

SR. NO. \_\_\_\_\_



# **SVCM SECURITIES PRIVATE LIMITED**

**SEBI REGN NO.: INZ000293732**

## **CLIENT REGISTRATION FORM FOR INDIVIDUAL/NON-INDIVIDUAL**

Date : \_\_\_\_\_  
UCC Code : \_\_\_\_\_  
Name : \_\_\_\_\_  
A P Code : \_\_\_\_\_  
BO ID : **12091200-00**

ANNEXURE – 1  
INDEX OF DOCUMENTS

S.N.	Name of the Document	Brief Significance of the Document	Pg. No
<b>A. MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES:</b>			
1.	Account Opening Form	A. CKYC & KRA form - Document captures the basic information about the constituent and an instruction/check list.	3-12
		B. Document captures the additional information about the constituent relevant to trading account and an instruction/check list.	13-16
2.	Policies and Procedures	Document describing significant policies and procedures of the stock broker	17-20
3.	Schedule of Charges	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).	21
<b>B. VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER</b>			
4.	Running Account Authorisation	This letter is authorisation to maintain fund on running account basis & for authorisation to receive contract as well other relevant documents.	22
5.	Authorisation for Communication in Digital Format	This mandate is to authorisation to issue contract notes in digital mode. It provides terms and conditions for the issuance of digital contract note.	23
6.	Common Mobile & E mail id	As per format	24
<b>C. DP SECTION:</b>			
7.	DP FORM	Document captures the additional information about the constituent relevant to DP account opening form, nomination form, Rights and Obligations, SMS alerts and POA thereof.	25-36
8.	Option Form for DIS booklet	Issuance of Dis Booklet	37
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10.	Tariff Sheet (CDSL)	Document detailing the charges levied on the client.	39
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13.	Declaration by HUF & Mobile Phone Communication/Sms Alert	Declaration to be provided by HUF & Mobile Phone Communication/Sms Alert	41
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16.	FATCA	FATCA/CRS Declaration For Individuals	47
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Rights and Obligation, Rights and Obligation (Margin Trading Facility), Risk Disclosure Document, Guidance Note, RMS Policy included as a separate client copy.

### Details of Trading and Clearing Member

Name of stock broker : **SVCM SECURITIES PRIVATE LIMITED**  
Regd./Correspondence office : B - 702 Divine Jalpa, Jambli Galli, Borivali (West),  
Mumbai - 400 092.  
Telephone Numbers : 022-2970 0323  
Email : dp@svcm.in  
SEBI Registration No. and Date : INZ000293732 and Date: 12th March, 2020  
SEBI Registration No. of CDSL : IN-DP-557-2021 and Date: 2nd February, 2021  
BSE Member Code No.: 6737 • NSE Member Code No.: 90216  
MCX Code No.: 56865  
Clearing Member Name : Globe Capital Market Ltd.  
804, Ansal Bhawan, 16 K.G. Marg, Connaught Place, New Delhi-110001  
Clearing Code : FNO & CDNSE - M50302 MCX: 8091  
CIN : 65990MH2019PTC326901  
PAN : ABCCS2329G  
Compliance officer name : Rahul Jain  
Phone No. : 022-2970 0309  
Email Id : rahul.j@svcm.in  
CEO Name : Chandu Jain  
Phone No. : 022-2970 0309  
Email Id : chandukjain@svcm.in

For any grievance/dispute please contact **SVCM SECURITIES PRIVATE LIMITED** at the above address or email id: **[grievances@svcm.in](mailto:grievances@svcm.in)** and Phone no. **022-2970 0323**. In case not satisfied with the response, please contact the concerned exchange(s) at their Contact details given below:

#### BSE Limited (BSE)

Tel. No.: 022-22721233/34  
Fax No.: 022-22723677  
Investor Services email id.: [is@bseindia.com](mailto:is@bseindia.com)  
Investor Services Tel. No.: 022 22728097  
E-mail id: [stanies.crauto@bseindia.com](mailto:stanies.crauto@bseindia.com)

#### NSE Limited (NSE)

Tel. No.: 022 2659 8190 / 1800220058  
Investor Services email id.: [ignse@nse.co.in](mailto:ignse@nse.co.in)

#### MCX

Tel. No.: 022 67318888/ 66494151  
Investor Services Email id: [grievance@mcxindia.com](mailto:grievance@mcxindia.com)

#### CDSL

Tel.: 18002005533  
E-mail Id: [complaints@cdslindia.com](mailto:complaints@cdslindia.com)

### PROPRIETARY TRADE DECLARATION

Disclosure in Terms of SEBI Circular No. SEBI/MRD/SE/CIR-42/2003 dated November 19, 2003 **SVCM SECURITIES PRIVATE LIMITED** besides doing client based business also does its own investment and/or trading. "Proprietary Trading Disclosure noted".

### KRA & CERSAI REGISTRATION DETAILS

Already Registered with KRA? ☐ Yes ☐ No

Name of the KRA and registration details ( ✓ Tick whichever is applicable)

☐ NDML ☐ CVL ☐ DOTEX ☐ CAMS ☐ KARVY

KRA Status: \_\_\_\_\_ Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Already Registered with CERSAI? ☐ Yes ☐ No

CKYC Number: \_\_\_\_\_ Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_



## INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/ Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
  2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
  3. If any proof of identity or address is in a foreign language, then translation into English is required.
  4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
  5. If correspondence & permanent address are different, then proofs for both have to be submitted.
  6. Sole proprietor must make the application in his individual name & capacity.
  7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
  8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
  9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
  10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
  11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.
- B. Proof of Identity (POI):** - List of documents admissible as Proof of Identity:
1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
  2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
  3. Identity card/ document with applicant's Photo, issued by any of the following: Central/ State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.
- C. Proof of Address (POA):** - List of documents admissible as Proof of Address:  
(\*Documents having an expiry date should be valid on the date of submission.)
1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/
- D. Exemptions/clarifications to PAN**  
(\*Sufficient documentary evidence in support of such claims to be collected.)
1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
  2. Investors residing in the state of Sikkim.
  3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
  4. SIP of Mutual Funds upto Rs 50, 000/- p.a.
  5. In case of institutional clients, namely, FIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.
- E. List of people authorized to attest the documents:**
1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
  2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

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

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</li> <li>• Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>• Copy of the Board Resolution for investment in securities market.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
Partnership firm	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered partnership firms only).</li> <li>• Copy of partnership deed.</li> <li>• Authorised signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> </ul>
Trust	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered trust only).</li> <li>• Copy of Trust deed.</li> <li>• List of trustees certified by managing trustees/CA.</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> </ul>
HUF	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Deed of declaration of HUF/ List of coparceners.</li> <li>• Bank pass-book/bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of Karta.</li> </ul>
Unincorporated Association or a body of individuals	<ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document.</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Banks/Institutional Investors	<ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Army/ Government Bodies	<ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Registered Society	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act.</li> <li>• List of Managing Committee members.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>



**A Clarification / Guidelines on filling 'Personal Details' section**

- 1 **Name:** The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory: **Mother's name, Spouse's name, Father's name.**

**B Clarification / Guidelines on filling 'Current address details' section**

- 1 In case of deemed POA such as utility bill, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- 3 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 4 In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of E-KYC authentication, II is to be selected.
- 6 List of documents for 'Deemed Proof of Address'.
 

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and license agreements with such employers allotting official accommodation.
- 7 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- 8 "Equivalent e-document" means an electronic equivalent of a document issued by the issuing authority of such document with its valid digital signature including issued to the digital locker account of the client as per rule 9 of the information Technology (Preservation and Retention of information by intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 9 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

**C Clarification / Guidelines on filling 'Contact details' section**

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

**D Clarification / Guidelines on filling 'Related Person details' section**

- 1 Provide KYC number of related person, if available.

