

**RELITRADE**<sup>®</sup>  
We care about your investment

CLIENT NAME:

CLIENT CODE:

DP/CLINT ID: 12088400



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

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

...Exploring New Horizons

**RELITRADE<sup>®</sup>**  
We care about your investment

Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC**1. Entity Details** (please refer guidelines)

PAN\* \_\_\_\_\_

Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Date of Incorporation\* \_\_\_\_\_

Place of Incorporation\* \_\_\_\_\_

Date of Commencement\* \_\_\_\_\_

Registration Number\* \_\_\_\_\_

Entity Type\*

 Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership

Please Tick (✓)

 Trust/Charity/NGO HUF FPI Category I FPI Category II AOP Bank Government Body Defence Establishment Body of Individuals Society LLP Non-Government Organization Others \_\_\_\_\_**2. Proof of Identity<sup>+</sup>** (please refer the guidelines) Officially Valid Document(s) in respect of person authorized to transact Certificate of Incorporation/Formation \_\_\_\_\_ Registration Certificate \_\_\_\_\_ Memorandum of Articles and Association Partnership Deed Trust Deed Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf Activity Proof -1<sup>+</sup> (For Sole Proprietorship Only) Activity Proof -2<sup>+</sup> (For Sole Proprietorship Only)**3. Address Details\*** (please refer the guidelines)**A. Registered Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_

District\* \_\_\_\_\_

Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_

Country\* \_\_\_\_\_

**B. Correspondence/Local Address in India** (if different from above)\*

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_

District\* \_\_\_\_\_

Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_

Country\* \_\_\_\_\_

Applicant Digital Signature (DSC)

**Proof of Address\*** (attested copy of any one POA to be submitted—"Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	<b>Validity/Expiry Date of POA</b> (Expiry Date) _____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf)	_____	

**4. Contact Details**

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

**5. Annexures Submitted**

Number of Related Persons -


**6. Remarks / Additional Information**

\_\_\_\_\_

**7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.  I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.  DATE: ____ ____ ____ (DD-MM-YYYY) PLACE: _____	Applicant Digital Signature (DSC)	Applicant Wet Signature

**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
POS CODE (1401490535) CKYC (IN2041) RELITRAD STOCK BROKING PRIVATE LIMITED STAFF NAME: _____ SIGNATURE: _____ DATE: _____	Employee Signature and Stamp 

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

**Know Your Client (KYC)**  
**Annexure (For Non- Individuals Only)**



**CDSL VENTURES LIMITED**  
...Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

**1. Identity Details of Related Person (please refer guidelines overleaf)**

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_-\_\_\_\_-\_\_\_\_

Gender\*  Male  Female  Transgender

Nationality\*  Indian  Other \_\_\_\_\_

Related Person Type\*  
 Director  Promoter  Karta  Trustee  Partner  Court Appointed Official Proprietor  
 Beneficiary  Authorized Signatory  Beneficial Owner  Power of Attorney Holder  
 Others \_\_\_\_\_ (please specify) DIN: \_\_\_\_\_ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX \_\_\_\_-\_\_\_\_-\_\_\_\_

B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_-\_\_\_\_-\_\_\_\_

C — Voter ID Card \_\_\_\_\_

D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_-\_\_\_\_-\_\_\_\_

E — NREGA Job Card \_\_\_\_\_

F — NPR \_\_\_\_\_

Z — Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

Applicant Photo

**2. Address Details\* (please refer guidelines overleaf)**

**A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

	<b>Applicant e-SIGN</b>

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line3 \_\_\_\_\_  
 City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
 State\* \_\_\_\_\_ Country\* \_\_\_\_\_  
 Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card      XXXX XXXX \_\_\_\_ \_  
 B — Passport Number      \_\_\_\_\_ (Expiry Date) \_\_\_\_ \_  
 C — Voter ID Card      \_\_\_\_\_  
 D —Driving License      \_\_\_\_\_ (Expiry Date) \_\_\_\_ \_  
 E —NREGA Job Card      \_\_\_\_\_  
 F — NPR Letter      \_\_\_\_\_  
 Z—Others      \_\_\_\_\_ (any document notified by Central Government)  
 Identification Number      \_\_\_\_\_

**3. Contact Details**

Email ID \_\_\_\_\_  
 Mobile No. \_\_\_\_\_  
 Tel (Off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.


