th June, 2018

Registered Office :	Shop No. 160, Landmark Complex, Building A-1, Tokerkhada, Silvasa, Dadra and Nagar Haveli-396 230.
Correspondence Office:	"Relitrade House", Second Floor, O Block, Mondeal Retail Park, Nr. Rajpath Club, S. G. Highway, Ahmedabad, Gujarat – 380059. Ph. No: +91-79-68199999 Email: wecare@relitrade.in Web: www.relitrade.in
Compliance Officer :	Name: Mr. Karan Sanghvi Ph. : +91-79-68199999 Email Id: karan@relitrade.in

For any grievance/dispute, please contact us at grievance@relitrade.in. If not satisfied with the response please contact below mention exchange:-

Exchange	Email	Phone
BSE	is@bseindia.com	022 - 22728097
NSE	ignse@nse.co.in	022 - 26598190
MCX	grievance@mcxindia.com	022 - 66494070
CDSL	complaints@cdslindia.com	1800225533

INSTRUCTIONS

1. All details to be filled in Capital Block letters in Black / Blue Ink Only.
2. Email ID & Mobile number is mandatory for account related passwords and transaction details.
3. Corrections in the KYC form should be counter signed.
4. Strike off whichever option, in the account opening form, is not applicable.
5. All Originals to be produced for physical verification.
6. If any proof of identity or address is in a regional language, then translation Into English Is required.
7. Sole proprietor must make the application in his individual name & capacity.
8. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.

ACCOUNT OPENING KIT
INDEX

Sr. No	Name of the Document	Brief Significance of the Document	Page No.
1.	KYC Form & Account Opening Form	KYC Form - Document captures the basic information about the Constituent and an instruction/check list. Document captures the additional information about the Constituent relevant to trading account and an instruction	1-9
2.	Tariff Sheet And DP Charges	Document related to brokerage and other charges levied on the constituent for trading on the Stock exchange(s)	10
3.	Confirmation Of The Arrangment With Authorized Person/ Relation Manager	Authority letter between the authorized person and client.	11
4.	Mutual Fund Terms and Conditions	Details Of Terms & Conditions For The Investor / Client For Using Mutual Fund Transaction Facility	12
7.	Acknowledgement from client	Brief Significance of the Document	13
8.	Declaration from client for commodity	Declaration pursuant to SEBI circular SEBI/HO/CDMRD/DNPMP/P/2019/08 dated 04 th January, 2019	14



CVL
Please fill this form in ENGLISH and in BLOCK LETTERS

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)



A. IDENTITY DETAILS			
1. Name of the Applicant			
2. Father's/Spouse Name			Photo Please affix your recent passport size photograph and sign across it
3. Mother's Name			
4. a. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
b. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married c. Date Of Birth DD/MM/YYYY		
5. Nationality			
6. Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable		
7. a. PAN		b. UID/Aadhaar	
8. Specify the proof of identity submitted			
9. GST No. (If Applicable)		State:	

B. ADDRESS DETAILS			
1. Correspondence Address			
City/Town/Village		Pin Code	
State		Country	
2. Contact Details Tel.(Off)		Tel. (Res)	
Mobile No.		Email ID	
3. Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant)			
City/Town/Village		Pin Code	
State		Country	
4. Specify the proof of address submitted for correspondence address			
5. Specify the proof of address submitted for permanent address			

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my 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/We aware that I may be held liable for it and for termination and suitable action.

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

Place		Signature of Applicant/ Authorized Signatory	
Date			

INSTITUTIONAL DETAILS


Name	RELITRADE STOCK BROKING PVT LTD		
Institution Code CKYC:	IN 2 0 4 1	CVL POS Code:	1401490535

FOR OFFICE USE ONLY

Details of Employee/ Authorized Signatory	Clients Interviewed by & In-Person Verification done by	Documents Verified with Original	Signature of Authorized Signatory	Seal/Stamp of Relitrade Stock Broking Pvt. Ltd.
Name & Employee Code				
Designation				
Date				