**E Clarification on Minor**

- 1 Guardian details are optional for minors above 10 years of age for opening of bank account only
- 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

# SVCM SECURITIES PRIVATE LIMITED

## CENTRAL KYC REGISTRY - KNOW YOUR CLIENT (KYC) APPLICATION FORM - INDIVIDUAL

**MANDATORY**

### Important Instructions:

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



### For office use only

Application Type\* ☐ New ☐ Update

(To be filled by financial institution) KYC No.  (Mandatory for KYC update required)

Account Type\* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		
Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)			

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

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F- Proof of Possession of Aadhaar	<input type="text"/>
<input type="checkbox"/> E- KYC Authentication	<input type="text"/>
<input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>



Signature/Thumb impression

### Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
PIN/Post Code*	<input type="text"/>
State /U. T. Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

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

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

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>



<input type="checkbox"/> F- Proof of Possession of Aadhaar	X X X X X X X X
II <input type="checkbox"/> E- KYC Authentication	X X X X X X X X
III <input type="checkbox"/> Offline verification of Aadhaar	X X X X X X X X
IV <input type="checkbox"/> Deemed proof of Address - Document Type code	

Address

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

☐ 4. CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID) (Please refer instruction C at the end)

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

☐ 5. REMARKS (If any)


☐ 6. APPLICANT DECLARATION

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

Date: DD — DD — YYYY Place: 

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

 Signature / Thumb Impression of Applicant

☐ 7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UDAl ☐ Data received from Offline verification ☐ Equivalent e-document

Pos Code: 1200006737

KYC VERIFICATION CARRIED OUT BY													INSTITUTION DETAILS																								
Date:	<table border="0"><tr><td></td><td></td><td>—</td><td></td><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														—		—								Name	SVCM SECURITIES PRIVATE LIMITED											
		—		—																																	
Emp. Name:													Code																								
Emp. Code:													[Institution Stamp]																								
Emp. Designation:																																					
Emp. Branch:																																					
[Employee Signature]																																					

# SVCM SECURITIES PRIVATE LIMITED

CENTRAL KYC REGISTRY - KNOW YOUR CLIENT (KYC) APPLICATION FORM - LEGAL ENTITY/OTHER THAN INDIVIDUALS

**MANDATORY**

## Important Instructions:

- A) Fields marked with '\*' are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines/instructions at the end.
- I) For particular section update, please take (✓) in the box available before the section number and strike off the sections not required to be updated.



## For office use only

Application Type\* ☐ New ☐ Update

(To be filled by financial institution) KYC No.  (Mandatory for KYC update required)

## ☐ 1. Entity DETAILS (Please refer instruction A at the end)

☐ Name\*

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

Date of Incorporation/Formation\* -- Date of Commencement of Business\* --

Place of Incorporation/Formation\*  Country of Incorporation/Formation\*

TIN or Equivalent issuing Country\*

PAN\*  ☐ Form 60 furnished

TIN/GST Registration Number

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

☐ Officially valid documents in respect of person authorised to transact

☐ Certificate of Incorporation/Formation  ☐ Registration Certificate  Regn Certificate No.

☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed

☐ Resolution of Board/Managing Committee ☐ Power of Attorney granted to its manager, officers/employees to transact on its behalf

☐ Activity Proof - 1 (For Sole Proprietorship only) ☐ Activity Proof - 2 (For Sole Proprietorship only)

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

### 3.1 Registered Office Address/Place of Business\*

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

Address

Line 1\*

Line 2

Line 3

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

### 3.2 Local Address in India (If different from above)\*

Address

Line 1\*

Line 2

Line 3

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

## ☐ 4. CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) - Fax -

Mobile - Email ID

Mobile - Email ID

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



[illegible]

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or

- Date: DD - DD - YYYY Place:

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document ☐

☐ Equivalent e-document

[Institution Stamp]

### A Clarification / Guidelines on filling Entity Details section

- S - Foreign Portfolio Investors

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

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



## MANDATORY

- For office use only** Application Type\* ☐ New ☐ Update  
 (To be filled by financial institution) KYC No.  (Mandatory for KYC update required)



<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F- Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> E- KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>
IV <input type="checkbox"/> Deemed proof of Address - Document Type code	<input type="text"/>

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/> City/Town/Village*
District*	<input type="text"/> PIN/Post Code* <input type="text"/> State /U. T. Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

☐ 1.4 CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off)	<input type="text"/>	Tel. (Res)	<input type="text"/>	Mobile	<input type="text"/>
Email ID	<input type="text"/>				

☐ 2. APPLICANT DECLARATION

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

Date: -- Place:  Signature / Thumb Impression of Applicant

☐ 3. ATTESTATION / FOR OFFICE USE ONLY

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

Pos Code:

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date: <input type="text"/>	Name <b>SVCM SECURITIES PRIVATE LIMITED</b>
Emp. Name: <input type="text"/>	Code <input type="text"/>
Emp. Code: <input type="text"/>	<div>[Institution Stamp]</div>
Emp. Designation: <input type="text"/>	
Emp. Branch: <input type="text"/>	
<div>[Employee Signature]</div>	

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

**B. Address Details (please see guidelines overleaf)**

**C. Other Details (please see guidelines overleaf)**

## DECLARATION

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




Place:

Date:

## AMC/Intermediary name OR code

**SVCM SECURITIES PRIVATE LIMITED**

☐ (Originals Verified) Self Certified Document copies received

For SVCN SECURITIES PRIVATE LIMITED



Annexure

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

Name of Applicant: \_\_\_\_\_ PAN of the Applicant: \_\_\_\_\_

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Name & Signature of the Authorised Signatory(ies)

Date \_\_\_\_\_

## A. BANK ACCOUNT(S) DETAILS

Bank - 1
Bank Name
Branch
Address
Account No.
Account Type: <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____
MICR Code:
<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"/>
IFSC Code (for RTGS)
<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"/>

Bank - 2
Bank Name
Branch
Address
Account No.
Account Type: <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____
MICR Code:
<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"/>
IFSC Code (for RTGS)
<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"/>

## B. DEPOSITORY ACCOUNT(S) DETAILS

Demat - 1
Depository: <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
DP Name
Beneficiary Name
DP ID:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BO ID:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Demat - 2
Depository: <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
DP Name
Beneficiary Name
DP ID:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BO ID:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## C. TRADING PREFERENCES

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

Exchanges		Segments	
BSE	Cash	<input type="checkbox"/>	MF <input type="checkbox"/>
NSE	Cash	<input type="checkbox"/>	CD NSE <input type="checkbox"/>
	F&O	<input type="checkbox"/>	MF <input type="checkbox"/>
MCX (Comm)	Futures	<input type="checkbox"/>	Options <input type="checkbox"/>

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



<b>D. OTHER DETAILS</b>		
1. Gross Annual Income details (please specify) : Income Range per annum		
<input type="checkbox"/> Upto Rs. 1,00,000/- <input type="checkbox"/> Rs. 1,00,001/- to Rs. 5,00,000/- <input type="checkbox"/> Rs. 5,00,001/- to Rs. 10,00,000/- <input type="checkbox"/> Rs. 10,00,001/- to Rs. 25,00,000/- <input type="checkbox"/> Rs. 25,00,001/- to Rs. 100,00,000/- <input type="checkbox"/> Above Rs. 100,00,001/- Net worth as on Date : _____ Rs. _____ (Net worth should not be older than 1 year)		
2. Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others	For Ind. only
3. Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	
4. Is the entity involved/providing any of the following services <input type="checkbox"/> YES <input type="checkbox"/> NO - For Foreign Exchange / Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO – Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO - Money Lending / Pawning <input type="checkbox"/> YES <input type="checkbox"/> NO		For NI only
5. Any other information		
6. GST Registration Number		
GST Implementation Location		

**E. 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:

**F. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS**

- If client is dealing through the sub-broker, provide the following details:  
Sub-broker's Name: \_\_\_\_\_ SEBI Registration number: \_\_\_\_\_  
Registered office address: \_\_\_\_\_  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_
- Whether dealing with any other stock broker/sub-broker (in case dealing with multiple stock brokers/sub-brokers, provide details of all)  
Name of stock broker: \_\_\_\_\_  
Name of sub broker, if any: \_\_\_\_\_  
Client Code: \_\_\_\_\_ Exchange: \_\_\_\_\_  
Details of disputes/dues pending from/to such stock broker/sub- broker: \_\_\_\_\_

"Pursuant to SEBI Circular dated August 3rd, 2018, w.e.f. April 1st, 2019 Sub-Broker has been migrated to AP."

**G. ADDITIONAL DETAILS**

- Mode of Receiving Contract Notes and other documents ☐ Physical ☐ Electronic  
Specify your Email id, if applicable: \_\_\_\_\_
- Internet Trading/ Wireless Trading Facility ☐ Yes ☐ No
- Number of years of Investment/Trading Experience: \_\_\_\_\_
- In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others: \_\_\_\_\_
- Any other information: \_\_\_\_\_

**H. INTRODUCER DETAILS (optional)**

Name of the Introducer: \_\_\_\_\_  
(Surname) (Name) (Middle Name)

Status of the Introducer: Sub-broker/Remisier/Authorized Person/Existing Client/Others, please specify \_\_\_\_\_

Address and phone no. of the Introducer: \_\_\_\_\_

Signature of the Introducer: \_\_\_\_\_

### DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Place \_\_\_\_\_



(\_\_\_\_\_)

Date \_\_\_\_\_

Signature of Client/ (all) Authorized Signatory (ies)

### FOR OFFICE USE ONLY

UCC Code allotted to the Client: \_\_\_\_\_

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

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



Signature of the Authorised Signatory

Date \_\_\_\_\_

Seal/Stamp of the stock broker



## INSTRUCTIONS/ CHECK LIST

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

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

\*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.