DATE: \_\_\_\_ \_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date      ____ _ Emp. Name      _____ Emp. Code      _____ Emp. Designation      _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
POS CODE (1401490535) CKYC (IN2041) RELITRAD STOCK BROKING PRIVATE LIMITED STAFF NAME: _____ SIGNATURE: _____ DATE: _____	<div style="text-align: center;">   <small>Institution Name and Stamp</small> </div>



# 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. Place of Incorporation			
3. Date of Incorporation	DDMMYYYY	Date of commencement of business	DDMMYYYY
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		
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 (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			
6. Name, Pan, Residential address and Photographs of promoters/partners/ Karta/Trustees and whole time directors (Please attach separate sheet)			
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

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date _____	<input type="checkbox"/> Self certified document copies received (OVD) IPV Date <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : <div style="border: 1px solid black; padding: 2px;">RELITRADE STOCK BROKING PVT LTD</div>
Emp. Name _____	
Emp. Code _____	
Emp. Designation _____	

INSTITUTIONAL DETAILS	
CVL POS Code: 1401490535	Employee Signature and Stamp 
Institution Code CKYC: IN 2 0 4 1	

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

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 checked="" 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 checked="" 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 checked="" 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 <a href="http://www.cdslindia.com">www.cdslindia.com</a> . 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](http://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

<b>Experience</b>	Number of years of Investment/Trading Experience <input type="checkbox"/> <input type="checkbox"/>
<b>Gross Annual Income</b>	<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
	<b>OR</b> Net Worth in ₹ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> as on date
<b>Occupation</b> (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 _____
<b>Nature of Business</b>	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Trading <input type="checkbox"/> Consultancy <input type="checkbox"/> Others _____
<b>Risk Categorisation</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<b>Is the Client Politically Exposed Person (PEP) or Related to a PEP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you 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.
2. I/We confirm having read/been explained on policy and procedures of the stock broker and Guidance note the tariff sheet
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.
4. 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.

## TRADING ACCOUNT RELATED DETAILS

(For Individuals & Non-Individuals)

### A. BANK ACCOUNT(S) DETAILS

Bank Name	Bank Address	Bank Account No	Account Type	MICR No	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> OD <input type="checkbox"/> NRI <input type="checkbox"/> NRO		

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	Name	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	<input type="checkbox"/>	<input type="checkbox"/>	NA
F & O	<input type="checkbox"/>	<input type="checkbox"/>	NA
Currency	<input type="checkbox"/>	<input type="checkbox"/>	NA
Commodity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Other Preferences

Mutual Fund	<input type="checkbox"/>
-------------	--------------------------

### 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
----	------------------------

**E. INTRODUCER DETAILS**

Status of Introducer		
Introducer Name		Emp/Client Code
Mobile No		

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

<i>Contract Note/Holding &amp; Transaction Statement including Consolidated Account Statement/Other Document</i>	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical
<i>Receive Delivery Instruction slip in physical</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> On Demand
<i>Share Email ID with Registrar &amp; Transfer Agent</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Receive Annual Report</i>	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical <input type="checkbox"/> Both
<i>DP Account Statement</i>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> As per SEBI Regulation
<i>Declaration for Mobile Number</i>	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
<i>Declaration for Email ID</i>	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
<i>Running Account Settlement</i>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<i>Internet based Trading</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Pledge shares for margin as per exchange circular</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Inter segment adjustment</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Amount below Rs. 1000/- to be retained</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Whether you wish to receive SMS alert from Stock Exchanges/ Stock Brokers</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**G. J WH" F GENCT CVQP**

To, Relitrade Stock Broking Pvt. Ltd.

Dear Sir,

We, the undersigned members of (HUF) are desirous of opening a Trading Account in the above-mentioned name with you.

The said account will be operated by (Karta) on behalf of (HUF).