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS			
1. Name of the Applicant			
2. Date of Incorporation	dd/mm/yyyy	Place of Incorporation	Photograph Please affix your recent passport size photograph and sign across it 
3. Date of commencement of business	dd/mm/yyyy		
4. Status <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Charities/NGOs <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organisation <input type="checkbox"/> Society <input type="checkbox"/> Body of Individuals <input type="checkbox"/> LLP <input type="checkbox"/> Defence Establishment If Others, _____			
5. a. PAN		b. Registration No (e.g. CIN)	
6. GST No. (If Applicable)		State :	

B. ADDRESS DETAILS			
1. Correspondence Address			
City/Town/Village		Pin Code	
State		Country	
2. Contact Details Tel.(Off)		Tel. (Res)	
Mobile No.		Email ID	
3. Permanent Address <small>(if different from above or overseas address, mandatory for Non-Resident Applicant)</small>			
City/Town/Village		Pin Code	
State		Country	
4. Specify the proof of address submitted for correspondence address			
5. Specify the proof of address submitted for permanent address			
6. Name, Pan, Residential address and Photographs of promoters/partners/ Karta/Trustees and whole time directors <small>(Please attach separate sheet)</small>			
7. a. DIN of whole time directors			
b. Aadhar number of promoters/partners/Karta			

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		Signature of Applicant/ Authorized Signatory	
Date			

FOR OFFICE USE ONLY

Details of Employee/ Authorized Signatory	Clients Interviewed by & In-Person Verification done by	Documents Verified with Original	Signature of Authorized Signatory	Seal/Stamp of Relitrade Stock Broking Pvt. Ltd.
Name & Employee Code				
Designation				
Date				
Signature				

TRADING ACCOUNT RELATED DETAILS

(For Individuals & Non-Individuals)

A. BANK ACCOUNT(S) DETAILS

Bank Name	Bank Address	Bank Account No	Account Type: Savings/ Current/Other in case of NRI:NRE/NRO	MICR No	IFSC Code

Authority to remit funds payout electronically into clients bank account

Yes

No

IN CASE OF NRI

RBI/PIS Approval No.

RBI/PIS Approval Date

B. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participants Name	Depository Name NSDL/CDSL	Beneficiary	DP ID	Beneficiary ID
Relitrade Stock Broking Pvt. Ltd.	CDSL		12088400	

C. TRADING PREFERENCE

* Please sign in the relevant boxes where you wish to trade. Please strike-off the segment not chosen by you

Exchange Segment for Equity	NSE	BSE	MCX
Cash			NA
F & O			NA
Currency			NA
Commodity			

Other Preferences

Mutual Fund	
-------------	--

D. PAST ACTIONS

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

No	If Yes, Please Specify	
----	------------------------	--

NOMINATION DETAILS

Nomination Registration No _____

Date _____

- I/We the sole holder/Joint Holders/Gurdian (in case of minor) hereby declare
 that: I/we do not wish to nominate anyone for this trading account

I/We nominate the following persons - who is/are entitled to receive security balances lying in my/our account

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
First Name(*)			
Middle Name			
Last Name (*)			
Address (*)			
Telephone No.			
PAN No			
UID			
Email ID			
Relationship with the \ BO(*)			
Date of birth (DD-MM-YYYY) (mandatory if Nominee is a minor)			

Guardian Details (If Nominee is Minor)

Name			
First Name(*)			
Middle Name			
Last Name (*)			
Address of the guardian of nominee			
Telephone No.			
PAN No			
UID			
Email ID			
Relationship with the Guardian with the Nominee(*)			

Percentage of allocation of securities (*)			
Fractional allocation of the securities if any (*) { please tick the respective nominee, (anyone) if tick not marked default will be first nominee }	<input style="width: 100px; height: 20px;" type="checkbox"/>	<input style="width: 100px; height: 20px;" type="checkbox"/>	<input style="width: 100px; height: 20px;" type="checkbox"/>

(*) Marked as Mandatory Field


Note:

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


Note:

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

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

Client or Guardian (In case of Minor)	
Name	
Signature	

(Signature should be preferably in blue ink)

Details of the Witness (First Witness)	
Name of Witness	
Address of Witness	
Signature of Witness	

Note: One witness shall attest signature(s)/thumb impression(s)