2. Self-certified copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted. (Not more than 4 months old)
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals:
  - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
  - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals:
  - a. Form need to be initialized by all the authorized signatories.
  - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

**A. Refusal of orders for "Penny Stocks"**

Although, the term "Penny Stock" has not been defined by BSE/NSE or any other stock exchange or by SEBI, a "Penny Stock" generally refers to a stock which has following characteristics:

- Has small market capitalization;
- Trades at a price less than its face value;
- Has unsound fundamentals;
- Is illiquid

(A list of illiquid securities is jointly released by BSE/NSE from time to time.)

SVCM SECURITIES PRIVATE LIMITED recognizes that it is the client's privilege to choose shares in which he/she would like to trade. However, SVCM SECURITIES PRIVATE LIMITED would like to pay special attention to dealing in "Penny Stocks". To this end:

- SVCM SECURITIES PRIVATE LIMITED may refuse to execute any client's orders in "Penny Stocks" without assigning any reason for the same.
- Any large order for purchase or sale of a "Penny Stock" should be referred to Head - Dealing before such orders can be put in the market for execution.
- Clients must ensure that trading in "Penny Stock" does not result in creation of artificial volume or false or misleading appearance of trading. Further, clients should ensure that trading in "Penny Stock" does not operate as a device to inflate or depress or cause fluctuations in the price of such stock.
- Clients are expected not to place orders in "Penny Stocks" at prices which are substantially different from the prevailing market prices. Any such order is liable to be rejected at the sole discretion of SVCM SECURITIES PRIVATE LIMITED
- Notwithstanding the above, in case of sale of "Penny Stocks", clients should ensure the delivery of shares to SVCM SECURITIES PRIVATE LIMITED before the pay-in date.
- SVCM SECURITIES PRIVATE LIMITED reserves the right to refuse or restrict the execution of any transaction requests of the Client on certain stocks depending on various conditions like volume, value, illiquidity, even though a client may have credit balance or sufficient margin in the trading account or restrictions in Z group/T group or restrictions on ASM/GSM securities appearing in SMS list.

**b. Setting up client's exposure limit**

- Exposure limit for each client is determined by the Risk Management Department based on client's networth information, financial capacity, prevailing market conditions and margin deposited by client in the form of funds / securities with SVCM SECURITIES PRIVATE LIMITED These limits may be set exchange-wise, segment-wise, and scrip-wise.
- The limits are determined by Risk Management Department based on the above criteria and the payment history of the client in consultation with Sales/Sales traders.
- SVCM SECURITIES PRIVATE LIMITED retains the discretion to set and modify, from time to time, any client's exposure limit decided as above.
- Whenever any client has taken or wants to take exposure in any security, SVCM SECURITIES PRIVATE LIMITED may call for appropriate margins in the form of early pay-in of shares or funds before or after execution of trades in the Cash segment. In case of any margin shortfall, the clients will be told to reduce the position immediately or they will be requested to deposit extra margin to meet the shortfall. Otherwise, SVCM SECURITIES PRIVATE LIMITED may refuse to trade on behalf of such client at its own discretion.

**c. Applicable brokerage rate**

- Brokerage Rate is mutually decided between the SVCM SECURITIES PRIVATE LIMITED and each client based on client's networth, expected trading volume, etc. The maximum brokerage chargeable will not exceed the rates prescribed by SEBI and the exchanges.
- The applicable brokerage rate is mentioned in the Client registration form and any change in the brokerage rate in future will be communicated to the client in writing.

**d. Imposition of penalty / delayed payment charges by either party, specifying the rate and the period**

- Penalty and other charges levied by Exchanges pertaining to trading of the client shall be recovered from the respective client.
- If there is delay on the part of the client in satisfying his / her margin obligation or settlement obligation then



SVCM SECURITIES PRIVATE LIMITED shall levy delayed payment charges at the rate of 1.5% p.m. on such shortfall for the period of delay on such client. SVCM SECURITIES PRIVATE LIMITED shall recover such delayed payment charges from the client by debiting the client's account.

- No interest or charges will be paid by SVCM SECURITIES PRIVATE LIMITED to any client in respect of retention of funds or securities towards meeting future settlement obligations and in respect of running account authorizations.

**e. Right to sell clients' securities or close clients' positions, without giving notice to the client, on account of non-payment of client's dues.**

We refer to the **SEBI circular No. CIR/HO/MIRSD/DOP/CIR/P/2019/75** on "Handling of Clients" Securities by trading Members/ Clearing Members" dated June 20, 2019 read in line with the updated FAQ's dated 27th Sep 2019, which will be in effect from 1st October 2019. To view this circular SEBI Circular it has necessitated a change in policy and procedures with respect to retention/ handling of securities and square off policy. We hereby communicate the modification in our existing policies and procedures.

Securities handling/ retention policy:

- 1) Entire Securities received in settlement payout will be transferred to the client beneficiary owner account(BO), if the total amount outstanding from the client is realized in full by way of receipt of clear funds, considering the future obligation of unsettled transaction and margin payable on the same.
- 2) In case of partial payment, all the securities shall be retained, however, based on client instruction subject to retention of securities as a collateral for the amount outstanding, excess securities will be transferred to client BO account after applying prevailing hair cut as per scrip category as determined by SVCM SECURITIES PRIVATE LIMITED
- 3) (a) Clients securities shall be transferred to the CLIENT BENEFICIERY a/c via direct payout or transferred to the "Client Unpaid Securities Account" (CUSA) depending on the discretion of the stock broker. No securities shall be kept in the CUSA beyond 5 days from the date of payout.  
(b) We may, however, at our discretion, transfer the unpaid securities to Client BO account in case the client is having BO account with SVCM SECURITIES PRIVATE LIMITED and has executed POA of the demat account for transferring securities against obligation, in favour of SVCM SECURITIES PRIVATE LIMITED
- 4) In the event of non-payment, within 5 trading days from the date of pay-out, in proportion to the amount not received and after taking into account any amount lying to the credit of the client, it will be the Broker's discretion to either DISPOSE - OFF/SELL the securities. The balance shall be transferred to the Client Beneficiary Account.
- 5) As the SEBI Circular No.CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20th 2019 read in line with the updated FAQ's dated 27th Sep 2019 mandates liquidation of securities in case of non-payment within 5 working days from the pay-out date, NO PRE-ORDER TRADE CONFIRMATION is required for the same. The Shares lying in the CUSA shall be sold on FIFO basis.
- 6) The client may want to sell some other securities lying in their respective demat account within the 5 days from the payout instead of the securities lying in the CUSA. In this case the client shall do an EARLYPAYIN of these securities to the "Pool Account" of the Broker and give a written consent duly signed by the Trading Account holder for the same. Only after these securities are disposed-off and the formalities are completed to the satisfaction of SVCM SECURITIES PRIVATE LIMITED, the securities in the CUSA shall be transferred to the "Client Beneficiary Account".
- 7) It shall be noted that SVCM SECURITIES PRIVATE LIMITED shall not allow the client to initiate a buy trade as further exposure shall not be allowed if the old debit is not realized in full by way of receipt of clear funds in the bank account of SVCM SECURITIES PRIVATE LIMITED or by way of realized payout as a result of liquidation by the Trading Member read in line with the para 2(d) of the SEBI Circular ref No.CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20th 2019 and the FAQ dated 27/09/2019 pt 19 page 7.
- 8) "Client Collateral Account" shall be used for the purpose of holding clients securities for margin purposes or for transferring to the Clearing Members. These securities held in the "Client Collateral Account" shall be released to the clients along with their funds' settlement (i.e. once in every 30/90 days after making the necessary retention in accordance with NSE circular NSE/INSP/36889) dated Feb 2nd 2018. The broker shall retain 225% of securities in client margin a/c in case of debit.
- 9) In case there is a shortfall after the selling of securities from the CUSA the client shall be liable to pay the balance.



- 10) Securities can be transferred from "Client Collateral Account " or " CUSA" to the "Pool Account" for selling the securities.
- 11) In exceptional scenario, where inter-depository transfer is not available i.e. SGB, G-sec,... the client will have to open an account in the relevant Depository.