Sr.No.	Name of Family Member	Designation	Relationship	DateOfBirth	Signature
1		Karta			
2		Co-Parcener			
3		Co-Parcener			
4		Co-Parcener			
5		Co-Parcener			

First Holder

Second Holder

Third Holder

## 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)

	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 Sign



**For, Relitrade Stock Broking Pvt Ltd**



\_\_\_\_\_  
**Authorized Signatory**

**TARIFF STRUCTURE - (P q p' k p k k f w c l / ' E q t r q t e v g)**

SERVICES	SCHEMES
Annual Maintenance Charges (Incl...GST)	Rs.2000/-
KRA Upload / Download / KYC MODIFICATION	Rs. 50/-
Deliveries / Debit Instructions	— —
a. Within Relitrade	Rs. 10/-
b. Outside Relitrade	Rs. 30/- or 0.05% Whichever is Higher
Charges For Pledge Creation/ Pledge Closure	Rs. 50/-
Margin Pledge / Margin UN Pledge	Rs. 20/-
Freeze & Unfreeze	Rs. 50/-
Dematerialization With Postal Charges	Rs.150/- Per Request upto 3 cert. Rs. 50/-Per Certificate
Rematerialization	Rs. 150/- Per Certificate
Demat Rejections With Postal Charges	Rs. 150/-
Additional DIS Requisition	Rs. 50/-
Physical Additional Request For Account Statement Or Holding With Valuation Etc.	Rs. 50/-
Destat With Postal Charges	Rs. 150/-
Redemption	Rs. 100/-
Trading Ledger Delay Payment / Overdue Charges	18%
Charges for Beneficiary Unpaid AC*	13%

# Annual Maintenance Charges for CORPORATE Accounts Rs.2000/- per annum

**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 15 Days prior notice.
7. In case of BSDA, if the value of holding exceeds more than Rs.1000000/- 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
9. \*A charge at the rate of 13% is levied for non-transfer of securities to BOs account on a daily basis based on the closing rate of the said securities.

**Acceptance by Client**

DP Account No: 12088400 \_\_\_\_\_

Client Code: \_\_\_\_\_

Client Name: \_\_\_\_\_

First Holder

Second Holder

Third Holder

**TARIFF STRUCTURE - (Individual -HUF)**

SERVICES	SCHEMES	
	LIFETIME-22	BSDA
Annual Maintenance Charges (Incl...GST)	Rs. 999/- Only Once	Free
KRA Upload / Download / KYC MODIFICATION	Rs. 50/-	Rs. 50/-
Deliveries / Debit Instructions	—	—
a. Within Relitrade	Rs. 10/-	Rs. 10/-
b. Outside Relitrade	Rs. 30/- or 0.05% Whichever is Higher	Rs. 30/- or 0.05% Whichever is Higher
Charges For Pledge Creation/ Pledge Closure	Rs. 50/-	Rs. 50/-
Margin Pledge / Margin UN Pledge	Rs. 20/-	Rs. 20/-
Freeze & Unfreeze	Rs. 50/-	Rs. 50/-
Dematerialization With Postal Charges	Rs.150/- Per Request Rs. 05/-Per Certificate	Rs. 150/-Per Request Rs. 10/-Per Certificate
Rematerialization	Rs. 50/- Per Certificate	Rs. 100/- Per Certificate
Demat Rejections With Postal Charges	Rs. 100/-	Rs. 100/-
Additional DIS Requisition	Rs. 50/-	Rs. 50/-
Physical Additional Request For Account Statement Or Holding With Valuation Etc.	Rs. 50/-	Rs. 50/-
Destat With Postal Charges	Rs. 150/-	Rs. 160/-
Redemption	Rs. 50/-	Rs. 50/-
Trading Ledger Delay Payment / Overdue Charges	18%	18%
Charges for Beneficiary Unpaid AC*	13%	13%

# Annual Maintenance Charges for CORPORATE Accounts Rs.2000/- per annum

**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 15 Days prior notice.
7. In case of BSDA, if the value of holding exceeds more than Rs.1000000/- 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
9. \*A charge at the rate of 13% is levied for non-transfer of securities to BOs account on a daily basis based on the closing rate of the said securities.