Date _____

Place _____

1. 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.
2. I/We understand that the KYC document booklet is in accordance with exchanges and/or SEBI/DP requirements applicable for opening trading/DP account.
3. The KYC documents cover the additional terms and conditions mentioned which are voluntary. I/We hereby give/do not give (Strike off whichever is not applicable) my consent for additional terms and conditions.
4. I/We have received the booklet with above mentioned contents.
5. I/We confirm having read/been explained and understood the contents of the document on policy and procedures, displayed on website www.relitrade.in of the stock & commodity broker and the tariff sheet and also the Demat tariff sheet.
6. I/We further confirm having read and understood the contents of the Rights and Obligations document(s) and Risk Disclosure Document. I/We do hereby agree to be bound by such provisions as outlined In these documents. I/We have also been informed that the standard set of documents has been displayed for Information on brokers designated website, if any.
7. I have received and read the Rights and Obligations document and Terms and 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 declare that the particulars given by me above are true and to the best of my knowledge as on the date of making this application. I agree and undertake to intimate the DP about any change(s) In the details/particulars mentioned by me in this form. I further agree that any false/misleading information given by me or suppression of any material information will render my account liable for termination. I state that I have read and understood all above documents and these documents are binding upon me.

Thanking you,

First Holder

Second Holder

Third Holder





E. INTRODUCER DETAILS

Status of Introducer			
Introducer Name		Emp/Client Code	
Mobile No			

F. STANDING INSTRUCTIONS / OTHER DETAILS / EMAIL-SMS ALERT / CONTRACT NOTE PREFERENCE

Contract Note/Holding & Transaction Statement including Consolidated Account Statement/Other Document	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical
Receive Delivery Instruction slip in physical	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> On Demand
Share Email ID with Registrar & Transfer Agent	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Receive Annual Report	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical <input type="checkbox"/> Both
DP Account Statement	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> As per SEBI Regulation
Declaration for Mobile Number	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
Declaration for Email ID	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
Running Account Settlement	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
Internet based Trading	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pledge shares for margin as per exchange circular	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Inter segment adjustment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Amount below Rs. 10000/- to be retained	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Whether you wish to receive SMS alert from Stock Exchanges/ Stock Brokers	<input type="checkbox"/> No	<input type="checkbox"/> Yes

G. FATCA/CRS DECLARATION/SELF CERTIFICATION FOR INDIVIDUAL

Client Name	
Are you U.S. Person? (Refer KYC Handout - Customer Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify country of residence for tax purpose (Tax Residency)	<input type="checkbox"/> India <input type="checkbox"/> Other
Specify country of citizenship If Other, Please Specify	<input type="checkbox"/> India <input type="checkbox"/> Other
Tax Identification Number	

Note: If you are a U.S. Person and/or if your tax residency/nationality/citizenship is other than India, then please provide declaration/ self-certification under FATCA/CRS. This Declaration form can be downloaded from Web: www.relitrade.in or call at centralized helpdesk at +91-79-68199999 or write to wecare@relitrade.in

First Holder

Second Holder

Third Holder

Status	Sub - Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Minor <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others(specify) _____

Details of Guardian (in case the account holder is minor)	
Guardian's Name	PAN
Relationship with the applicant	
I/We instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> No <input type="checkbox"/> Yes
I/We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> No <input type="checkbox"/> Yes
I/We wish to receive dividend/interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> No <input type="checkbox"/> Yes

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	CLIENT NAME: _____ MOBILE NO. : _____ [(Mandatory , if you are giving Power of Attorney (POA)) (if POA is not granted & you do not wish to avail of this facility, cancel this option).									
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> No <input type="checkbox"/> Yes I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST									
	<table border="1"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)								
Easi	To register for easi, please visit our website www.cdslindia.com .Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.									

Note:

- In case client doesn't opt for DIS booklet, it would be issued on request at any later date.
- BO can view his SIN balances, transactions & value portfolio online. To register for Easi please visit website www.cdslindia.com
- Other documents includes SEBI prescribed standard documents i.e. Rights & Obligation documents for trading and depository account Risk Disclosure Document and Guidance Note or any other communication/document disseminated by Relitrade Broking.