Square off policy:

- 1) Open positions in CM segment may be squared off on T+7 days in either of following circumstances to the extent of due debit and unsettled obligation amount if any;
  - Ledger Account is in debit for 5 continues days and payment is not realized by the T+6th day, or
  - Securities Remain unpaid on clear fund basis for T+7 days, or
  - Total asset cover (Including shares in BO POA account offered as collateral) to debit falls below 120% on real time basis)
- 2) Payment made to SVCM SECURITIES PRIVATE LIMITED will be recognized and credited on real time basis such payments made need to be informed to accounts department.
- 3) In case of square off, securities available in unpaid securities account/ client collateral account(s) may be sold proportionate to the outstanding amount or based on liquidity/ depth in market on a FIFO basis.
- 4) On the day of square off, Client will be put on square up mode/100% margin without collateral margin benefit. No fresh exposure will be allowed on square off days unless on receipt of clear funds.

Ledger balance for the purpose will be considered on the basis of realized balance excluding unclear cheque credit. However, management at their sole discretion may take any informed decision to deviate from the aforementioned policy in certain instances on a case to case basis.

**f. Shortages in obligations arising out of internal netting of trades.**

- To determine the net obligation of a broker / trading cum clearing member (for securities and funds) in a settlement, clearing house does the netting of trades at the broker level. Due to default by one or more clients in fulfilling their obligations towards the broker, the broker internally might have shortages to fulfill its obligations towards the other client(s). In such situation, SVCM SECURITIES PRIVATE LIMITED shall endeavor to collect the securities from the selling client and deliver it to the purchasing client within 48 hours of the settlement date. In case the selling client is not able to deliver the securities within 48 hours, then SVCM SECURITIES PRIVATE LIMITED shall attempt to purchase the security from the market and deliver it to the purchasing client. The purchase cost as well as all the incidental charges shall be debited to the account of the defaulting client. If SVCM SECURITIES PRIVATE LIMITED is not able to procure the securities from the market, then the transaction will be closed out as per the auction rate prescribed by the Exchange for that scrip and the closing amount will be credited to the purchasing client and debited to the selling client.

**g. Conditions under which a client may not be allowed to take further position or the broker may close the existing position of the client.**

SVCM SECURITIES PRIVATE LIMITED shall have absolute discretion and authority to limit client's volume of business or to close any existing position of a client without giving any prior notice to the client under following conditions:

- Extreme volatility in the market or in particular scrip or in the F&O segment.
- There is shortfall in the margin deposited by client with SVCM SECURITIES PRIVATE LIMITED
- If there are insider trading restrictions on the client.
- If there are any unforeseen adverse market conditions or any natural calamity affecting the operations of the market.
- If there are restrictions imposed by the Exchange or the Regulator on the volume of trading outstanding positions of contracts.
- If the client is undertaking any illegal trading practice or the client is suspected to be indulging in money laundering activities.
- If SVCM SECURITIES PRIVATE LIMITED has reached its limit in that particular scrip.
- If the client has breached the client-wise limit.
- If the client has taken or intends to take new position in a security which is in the banned period.
- If due to abnormal rise or fall in the market, the markets are closed.

**h. Temporarily suspending or closing a client's account based on the client's request.**

- Any client desirous of temporarily suspending his or her trading account has to give such request in writing to the management. After management's approval, further dealing in such client's account will be blocked.



Whenever trade has to be resumed in any suspended client's account, a request in writing should be made by the client to the management and the management may ask for updated financial information and other details for reactivating such account. After receiving necessary documents, details, etc. and approval from the management, the client account will be reactivated and transaction will be carried out.

- Similarly, any client desirous of closing his / her account permanently is required to inform in writing and the decision in this regard will be taken by the management. After necessary approval from the management, the client code will be deactivated. Only after scrutinizing the compliance requirements and a "no pending queries" confirmation is taken, securities and funds accounts will be settled.

#### **i. Deregistering a Client**

SVCM SECURITIES PRIVATE LIMITED may, at its absolute discretion, decide to deregister a particular client. The illustrative circumstances under which SVCM SECURITIES PRIVATE LIMITED may deregister a client are given below:

- SEBI or any other regulatory body has passed an order against such client, prohibiting or suspending such client from participating in the securities market.
- Such client has been indicted by a regulatory body or any government enforcement agency in case of market manipulation or insider trading or any other case involving violation of any law, rule, regulation, guideline or circular governing securities market.
- Such client is suspected of indulging in illegal or criminal activities including fraud or money laundering.
- Such client's name appears in the UN list of prohibited entities or in the SEBI debarred list.
- Such client's account has been lying dormant for a long time or the client is not traceable.
- Such client has been declared insolvent or any legal proceedings to declare him / her as insolvent have been initiated.
- Such client has been irregular in fulfilling obligations towards margin or settlement dues.
- Such client has a tainted reputation and any business relationship with such clients is likely to tarnish the reputation of SVCM SECURITIES PRIVATE LIMITED or may act as detriment to SVCM SECURITIES PRIVATE LIMITED

#### **J. Inactive Client Account**

As per the BSE/NSE/MCX circular on "Treatment of Inactive Trading account" dated February 10, 2020, the term "Inactive" refers to such account wherein no trades have been carried out since last 12 (Twelve) months across all Exchanges. Any further trading by "Inactive" client will be allowed only after undertaking sufficient due diligence (including In-person verification) and obtaining updated information related to KYC.

##### **Return of client assets:**

SVCM SECURITIES PRIVATE LIMITED shall settle all client's account on monthly or quarterly basis (as per the client preferences) in the manner prescribed from time to time. In case SVCM SECURITIES PRIVATE LIMITED is unable to settle the client account due to non-availability of client's bank account and demat account details and non-traceability of client, SVCM SECURITIES PRIVATE LIMITED will make all efforts to trace the client to settle their funds and securities lying with SVCM SECURITIES PRIVATE LIMITED

Further in cases where SVCM SECURITIES PRIVATE LIMITED is unable to trace such clients in spite of all efforts taken, SVCM SECURITIES PRIVATE LIMITED will open one separate Client Bank/Client collateral Demat account and immediately set aside the funds and securities of these clients in such account.

In case of receipt of any claims from such clients, SVCM SECURITIES PRIVATE LIMITED shall settle the accounts immediately and make the payment/delivery to the respective clients only.

Any outstanding lawful dues in the client's account will be communicated and collected from the client and the client will be liable to pay such dues immediately on receiving such communication.

I/We have fully understood the above and do hereby sign the same. These policies and procedures may be amended unilaterally by the broker, Return of client's funds & securities aspect, provided the amendment is informed to me / us as per applicable laws, rules & regulations of Exchange/SEBI by any approved mode of communication and also uploading the revised policy on the website of the member. These policies and procedures shall always be read be compulsorily referred to while deciding any dispute or claim between me/us and broker any regulator or arbitrator or court of law.



(Signature of the constituent)



## Brokerage and Schedule of Charges

**MANDATORY**

Further, I agree to the following terms of doing business:

Particulars	Cash Segment		Futures			Options			MCX		
									Futures		Options
	Min (₹/Paise)	Max %	Min (₹/Paise)	Min Per Lot ₹	Max %	Min (₹/Paise)	Min Per Lot ₹	Max %	Min (₹/Paise)	Min Per Lot ₹	Max %
Single Side											
Both Sides											
Delivery											

- Note:**
- 1) Inter settlement arising out of purchase and sale transactions affected by constituent shall be debited to constituent account.
  - 2) Statutory and Exchange Charges:
    - a) Securities Transaction Charges, SEBI Turnover Fees, Transaction Charges shall be levied as per the prevailing rate;
    - b) Statutory levies including but not limited to GST & Stamp duty shall be levied as per the prevailing rate;
    - c) The above rates are subject to change by the Regulatory Authorities and Government Agencies
  - 3) Charges for issue of Duplicate Contract, Bills, statements etc Rs. 50/- per document type.
  - 4) Cheque Bounce/ Stop Payment charges Rs. 500/- + Taxe per cheque.
  - 5) Brokerage shall not exceed maximum permissible limit as per rules & regulations of Exchange / SEBI.
  - 6) Delay Payment Charges On Outstanding Bill Amount If Not Paid Within Due Date :  
1.5 % Per Month (Levied Every 15 Days)
  - 7) Trading Software Charges : Pessio iTrade desktop application: Rs.500/- pa + Taxes. Mobile application FREE.
  - 8) Rs. 20 + GST , Per debit instruction for utilization of NSE/BSE CUSA Pool Accounts.
  - 9) On trading a/c service charge of Rs 8/- + GST would be charged monthly



Signature of the Client \_\_\_\_\_

**RUNNING ACCOUNT AUTHORISATION****VOLUNTARY****SVCM SECURITIES PRIVATE LIMITED**

B - 702 Divine Jalpa, Jambli Galli,  
Borivali (West), Mumbai - 400 092.