**Acceptance by Client**

DP Account No: 12088400 \_\_\_\_\_


Client Code: \_\_\_\_\_

Client Name: \_\_\_\_\_

First Holder


  
 V.3.01

Second Holder


  
 01032026

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](mailto:wecare@relitrade.in) | Web: [www.relitrade.in](http://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 i nvestments. You are advised to rely on any such investment made by AP / RM / employee on own your (Client) pers onal 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,

Client Sign



I/We hereby confirm to have read and understood the terms and c onditions 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](mailto:wecare@relitrade.in) | Web: [www.relitrade.in](http://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 Sign



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](mailto:wecare@relitrade.in) | Web: [www.relitrade.in](http://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		Brass		Copper		Lead	
Nickel		Zinc		Barley		Cardamom	
Castor		Chana		Cocudakl		Cotton	
Dhaniya		Guargum		Guarseed		Jeeraunjha	
Kapas		Maize		Moong		Pady	
Pepper		RM Seed		Sugar		Soyabean	
Turmeric		Wheat		Gold		Silver	
CPO		Crude Oil		Mentha Oil		Syoref	
Natural Gas		<b>All Commodities</b>					

**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

**FATCA-CRS Declaration & Supplementary KYC Information**  
**Self Declaration Form for Entities / Non-Individuals [Demat & Trading]**

*Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance*

Part – A			
<b>PAN</b>			
<b>Name</b>	Client ID : _____		
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	
Place of Incorporation		Country of Incorporation	
Gross Annual Income Details in INR	<input type="checkbox"/> < 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 Cr <input type="checkbox"/> > 1 Cr	Net Worth in INR in Lacs	_____
		Net Worth as of	dd/mmm/yyyy
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] Money Laundering / Pawning	Any other information [if applicable]	<i>[Please specify]</i>

Is your [Entity] Country of Tax Residency other than India –     Yes     No

If “Yes”, please specify the details of all countries where you [Entity] hold tax residency and its Tax Identification Number & type hereunder:

S No	Country of Tax Residency	Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type <i>[TIN or other, please specify]</i>
1			
2			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here \_\_\_\_\_ *(Refer Instructions P)*

Entity Constitution Type (Pvt. Co./Public Co./LLP/ Partnership/HUF/AOP/BOI/ Proprietorship/Trust/Others)	
Entity Identification Type (tick as applicable)	<input type="checkbox"/> Company Identification Number <input type="checkbox"/> Trust Registration Number <input type="checkbox"/> TIN/ Tax deduction Account Number <input type="checkbox"/> US GIIN <input type="checkbox"/> Global Entity Identification Number (GEIN) <input type="checkbox"/> Other
Entity Identification No.	
Entity Identification issuing country	
Country of Residence for tax purpose	

**Entity Classification :**

**Part I – Financial Institution**

- A. Whether Reporting Financial Institution (Please tick as applicable) :  Yes  No  
If Yes, Please tick any one of the following categories as applicable to you and provide your Global Intermediary Identification Number (GIIN) :  
 Depository Instt.  Custodial Instt.  Investment Entity  Specified Insurance Company  
**GIIN :**  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- B. Whether Non Reporting Financial Institution (Please tick as applicable) :  Yes  No  
If Yes, Mention category as applicable to you (*Refer Annexure B*) :
- C. Whether Sponsored Investment Entity which is not qualified intermediary to obtain GIIN but Sponsored by another entity that has registered as a Sponsoring Entity (Please tick as applicable):  
 Yes  No If Yes, Please provide the following details of Sponsoring Entity :  
Name of Sponsoring Entity : \_\_\_\_\_  
GIIN of Sponsoring Entity : \_\_\_\_\_
- D. Whether Trustee Documented Trust and has not yet obtained GIIN (Please tick as applicable):  
 Yes  No If Yes, Please provide the following details of Trustee :  
Name of Trustee : \_\_\_\_\_  
GIIN of Trustee : \_\_\_\_\_
- E. Whether Owner documented Financial Institution (Please tick as applicable) :  Yes  No  
If Yes, Provide the details of each controlling person in the table given below
- F. Whether Non Participating Financial Institution (Please tick as applicable) :  Yes  No