H. INFORMATION FOR PREVENTION OF MONEY LAUNDERING ACT, 2002

Experience	Number of years of Investment/Trading Experience <input type="checkbox"/> <input type="checkbox"/>
Gross Annual Income	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs
	OR Net Worth in ₹ _____ as on date
Occupation (Please tick)	<input type="checkbox"/> Govt Service <input type="checkbox"/> Professional <input type="checkbox"/> Private Sector Service
	<input type="checkbox"/> Public Sector <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____
Nature of Business	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Trading <input type="checkbox"/> Consultancy <input type="checkbox"/> Others _____
Risk Categorisation	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Is the Client Politically Exposed Person (PEP) or Related to a PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 under- take to inform you Do's and Dont's, 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.
- I/We confirm having read/been explained on policy and procedures of the stock broker and Guidance note the tariff sheet
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.
- The rules and regulations and Bye laws of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and we agree to abide by and to be bound by the rules, regulations and bye laws as are in force from time to time for such accounts, 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. In case non-resident account, I/We also declare that I/We have complied and will continue to comply with FEMA regulations. I/We acknowledge the receipt of copy of the document Rights and Obligations of the Beneficial Owner and Depository Participant".

First Holder

Second Holder

Third Holder

PRO DISCLOSURE INFORMATION (FOR RELITRADE STOCK BROKING PVT. LTD.)

PRO DISCLOSURE INFORMATION (FOR RELITRADE STOCK BROKING PVT. LTD.)

To,

Dear Client

This is to inform you that we do client based trading and Pro-account Trading in National Stock Exchange of India Limited (NSE)/ Bombay Stock Exchange Limited (BSE)/Multi Commodity Exchange of India Ltd (MCX).

Thanks & Best Regards.

I. DEALING THROUGH AUTHORISED PERSON (AP) / OTHER STOCK BROKERS

If Client is dealing through AP/Other Stock Brokers then provide the following details

If Yes, please specify:		
Name of Broker/AP	SEBI Registration No	
Name of Exchange	Client Code	
Details of disputes/dues pending from/to such stock broker:		
Whether you are a member / AP of any Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No		

TARIFF SHEET OF CASH, F&O AND CDS SEGMENT FOR NSE, BSE & MCX (BROKERAGE SLAB)

Mention on percentage or paisa very clearly	Trading/ Intra-day first leg second leg	Delivery/ Carry forward	Minimum	Minimum (per Options contract Rs.per lot)
CM Segment				N.A.
F&O Segment				
Currency Segment				
Commodity Segment				

Note:

1. It must also be noted that Relitrade Stock Broking Pvt. Ltd. reserves the right to change any charge from time to time, with prior notice.
2. GST, Stamp duty, SEBI charges, Transaction charges, Other Statutory charges at actual where Applicable.
3. All segment/Exchanges Brokerage will be charges on per crore.
4. SLB Segment brokerage calculated on Premium.
5. Physical Sheet Rs 5 per page + courier.
6. Cheque Bounce 250+GST

Acceptance by Client

SLAB Code: _____

Client Code: _____

Client Name: _____

Client

For, Relitrade Stock Broking Pvt Ltd

Authorized Signatory

TARIFF STRUCTURE

SERVICES	SCHEMES	
	Lifetime	BSDA
Annual Maintenance Charges	Rs. 999/- Only Once	Free
KRA Upload / Download	Rs. 50/-	Rs. 50/-
Stamp Charge	Rs. 50/-	Rs. 50/-
Deliveries / Debit Instructions	–	–
a. Within Relitrade	Rs. 15/-	Rs. 50/-
b. Outside Relitrade	Rs. 30/- or 0.05% Whichever is Higher	Rs. 50/- or 0.05% Whichever is Higher
Charges For Pledge Creation/ Pledge Closure	Rs. 50/-	Rs. 50/-
Freeze & Unfreeze	Rs. 50/-	Rs. 50/-
Dematerialization	Rs. 150/- Per Certificate	Rs. 150/- Per Certificate
Rematerialization	Rs. 150/- Per Certificate	Rs. 150/- Per Certificate
Demat Rejections	Rs. 100/-	Rs. 100/-
Additional DIS Requisition	NIL	Rs. 50/-
Physical Additional Request For Account Statement Or Holding With Valuation Etc.	Rs. 50/-	Rs. 50/-
Failed Transaction Charge	Rs. 50/-	Rs. 50/-
Demat/remat Setup and Rejection Postage Charge	Rs. 50/-	Rs. 50/-