Dear Sir,

**Re: Running Account Authorisation**

In order to facilitate operations of my/our trading account opened, I/We would like to authorise SVCM Securities Private Limited (hereinafter referred as "SVCM") to maintain running account, instead of settlement to settlement clearance of funds due to me/us. I hereby authorise SVCM to maintain a running account.

I/We would be like the mandatory settlement of funds (if applicable), as to be made to me/us on the basis indicated below. (Tick against your preference)

Once in a Quarter ☐ Once in a Month ☐

Such settlement will be done by SVCM on any day at its discretion in a calendar Month or Quarter as the case may be.

Margin liability as on the date of settlement of running account, in all segments and additional margins (maximum upto 125% of total margin liability on the day of settlement). The margin liability shall include the end of the day margin requirement excluding the MTM and pay-in obligation, therefore, TM may retain 225% of the total margin liability in all the segments across exchanges.

For the clients having credit balance, who have not done any transaction in the 30 calendar days since the last transaction, the credit balance shall be returned to the client by TM, within next three working days irrespective of the date when the running account was previously settled.


I/We further agree and confirm that such periodic settlement of Running Account may not be necessary, either on a monthly or Quarterly basis, If I/We:

- Are availing margin trading facility as per SEBI circulars.
- Have provided funds received towards collaterals/margin in the form of bank guarantee (BG)/Fix Deposit Receipt (FDR).

I/We have noted that Authorized person is not permitted to accept client's funds and securities. The TM should keep a proper check.

I/We am/are aware that the authorization may be revoked by me/us any time at my/our own discretion without any advance notice. SVCM may release the funds to me/us on my/our on settlement date or on request or on revocation of authority, if sufficient margins in respect of my/our trading, across the Stock Exchange(s) and across the segment of the Stock Exchange(s) are available with SVCM.

**First Holder/ Authorised Signatory**

Name	
Signature	

Note: The authorisation shall be signed by the client only and not by any authorised person on his behalf or any holder of the Power of Attorney.

**AUTHORISATION FOR COMMUNICATION IN DIGITAL FORMAT****VOLUNTARY**

From: \_\_\_\_\_

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

To,

Dear Sirs,

**Sub: Mandate to issue contract notes in digital format & other communications (such as Daily Margin Statement, Statement of Funds & Securities, Account Confirmations, bills, Notices etc.) through an E-Mail**

I / We hereby agree and consent to accept the contract notes for transactions carried on by us/me on BSE, NSE, MCX & CDSL with you, in terms of the mandatory and voluntary client registration document entered into between us/me, in digital form. Digital contracts issued by you as per the terms and conditions specified herein shall be binding on me/us. The mandate is subject to terms and conditions mentioned herein below.

Terms and conditions for issuance of contract notes in digital form between us :-

1. Digital Contract Notes in the format as may be prescribed by the Exchange from time to time will be mailed to me/us on the E-mail address provided to you.  
You can also send me/us my/our margin statement in digital form with contract notes.
2. I / we undertake to check the contract notes and bring the discrepancies to your notice within reasonable time of such issuance of contract notes. My /our non-verification or not accessing the contract notes on regular basis shall not be a reason for disputing the contract note at any time.
3. In case of any failure in system or errors in digital contract notes, or bouncing of email contract notes will be issued in physical form, which shall be binding on the client.
4. Discrepancies, if any, should be sent on E-mail: [grievances@svcm.in](mailto:grievances@svcm.in)
5. Clients can view the digital contract notes using the username & password through the web-site apart from the contract notes sent to the client through mail.
6. The Digital contract notes will be archived at an interval of 1 year. If the client intends to view the digital contract notes for a period prior to 1 year client may request for the same in writing.
7. The contract notes will be issued in digital form in compliance with the guidelines issued by SEBI / Exchanges from time to time.
8. It will be client's responsibility to regularly check the mailbox and keeping the storage space for new email messages.
9. Any changes in the terms and conditions shall be intimated from time to time in writing.
10. Non-receipt of bounced mail notification by the trading member shall amount to delivery of contract note at the e-mail ID of the client.
11. Any change in the E-mail ID shall be communicated by us / me through a physical letter.

**Other Communications (such as Daily Margin Statement, Statement of Funds & Securities, Account Confirmations, bills, Notices etc.)**

You can send me various documents like Daily margin statement, Statement of funds & securities, Account confirmations, bills, notices etc. through an E-mail ID mentioned in this letter.

This instruction to issue digital contract notes & other communications are applicable with immediate effect. This instruction is several to all parties mentioned above.

My/Our E-mail ID \_\_\_\_\_


My/Our Alternative E-mail ID \_\_\_\_\_

I understand that any change in the above email ID can be made by you only against a physical letter personally signed by me, or alternatively if the request is made through the password protected secured access as provided on your website. I undertake to check the electronic contract notes regularly and bring the discrepancies, if any to SVCM Securities Pvt. Ltd. notice within reasonable time of issuance of such digital contract notes.

I also understand that Non-Bouncing of the Electronic Contract Notes (ECN) shall be construed as a valid deemed delivery of the digital contract notes and other electronic documents sent to me, and you shall send physical contract notes to me only in case of any ECN's bounced back to you from my email id.

Failure on my part to check/verify the contract notes on regular basis shall not be a reason for disputing the digital contract note at any time and the payment obligations and transactions and trades shall be adhered to and cleared by me.

**First Holder/ Authorised Signatory**

Name	
Signature	



**Family Declaration - Email/ Mobile Updation in Family Codes**  
(Compulsory in case having common email & mobile in more than one account in SVCM Securities Pvt. Ltd.)

To,

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

**SVCM SECURITIES PVT. LTD.**

B - 702 Divine Jalpa, Jambli Galli, Borivali (West),

Mumbai - 400 092.

Dear Sir/Madam,

**Subject: Family Declaration for registering common Mobile / Email details**

I request you to register the following mobile number and/or email id in my demat and/or trading account(s) to be opened with you.




Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

I and my family members hereby request that mobile number and email id, as mentioned above shall be considered in your records for the purpose of receiving communication from SVCM Securities Pvt. Ltd. or Stock Exchanges/ Depositories with regard to trading / demat transactions executed by me / us through SVCM Securities Pvt. Ltd.

This facility shall be provided to me/us as an additional, for my / our convenience of receiving transaction details at a single mobile number and e-mail id. I / we understand that this facility is availed only by the family members where "family" means self, spouse, dependent children and dependent parents. (As per the SEBI Guidelines).

Sr. No.	Client Name	Trading Code	BO ID	Relationship	Signature
1.				Self	
2.				Dependent Parent - Mother	
3.				Dependent Parent - Father	
4.				Spouse	
5.				Dependent Daughter	
6.				Dependent Son	
7.					
8.					

Thanking You,

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature 			

(in case of demat account having joint holders, all holders need to sign)

# SVCM SECURITIES PRIVATE LIMITED

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

DP ID - 12091200 • SEBI REGN. NO.: IN-DP-557-2021

Corporate Office: B - 702 Divine Jalpa, Jambli Galli, Borivali (West), Mumbai - 400 092.

Tel.: 022-29700321 • E-mail: dp@svcm.in

## Additional KYC Form for Opening a Demat Account (Individual)

(To be filled by the Depository Participant)

Application No.											Date							
DP Internal Reference No.																		
DP ID	1	2	0	9	1	2	0	0	Client ID	0	0	0						

(To be filled by the applicant in **BLOCK LETTERS** in English)

I / We request you to open a demat account in my / our name as per the following details: -

### Holders Details

Sole / First Holder's Name											PAN								
											UID	X	X	X	X	X	X	X	
Exchange Name & ID											UCC								
Second Holder's Name											PAN								
											UID	X	X	X	X	X	X	X	
Third Holder's Name											PAN								
											UID	X	X	X	X	X	X	X	

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

### Type of Account

(Please tick whichever is applicable)

Status	Sub - Status			
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual-Director	<input type="checkbox"/> Individual Director's Relative	
	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	
	<input type="checkbox"/> Minor	<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 [Automatic Credit] (If not marked, the default option would be 'Yes')																	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')																	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly																	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID																	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I / We would like to share the email ID with the RTA																	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)																		




I / We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time ]																	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------------------------------	-----------------------------

Bank Details (Dividend Bank Details)		MICR code starting with 000 will not be eligible for ECS.									
Bank Code (9 digit MICR code)											
IFS Code (11 character)											
Account number											
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)										
Bank Name											
Bank Branch Address											
City		State		Country		PIN					

- (i) Photocopy of the cheque/cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
 (ii) Photocopy of the Bank Statement having name and address of the BO, (or)  
 (iii) Photocopy of the Passbook having name and address of the BO, (or)  
 (iv) Letter from the Bank.
- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it shall be self-certified by the BO.