**Part II – Non Financial Entity (NFE)**

- A. Whether Active NFE (Please tick as applicable) :  Yes  No  
If Yes, Provide the applicable Category (*Refer Annexure C*): \_\_\_\_\_  
In case, falling under category 2, Please provide the following details :
  - a. If you are a listed Entity : Name of the Stock Exchange \_\_\_\_\_
  - b. If you are related of any listed Entity, Provide the following Details :  
Name of Related Entity : \_\_\_\_\_ Name of Stock Exchange \_\_\_\_\_
- B. Whether Passive NFE (Please tick as applicable) :  Yes  No  
If Yes, Provide the applicable Category (*Refer Annexure D*): \_\_\_\_\_. Also  
Provide the details of each controlling person in the table given below
- C. Whether Direct Reporting NFE (Please tick as applicable) :  Yes  No  
If Yes, Please provide GIIN :  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Controlling Person Declaration:**

Name of Controlling person	Correspondence Address	Country of residence for tax purpose	TIN (if any)	TIN issuing country	Controlling person type

Details	For Controlling person 1	For Controlling person 2	For Controlling person 3	For Controlling person 4	For Controlling person 5
Document submitted for Identification : Passport/Election Card/PAN card/Govt. ID Card / Others					
Identification Number					

**Declaration:**

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to any of the Exchanges/Depositories/Mutual Fund, its sponsor, Asset Mgmt. Co., trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I/We understand that you do not offer any tax advice on CRS/FATCA or its impact on me/us. I/We shall seek advice from Professional Tax Advisor for any tax questions.

Signature with relevant seal:

<b>X</b>	<b>X</b>	<b>X</b>
Authorized Signatory	Authorized Signatory	Authorized Signatory

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**VOLUNTARY DOCUMENT  
'DEMAT DEBIT AND PLEDGE INSTRUCTION' (DDPI)**













PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH

DP ID							Client ID							
1	2	0	8	8	4	0	0							
CLIENT CODE														
CLIENT NAME														

Dear Sir / Madam,

I/We executing the 'Demat Debit and Pledge Instruction' (DDPI) for transfer of securities towards deliveries / settlement Obligations and Pledging / re- pledging of securities in favour of RELITRADE STOCK BROKING PRIVATE LIMITED, authorising them to Operate aforesaid beneficiary account Disclosed in Annexure-B for the below mentioned specific purpose.

Annexure-A

Sr. No.	Purpose	Signature of 1 <sup>st</sup> Holder	Signature of 2 <sup>nd</sup> Holder	Signature of 3 <sup>rd</sup> Holder
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			
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.			
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms			
4.	Tendering shares in open offers through Stock Exchange platforms			

**Note :** This authorization will continue to remain valid until revoked in writing by you (pursuant to SEBI Circular no. **SEBI/HO/MIRSD/DoP/P/CIR/2022/44 dated April 04,2022**)

**ANNEXURE - B  
LIST OF DEMAT ACCOUNT**

DEPOSITORY PARTICIPANT NAME	DEMAT ACCOUNT NO.	EXCHANGE	DEMAT ACCOUNT CATEGORY
RELITRADE STOCK BROKING PVT LTD	120884000000141	BSE	POOL A/C
RELITRADE STOCK BROKING PVT LTD	120884000000137	BSE	CM PRINCIPAL A/C
RELITRADE STOCK BROKING PVT LTD	1100001000024145	BSE	EARLY PAYIN A/C
RELITRADE STOCK BROKING PVT LTD	1100001100019551	NSE	EARLY PAYIN A/C
RELITRADE STOCK BROKING PVT LTD	1208840000000249	NSE	POOL A/C
RELITRADE STOCK BROKING PVT LTD	1208840000000973	CUSANSE	CLIENT UNPAID SECURITIES ACCOUNT
RELITRADE STOCK BROKING PVT LTD	1208840000037989	CUSABSE	CLIENT UNPAID SECURITIES ACCOUNT
RELITRADE STOCK BROKING PVT LTD	1208840000112764	NSE   BSE	CLIENT UNPAID SECURITIES PLEDGE ACCOUNT
RELITRADE STOCK BROKING PVT LTD	1208840000004414	TM/CMCMPA	CLIENT COLLATERAL PLEDGE A/C
RELITRADE STOCK BROKING PVT LTD	IN30097412819130	TM/CMCMPA	CLIENT COLLATERAL PLEDGE A/C
MARWADI SHARES AND FINANCE LTD	IN30097411843413	BSE	POOL A/C
MARWADI SHARES AND FINANCE LTD	IN30097411798787	NSE	POOL A/C