Notes

1. GST Tax at actual where Applicable
2. Opening Charge must be require Payable At Par cheque / DD (Payable at Ahmedabad)
3. All payment should be in favour of “RELITRADE STOCK BROKING PVT. LTD.”
4. Once applied for this scheme amount will not be refunded under any circumstances.
5. Cheque return or any other error with regard to Cheque will attract a charge of Rs.250/- plus GST.
6. It must also be noted that Relitrade Stock Broking Pvt. Ltd. reserves the right to change any charge from time to time, with prior notice.
7. In case of BSDA, if the value of holding exceeds more than Rs.50001/- at any date then charges will be levied as per SEBI regulation.
8. GST Details:- Name: Relitrade Stock Broking Pvt. Ltd., GST No: 24AAGCR3160F2ZN, State: Gujarat

Acceptance by Client

DP Account No: 12088400 _____

Client Code: _____

Client Name: _____

First Holder

Second Holder

Third Holder

**CONFIRMATION OF THE ARRANGEMENT WITH AUTHORIZED
PERSON / RELATIONSHIP MANAGER**

To, Date:

Relitrade Stock Broking Pvt. Ltd.

"Relitrade House", Second Floor, O Block, Mondeal Retail Park, Nr. Rajpath Club,

S. G. Highway, Ahmedabad, Gujarat – 380059 Ph No: +91-79-68199999

Email: wecare@relitrade.in | Web: www.relitrade.in

Dear Sir,

I/we confirm that I/we have been introduced to Relitrade Stock Broking Pvt. Ltd., as its Client by the within mentioned Authorized Person (AP/RM) appointed by Relitrade in terms of the relevant Regulations of the Exchanges.

In this connection, I/we state and confirm that we are aware of the following:

That the AP/RM is not authorised by Relitrade or under the Bye-laws, Rules and Regulations of the Exchange to enter into any separate private agreements with me/us in connection with any transactions in the securities market /commodity market.

That the AP/RM is prohibited from making any offers or operating any schemes of guaranteed or fixed returns on invest- ments made in the securities market/commodity market.

That the AP/RM is not authorized to receive payments of money or securities in his/her/its own name or account.

That all payments of funds & securities/commodity in respect of my/our Trading A/c shall be made to and/or received from Relitrade Stock Broking Pvt.Ltd.

That all statement of accounts and documents related to my/our transactions shall be received from Relitrade only and not from my AP/RM who is not authorized to issue any such statements/accounts.

That the AP/RM is not authorized to charge and receive from me/us any fee, commission, share of profit, or any consideration for the services he/she/it renders.

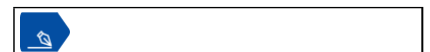
That I/we should not leave Delivery Instruction Slips (DIS) issued by Relitrade pre-signed or unsigned, in the custody of my AP/RM.

AP/RM/employee cannot carry any trades without the consent of clients.

Note: We don't authorize any employee to give any view on any investments. You are advised to rely on any such investment made by AP / RM / employee on own your (Client) personal risk.

In view of the above, I/we agree and confirm that I/we shall not hold Relitrade liable for any loss, damage, loss of profit, or other consequences, whether direct or indirect, arising from my/our failure to act in accordance with or anything done by me/us in contravention of the requirements of the above express understanding.

Yours faithfully,



I/We hereby confirm to have read and understood the terms and conditions as mentioned above and agree to abide by the same.

AP/RM Name

Signature of the SS/AP/NM

MUTUAL FUND TERMS AND CONDITIONS

To,

Relitrade Stock Broking Pvt. Ltd.

"Relitrade House", Second Floor, O Block, Mondeal Retail Park, Nr. Rajpath Club,

S. G. Highway, Ahmedabad, Gujarat – 380059 Ph No: +91-79-68199999

Email: wecare@relitrade.in | Web: www.relitrade.in

Dear Sir,

Subject: BSE Star MF/MFSS

I/We _____ am/are registered as your client with Client Code _____ No. and have entered into relationship with the Trading Member for the purpose of trading in the Capital Market Segment of Bombay Stock Exchange Ltd. (Exchange) and National Stock Exchange Ltd. (Exchange).