OTHER DETAILS	
<b>1. Gross Annual Income Details (please specify):</b> Income Range per annum: <input type="checkbox"/> Below Rs 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> > 25 Lacs <b>Net-worth as on</b> (date) _____ ( _____ ) (Net worth should not be older than 1 year)	
<b>2. Occupation (please tick any one and give brief details):</b> <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____	
<b>3. Please tick, if applicable:</b> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)	
<b>4. Any other information:</b> _____	

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as Annexure-2.4	<input type="checkbox"/> Yes <input type="checkbox"/> No MOBILE NO. +91 _____ [(Mandatory, if you are giving Power of Attorney ( POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).
<b>easi</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No 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.

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

(Signatures should be preferably in black ink).



**SVCM SECURITIES PRIVATE LIMITED NOMINATION FORM**

Corporate Office: B - 702 Divine Jalpa, Jambli Galli, Borivali (West), Mumbai - 400 092.

Tel.: 022-29700321 • E-mail: dp@svcm.in

Nomination Registration No.	Dated

[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]  
(To be filled in by individual applying singly or jointly)

TM/DP Name & Address																																							
Date	D	D	M	M	Y	Y	Y	Y	DP ID	1	2	0	9	1	2	0	0	Client ID	0	0																			
I/We wish to make a nomination. [As per details given below]																		UCC																					
<b>Nomination Details</b>																																							
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																																							
<b>Nomination can be made upto three nominees in the account.</b>										<b>Details of 1st Nominee</b>										<b>Details of 2nd Nominee</b>										<b>Details of 3rd Nominee</b>									
<b>1. First Name</b>																																							
<b>Middle Name</b>																																							
<b>Last Name</b>																																							
<b>2. Share of each Nominee</b> Equally (If not equally, please specify percentage)										%										%										%									
Any odd lot after division shall be transferred to the first nominee mentioned in the form.																																							
<b>3. Relationship With the Applicant ( If Any)</b>																																							
<b>4. Address</b>																																							
City																																							
State																																							
Pin																																							
Country																																							
<b>5. Mobile No./Telephone No.</b>																																							
<b>6. E-mail ID of nominee(s)</b>																																							
<b>7. Nominee Identification details</b> [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																																							
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>																																							
<b>8. Date of Birth (Mandatory if nominee is a minor)</b>																																							
<b>9. Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}</b> First Name																																							
Middle Name																																							
Last Name																																							

10 Address of the guardian of nominee			
City			
State			
Country			
Pin			
11. Mobile/Telephone no. of Guardian			
12. E-mail ID of the Guardian			
13. Relationship of the Guardian with the Nominee			
14. Guardian Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

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

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

### Declaration Form for opting out of nomination

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

TM/DP Name & Address																										
Date	D	D	M	M	Y	Y	Y	Y	UCC/DP ID	1	2	0	9	1	2	0	0	Client ID	0	0						

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

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

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

Names of Witness		
Address of Witness		
Signature of Witness		

===== ( Please Tear here ) =====

Received nomination from:

### ACKNOWLEDGEMENT RECEIPT

DP ID	1	2	0	9	1	2	0	0	Client ID	0	0							UCC	
Name																			
Address																			
Nomination in favour of																			
First Nominee																			
Second Nominee																			
Third Nominee																			
No Nomination	<input type="checkbox"/> Does not wish to nominate																		
Registration No.											Registered on								

For **SVCM SECURITIES PRIVATE LIMITED**

# SVCM SECURITIES PRIVATE LIMITED

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

DP ID - 12091200 • SEBI REGN. NO.: IN-DP-557-2021

Corporate Office: B - 702 Divine Jalpa, Jambli Galli, Borivali (West), Mumbai - 400 092.

Tel.: 022-29700321 • E-mail: dp@svcm.in

## Additional KYC Form for Opening a Demat Account (For entities other than Individuals)

(To be filled by the Depository Participant)

Application No.											Date								
DP Internal Reference No.																			
DP ID	1	2	0	9	1	2	0	0	Client ID	0	0	0							

(To be filled by the applicant in **BLOCK LETTERS** in English)

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

### Holders Details

Sole / First Holder's Name																		
Search Name											PAN							
Exchange Name & ID											UCC							
Second Holder's Name											PAN							
											UID	X	X	X	X	X	X	X
Third Holder's Name											PAN							
											UID	X	X	X	X	X	X	X

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

### Type of Account

(Please tick whichever is applicable)

Status										Sub - Status	
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Banks	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> OCB	<input type="checkbox"/> FII					To be filled by the DP	
<input type="checkbox"/> CM	<input type="checkbox"/> FI	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Other (Specify)								
Date of Incorporation											
SEBI Registration No. (If Applicable)					SEBI Registration Date						
RBI Registration No. (If Applicable)					RBI Approval Date						
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____										

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] (If not marked, the default option would be 'Yes')	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

### Clearing Member Details (To be filled by CMs only)

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

I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--



### Bank Details (Dividend Bank Details)

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)								
Bank Name									
Bank Branch Address									
City		State		Country		PIN			

- (i) Photocopy of the cheque/cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
 (ii) Photocopy of the Bank Statement having name and address of the BO, (or)  
 (iii) Photocopy of the Passbook having name and address of the BO, (or)  
 (iv) Letter from the Bank.
- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it shall be self-certified by the BO.

**MICR code starting with 000 will not be eligible for ECS.**

### OTHER DETAILS

- Gross Annual Income Details (please specify):** Income Range per annum:  
☐ Below Rs 1 Lac   ☐ 1-5 Lac   ☐ 5-10 Lac   ☐ 10-25 Lac   ☐ 25 Lacs -1 Crore   ☐ > 1 Crore
- Net-worth as on** (date) \_\_\_\_\_ ( \_\_\_\_\_ ) (Net worth should not be older than 1 year)
- Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) ☐ Please provide details as per Annexure 2.2 A.
- Any other information:** \_\_\_\_\_

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as Annexure-2.4	<input type="checkbox"/> Yes <input type="checkbox"/> No MOBILE NO. +91 _____ [(Mandatory, if you are giving Power of Attorney ( POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).
	<input type="checkbox"/> Yes <input type="checkbox"/> No 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.

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(Signatures should be preferably in black ink).

## RIGHTS AND OBLIGATIONS OF BENEFICIAL OWNER AND DEPOSITORY PARTICIPANT AS PRESCRIBED BY SEBI AND DEPOSITORIES

### General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

### Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

### Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

### Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

### Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and/or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

### Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

### Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

### Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the



First/Sole Holder



Second Joint Holder



Third Joint Holder



Beneficial Owner held with another DP or to rematerialize the security balances held.

18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

#### **Default in payment of charges**

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

#### **Liability of the Depository**

21. As per Section 16 of Depositories Act, 1996, 1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

#### **Freezing/ Defreezing of accounts**

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

#### **Redressal of investor grievance**

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

#### **Authorized representative**

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

#### **Law and Jurisdiction**

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and / or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.



First/Sole Holder



Second Joint Holder



Third Joint Holder



## Terms and Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL

### Definitions:

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

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at Marathon Futurex, A-Wing, 25th floor, N M Joshi Marg, Lower Parel (East), Mumbai 400013 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

### Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

### Receiving Alerts:

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

### Fees:

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

### Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warrant the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with



availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

#### Liability and Indemnity:

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

#### Amendments:

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

#### Governing Law and Jurisdiction:

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

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

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

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

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

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable)

BOID

1	2	0	9	1	2	0	0		0	0	0						
---	---	---	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name

:

Second Holder's Name

:

Third Holder's Name

:

Mobile Number on which messages are to be sent

+91																	
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(Please write only the mobile number without prefixing country code or zero)

(Existing users registered for SMS alerts:- New mobile number will be updated for SMS alert also.)

The mobile number is registered in the name of: \_\_\_\_\_

Email

ID:

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



Signatures

Sole / First Holder

Second holder

Third Holder

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

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

## POWER OF ATTORNEY REVOCABLE/ LIMITED PURPOSE

To all to whom these presents shall come I/We:

- (1) \_\_\_\_\_ (First/Sole Holder)  
(2) \_\_\_\_\_ (Second Holder)  
(3) \_\_\_\_\_ (Third Holder)

an Individual/a sole proprietary concern/a partnership firm/a body corporate/trust, registered/incorporated under the provisions of the Indian Partnership Act, 1932/the Companies Act, 1956 or any other relevant Act, having his/her/its residence/registered office/place of business at \_\_\_\_\_

(hereinafter referred to as "Beneficial Owner/ Member") wish to avail the Broking, Depository and any other services offered (hereinafter referred to as "Services") by SVCM SECURITIES PVT LTD (hereinafter referred to as "SVCM"), company incorporated under the provisions of Companies Act, 2013 and having its registered office/ corporate office at B-702, Divine Jalpa, Jambli Gali, Borivali West, Mumbai 400092 and is a Member (Trading/ Clearing) of various recognized Stock Exchanges in India including The National Stock Exchange of India Limited (NSEIL), Bombay Stock Exchange Limited (BSE) and Multi Commodity Exchange of India Limited (MCX) [SEBI Registration number INZ000293732] and is also a "Depository Participant" registered with Central Depository Services (India) Ltd (CDSL) [SEBI Registration number IN-DP-557-2021 and DP ID 12091200.