First Holder

Second Holder

Third Holder

Sr. No.	Name of Family Member	Designation	Relationship	Date Of Birth	Signature
1		Co-Parcener			
2		Co-Parcener			
3		Co-Parcener			
4		Co-Parcener			
5		Co-Parcener			

## Notes

A series of horizontal dotted lines for taking notes.

**Most Important Terms and Conditions (MITC)**

(For non-custodial settled trading accounts)

1. Your trading account has a “Unique Client Code” (UCC), different from your Demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your Demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your Demat account within one working day of the pay-out. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favour of the stock broker. You can view your Demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your Demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, net worth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

**RELITRADE STOCK BROKING PRIVATE LIMITED****Registered Office:** 206 & 207, Dalal Street Commercial Co-Op. Soc. Ltd., Block 53, Rd 5E, Gift City, Gandhinagar, Gujarat -382355**Corporate Office:** “Relitrade House”, 2<sup>nd</sup> Floor, O Block, Mondeal Retail Park, S. G. Highway, Ahmedabad, Gujarat – 380059V.3.01 **Tel. No.:** 079 68199999 **E-mail:** [wecare@relitrade.in](mailto:wecare@relitrade.in) **Web:** [www.relitrade.in](http://www.relitrade.in) **CIN:** U67120GJ2012PTC116832**Member:** NSE, BSE, MCX, CDSL & AMFI

**Declaration Form Of Ultimate Beneficial Ownership[UBO]/Controlling Persons**
**I:Investor details:**

Investor Name										
PAN (Mandatory)										

**II: Category**
 Our Company is a Listed Company on a recognized stock exchange in india/ subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange Where it is listed. \_\_\_\_\_ Others \_\_\_\_\_

Security ISIN \_\_\_\_\_

Name of the Listed Company(applicable if the investor is subsidiary/associate): \_\_\_\_\_

 Unlisted Company     Partnership Firm / LLP     Unincorporated association / body of individuals

 Public Charitable Trust     Private Trust     Religious Trust     Trusted created by a Will.

 Others[Please Specify] \_\_\_\_\_

**Ultimate Beneficiary Owner (UBO) / Controlling Person(s) / Senior Managing Official details.**
**Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?#                      Yes                      No**

If 'YES' - we hereby declare that the following individual holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - Declare that no individual person(directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official(SMO)	UBO-2	UBO-3
Name of the UBO / SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy]#			
UBO / SMO PEP#	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied**. <small>If not complied, please complete KYC process independently and then submit the proof.</small>	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.

# Mandatory column.

\*\*In case of Foreign Nationals, who are not KYC complied,they need to attach the ID proof in English along with the Nationality proof,Address proof again in English. If the documentary proof is in Foreign Language,it should be translated in English and should be attested by Indian Embassy of that country.

Note:If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s)duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation whenever required or if a given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

	UBO-4	UBO-5	UBO-6
Name of the UBO / SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy]#			
UBO / SMO PEP#	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.

# Mandatory column.

\*\*In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.  
Participating Mutual Fund(s) / RTA may call for additional information/documentation whenever required or if a given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

**Declaration**

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponser, Asset Management Company, trustees, their employee / RTAs ('the Authorized parties') or any Indian or Foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India(FIU-IND), the tax / revenue authorities in India or outside India whenever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries / or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Name:  Designation:
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Place: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_



📍 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