I/We am/are interested in availing the trading facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE STAR MF and MFSS on the Exchange.

I/We am/are provides my consent for mutual fund trading against collateral lying my account. Also, aware that in event of non clearance of debit in my/our trading accounts; there is risk of stock collateral or MF collateral getting liquidated to extent of my/ our ledger debit for recovery of trading debit.

For the purpose of availing the BSE STAR MF & MFSS. I/We state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE STAR MF & MFSS and I/We further confirm that the details contained in same remain unchanged as on date.

I/We am/are willing to abide by the terms and conditions as mention in the circular dated December 2, 2009 and such other Notices/Circulars as may be specified by the Exchange/ICCI from time to time in this regards, for BSE STAR MF and Terms & Conditions mentioned in circular No. NSE/MFSS/003/2001 download Ref. No. NSE (M IC/13533) dated November 24, 2009.

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

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

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

Thanking you,

Yours faithfully,

Date:

Place:

Client name

To,
Relitrade Stock Broking Pvt. Ltd.
 "Relitrade House", Second Floor, O Block, Mondeal Retail Park, Nr. Rajpath Club,
 S. G. Highway, Ahmedabad, Gujarat – 380059 Ph No: +91-79-
 68199999 Email: wecare@relitrade.in | Web: www.relitrade.in

Sub: Acknowledgement

This is to acknowledge the receipt of following documents. I further state and confirm that I have read and understood all the clauses of aforesaid documents.

Sr.No.	BRIEF SIGNIFICANCE OF THE DOCUMENT
1.	Rights and Obligations of Stock Brokers, Sub-Brokers and Clients as prescribed by SEBI and Stock Exchanges
2.	Rights and Obligations Of Members, Authorized Persons and Clients as prescribed by SEBI and Commodity Exchanges
3.	Risk Disclosure Document for Capital Market and Derivatives Segment
4.	Internet & Wireless Technology Based Trading Facility Provided by Stock Brokers to Client
5.	Guidance Note - Do's and Dont's for Trading on the Exchange(s) For Investors
6.	Guidance Note - Do's and Don't's for the Commodity Clients
7.	Policies and Procedures
8.	Liquidation Note
9.	PMLA
10.	Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories
11.	Do's and Dont's for Demat
12.	Terms & Conditions-CUM -Registration/ Modification Form for Receiveing SMS Alerts From CDSL
13.	Terms & Conditions for Availing Transaction Using Secured Texting (TRUST) Service Offered by CDSL

I also confirm that I have received the relevant clarifications, if any, wherever required from the officials of Relitrade. Yours faithfully,

First Holder

Second Holder

Third Holder

**DECLARATION PURSUANT TO SEBI CIRCULAR SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08
DATED 04TH JANUARY, 2019**

LIST OF COMMODITIES (MCX & NCDEX)

Commodities	Code	Commodities	Code	Commodities	Code	Commodities	Code
Aluminum	6	Brass	6	Copper	6	Lead	6
Nickel	6	Zinc	6	Barley	6	Cardamom	6
Castor	6	Chana	6	Cocudakl	6	Cotton	6
Dhaniya	6	Guargum	6	Guarseed	6	Jeeraunjha	6
Kapas	6	Maize	6	Moong	6	Pady	6
Pepper	6	RM Seed	6	Sugar	6	Soyabean	6
Turmeric	6	Wheat	6	Gold	6	Silver	6
CPO	6	Crude Oil	6	Mentha Oil	6	Syoref	6
Natural Gas	6	All Commodities					

**CATEGORY CODE REFERENCE
TABLE AS PER SEBI**

Category	FPOs / Farmers	Value Chain Participants	Proprietary Traders (Only for registered Stock / Commodity) brokers	Domestic Financial Institutional Investors	Foreign Participants	Others
Category Code	1	2	3	4	5	6

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

Date:

13/14

First Holder

Second Holder

Third Holder



Relitrade House, Second Floor, O Block, Mondeal Retail Park, Nr. Rajpath Club,

S. G. Highway, Ahmedabad, Gujarat – 380059

+91-79-68199999 wecare@relitrade.in www.relitrade.in