**WHEREAS** in the course of availing services and meeting settlement/ margin obligation thereof on the Exchanges, I/We do hereby nominate, constitute and appoint SVCM SECURITIES PVT LTD acting through its Directors, Officers or Authorized Representatives as my/ our true and lawful attorneys, for me/ us and in my/ our name and on my/ our behalf and at my/ our cost and expense to do and/ or cause to be done the acts, deeds or things for the limited purpose specified as under:

1. To have and exercise the powers and /or authority, to do and/or execute the acts, deeds matters and things specified in agreements between SVCM SECURITIES PVT LTD and the Beneficial Owner as may be applicable in relation to the transactions executed by the client.
2. To transfer securities held in my/our Beneficial Owner account towards stock exchange related deliveries/ settlement obligations arising out of trades executed by me/us on stock exchange through SVCM SECURITIES PVT LTD.
3. To Pledge / Re-Pledge securities in favour of SVCM SECURITIES PVT LTD being Trading Member (TM) / Clearing Member (CM) for the purpose of meeting my/ our margin requirements in connection with the trades executed by me/ us on the Stock Exchange.
4. To apply for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares, New Fund offer, Offer for Sale, tendering shares in open offers etc. pursuant to my/ our instructions including withdrawal or revision of bids thereof.
5. To return to me/ us securities that may have been received erroneously or those securities that the stock broker was not entitled to receive from me/us.
6. To authorize the stock broker/Depository Participant to send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates by way of SMS/email on daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

Details of Beneficial Owner Account that the Member is entitled to operate are as per Schedule-1 and the list of Demat accounts of the member where the Transfer/Pledge is permitted is as per Schedule-2

I/We further confirm that any subsequent changes, addition, modification, deletion to any details, clauses or schedule thereof the said POA shall be intimated by the Member separately.

I/We confirm and agree that the powers and authorities conferred by this Power of Attorney shall be at any time, without notice and such revocation shall not affect my/our obligations outstanding at the time of such revocation and the authority granted hereunder shall continue until all transactions and instructions already executed or issued in pursuance of this Power of Attorney and all outstanding towards stock broker/ Depository Participant have been settled.

This document shall be subject to the exclusive jurisdiction of the court of law at the place of acceptance of this Power of Attorney by the Attorney which is Mumbai.

### Schedule - 1

Client Code													
BO ID	1	2	0	9	1	2	0	0	0	0	0		



Sole / First Holder



Second holder






Third Holder





**Schedule - 2 :**

Sr. No.	Exchange/ Segment	Account Type	DP Name - SVCM Securities Pvt. Ltd. Demat Account Number																
			1	2	0	9	1	2	0	0	0	0	0	0	0	0	0	3	7
1	BSE CM	Pool	1	2	0	9	1	2	0	0	0	0	0	0	0	0	0	3	7
2	BSE CM	Early Pay-in	1	1	0	0	0	0	1	0	0	0	0	2	4	4	5	1	
3	BSE CM	Principal	1	2	0	9	1	2	0	0	0	0	0	0	0	0	0	4	1
4	NSE CM	Pool	1	2	0	9	1	2	0	0	0	0	0	0	0	0	0	5	6
5	NSE CM	Early-Pay-in	1	1	0	0	0	0	1	1	0	0	0	2	1	2	6	7	
6	BSE & NSE CM	Client Unpaid Securities	1	2	0	9	1	2	0	0	0	0	0	0	0	0	0	6	0
7	All	Client Sec. Margin Pledge	1	2	0	9	1	2	0	0	0	0	0	0	0	0	0	9	4
8	BSE CM	Pool NSDL	I	N	3	0	0	9	6	6	1	0	9	7	8	4	9	5	
9	NSE CM	Pool NSDL	I	N	3	0	0	9	6	6	1	0	9	7	8	4	8	7	
10	All	Client Sec. Margin Funding	1	2	0	9	1	2	0	0	0	0	0	0	1	4	3	1	

In witness thereof I/We have executed Power of Attorney on the day, date and year herein below mentioned.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

**Client's Witness for Power of Attorney**

Details of Witness	First Witness	Second Witness
Name		
Address		
Signature		

**If HUF, Co-parceners Signature :**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

I/We Accept

**For SVCM SECURITIES PRIVATE LIMITED**

Director / Authorized Signatory

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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

# OPTION FORM FOR ISSUE OF DIS BOOKLET

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

DP ID	1	2	0	9	1	2	0	0	Client ID	0	0	0					
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To,  
**SVCM Securities Private Limited**  
 B - 702 Divine Jalpa, Jambli Galli,  
 Borivali (West), Mumbai - 400 092.

Dear Sir / Madam,

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

☐ **OPTION 1:**

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

☐ **OPTION 2:**

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

Yours faithfully,



\_\_\_\_\_  
 First/Sole Holder



\_\_\_\_\_  
 Second Joint Holder



\_\_\_\_\_  
 Third Joint Holder

## BSDA DECLARATION

To,  
**SVCM Securities Private Limited**  
B - 702 Divine Jalpa, Jambli Galli,  
Borivali (West), Mumbai - 400 092.

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

Dear Sir / Madam,

☐ I / We do not want to avail the BSDA (Basic Services Demat Account) facility in respect of my /our below mentioned demat account with you.

☐ I / We wish to avail the BSDA facility for my / our below mentioned demat account number

DP ID	1	2	0	9	1	2	0	0	Client ID	0	0	0					
	Name									PAN							
Sole/First Holder																	
Second Holder																	
Third Holder																	

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

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



\_\_\_\_\_  
First/Sole Holder



\_\_\_\_\_  
Second Joint Holder



\_\_\_\_\_  
Third Joint Holder



## ELECTRONIC STATEMENT OF ACCOUNT MANDATE

To,

**SVCM SECURITIES PRIVATE LIMITED**

B - 702 Divine Jalpa, Jambli Galli, Borivali (West), Mumbai - 400 092.

**Re: - Beneficial Owner (BO) Account No.** \_\_\_\_\_

I/We confirm having opted to receive the statement of accounts pertaining to the above mentioned BO account in electronic mode in lieu of physical copy of the statement of account.




I/We confirm that the dispatch of statement of account to me/us at the following email address shall constitute full and absolute discharge of your obligation to provide me/us with statement of my/our BO account. But I/We reserve my/our right to receive the physical copy of statement of accounts despite receiving the same in electronic mode, if such a demand is made in writing on you.

(Email address: \_\_\_\_\_ )

I/We confirm that any change in the aforesaid email address or any other instruction with regard to dispatch / service of my/our statement on me/us shall not be binding upon you unless you are intimated in writing by me/us by acknowledged delivery.

Yours Faithfully,

Name/s of the Beneficial Owner/s

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

### TARIFF STRUCTURE

Nature of Charges (effective 01.04.2021)	Rate
Demat Account Opening Charges (One Time)	Rs. 0 (Free)
Demat Account Annual Maintenance Charges AMC	Non-BSDA individual Clients Rs. 500/- per year. Non-Individual Rs. 1000/- per year. (Charged Quarterly) For BSDA (Basic Services Demat Account) Clients: - Holding Value Less Than 50,000: NIL - Holding Value Between 50,000 To 2,00,000: Rs. 100 + Tax / Year
Franking/POA, KRA, CKYC, ESignature Charges Email Statements / Contract Notes	As per actuals. Free
Dp Charges	Rs. 20 Per Debit Transaction. + Taxes Rs. 50 Per Debit Transaction For BSDA Clients. + Taxes
Pledge Creation / Closure/Invocation	Rs. 25 Per ISIN. + Taxes Rs. 50 Per ISIN For BSDA Clients. + Taxes
Demat	Rs. 100 for upto first hundred securities and thereafter Rs. 50 for every hundred securities +Taxes. Courier/Postage charges additional.
Remat	Rs. 100 for upto first hundred securities and thereafter Rs. 50 for every hundred securities +Taxes. Courier/Postage charges additional.
DIS Booklet (new request)	Rs. 50 + Taxes. Couriers/Postage charges additional.

#### Note:

1. Maintenance charges will be charged in advance at the time of opening the account.
2. Stamp Duty, GST, Education Cess & Other Statutory Levies (If Any) Will Be Charged As Applicable.
3. Tariff Is Subject To Change. Changes If Any Will Be Intimated 30 Days in Advance.
4. Bounce/Return cheque charges Rs.500 per instance.
5. Periodic statement on email is free, for printing Rs.50/- or actual postage charges whichever is higher.
6. Non Periodic statement shall be charged Rs.5/- per page and postage/courier charges Rs.50/- or actual whichever is higher.



First/Sole Holder



Second Joint Holder



Third Joint Holder

**DEBIT AUTHORIZATION LETTER****VOLUNTARY**

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date:

To

**SVCM SECURITIES PRIVATE LIMITED**

B - 702 Divine Jalpa, Jambli Galli, Borivali (West), Mumbai - 400 092.

Dear Sir,

**SUB: LETTER OF DEBIT AUTHORISATION:**

I am client of SVCM SECURITIES PRIVATE LIMITED having client code \_\_\_\_\_ & I hereby willfully & unconditionally issue following debit authorisation:-

I am agreeable and authorise you to debit my client code \_\_\_\_\_ towards DP Charges and Annual Maintenance Charges (AMC).

Thanking you,

Yours Faithfully,






Signature

(please sign with stamp of the firm if applicable)

**FEMA DECLARATION (Applicable for NRI only)**

Dear Sir/Madam,

With reference to my/our application for opening of Demat account with you, I/we hereby confirm that I am/we are non-resident Indian/s foreign national/s Individual /s. I/we also confirm that I/we have complied with FEMA Regulations and I/we would continue to comply with FEMA regulations.

	First/Sole Holder	* Second Holder	* Third Holder
Name			
Signature 			

Date:

Place:

(\*To be signed only if second and/or third holder/s is/are NRI/s or FN/s. Not to be signed if second and/or third holder/s is/are resident Indian/s)

**HUF DECLARATION**

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

**SVCM SECURITIES PVT. LTD.**B - 702 Divine Jalpa, Jambli Galli,  
Borivali (West), Mumbai - 400 092.

Dear Sir,

I hereby request you to open our Trading account with you, for our HUF, Being Karta of my family, I hereby declare that following is the list of family members in our HUF.

SR. NO.	NAME OF FAMILY MEMBERS	PAN	SEX	RELATIONSHIP	DATE OF BIRTH	SIGNATURE

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date for making this Application to open Account.

I agree that any false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

Thanking you,  
Yours faithfully,

\_\_\_\_\_  
Karta  
(Affix stamp of HUF)

**VOLUNTARY**

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

**SVCM SECURITIES PRIVATE LIMITED**B - 702 Divine Jalpa, Jambli Galli,  
Borivali (West), Mumbai - 400 092.**Sub.: Mobile Phone Communication/SMS Alerts.**

**This is to confirm that my registered mobile number is as under and is registered in my name / in the name of who is related to me as \_\_\_\_\_**

+	9	1	-																
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I hereby request and authorize you to provide any information relating to my account (Bill Summary/ Receipts & Payments/ Available margin & Market News) with you by way of telephonic calls or SMS alerts.

Sending of the above information to me in the manner as above shall not be construed as violation of any "Do Not Disturb Registry (DND)" made by me.

Delivery of any information made to me in the above manner shall be considered as valid delivery of the information so provided.

Thanking you  
Yours faithfully,



Client Name &amp; Signature



**INFORMATION FOR PREVENTION OF MONEY LAUNDERING ACT, 2002  
(APPLICABLE TO INDIVIDUAL CLIENTS - FIRST HOLDER)**

**CLIENTS DETAILS**

Experience	Number of years of Investment / Trading Experience <input type="checkbox"/> <input type="checkbox"/> Any other Information
Education	<input type="checkbox"/> Non-Metric <input type="checkbox"/> SSC/HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Lawyer <input type="checkbox"/> Other Specify
Residential Details	<input type="checkbox"/> Owned <input type="checkbox"/> Rented
Source of Income (Fund Details)	Do you intend to invest in stock market with: <input type="checkbox"/> Own Funds <input type="checkbox"/> Borrowed Funds a) Primary Source <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Other Specify _____ b) Secondary Source <input type="checkbox"/> Royalties <input type="checkbox"/> Rental <input type="checkbox"/> Dividend <input type="checkbox"/> Other Specify _____

**DETAILS OF RELATIVES, HAVING ACCOUNT WITH SVCM SECURITIES PVT. LTD.**  
(use Additional Sheet if more than 1 relatives having A/c.)

Name	
Relationship	
UCC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Risk Assessment of Client in terms of PMLA 2002**

Type of Client	High Risk	Low Risk	Medium Risk	CSC (Client Special Category)	PEP (Politically Exposed Person)
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at the time of account opening

Categorisation of client would be changed only if there is change based on risk assessment of the client during his dealings with SVCM Securities Pvt. Ltd.

**For SVCM SECURITIES PVT. LTD.**

Authorised Signatory

**COMMODITY OPTION TRADING ACTIVATION FORM**  
(To be taken on letter head in case of Non-Individual client)

To,

**SVCM Securities Private Limited**

B - 702 Divine Jalpa, Jambli Galli,  
Borivali (West), Mumbai - 400 092.


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

Dear Sir / Madam,

I/We \_\_\_\_\_, a client (client code \_\_\_\_\_) of M/s. SVCM Securities Private Limited do hereby undertake that I/We wish to trade in Commodity Options subject to regulatory requirements of the Exchange and SEBI from time to time.

I/We have read and understood Additional Risk Disclosure documents for Options Trading about Risk of Option Holders and Risk of Option Writers as per attached **ANNEXURE 1**.

Yours Faithfully,

Name	
Signature	

(Note: In case of Corporate/ Trust, a resolution from Board of Directors/ Trustees clearly stating that the Corporate/ Trust are authorized to trade in Commodity Options and they intend to trade in Commodity Options on Multi Commodity Exchange of India Limited)

**ANNEXURE - 1**

**ADDITIONAL RISK DISCLOSURE DOCUMENTS FOR OPTION TRADING**

**Risk of Option holders:**

1. An option holder runs the risk of losing the entire amount paid for the option in a relatively short period of time. This risk reflects the nature of an option as a wasting asset which becomes worthless when it expires. An option holder who neither sells his option in the secondary market nor exercises it prior to its expiration will necessarily lose his entire investment in the option. If the price of the underlying does not change in the anticipated direction before the option expires, to an extent sufficient to cover the cost of the option, the investor may lose all or a significant part of his investment in the option.
2. The Exchanges may impose exercise restrictions and have absolute authority to restrict the exercise of options at certain times in specified circumstances.

**Risk of Option writers:**

1. If the price movement of the underlying is not in the anticipated direction, the option writer runs the risks of losing substantial amount.
2. The risk of being an option writer may be reduced by the purchase of other options on the same underlying interest and thereby assuming a spread position or by acquiring other types of hedging positions in the options markets or other markets. However, even where the writer has assumed a spread or other hedging position, the risks may still be significant. A spread position is not necessarily less risky than a simple 'long' or 'short' position.
3. Transactions that involve buying and writing multiple options in combination, or buying or writing options in combination with buying or selling short the underlying interests, present additional risks to investors. Combination transactions, such as option spreads, are more complex than buying or writing a single option. And it should be further noted that, as in any area of investing, a complexity not well understood is, in itself, a risk factor. While this is not to suggest that combination strategies should not be considered, it is advisable, as is the case with all investments in options, to consult with someone who is experienced and knowledgeable with respect to the risks and potential rewards of combination transactions under various market circumstances.

Signature	
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**DECLARATION OF OPEN POSITION****MANDATORY**

To,  
**SVCM Securities Private Limited**  
B - 702 Divine Jalpa, Jambli Galli,  
Borivali (West), Mumbai - 400 092.

**Sub: My request for trading in commodity forward contracts/commodity derivatives on MCX as your client**

Dear Sir/Madam,

I/We the undersigned have taken cognizance of circular no. MCX/338/2006 dated December 7, 2006 on the guidelines for calculation of net open positions permitted in any commodity and I/We hereby undertake to comply with the same.

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


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

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

In this connection I/We hereby submit the details of the entities with which I am related.

Sr. No.	Trading Member Name	Client Code	Name	Related As

Yours faithfully,

Name	
Signature	



**DECLARATION FOR COMMODITY-WISE CATEGORIZATION****MANDATORY****(To be taken on letter head in case of Non-Individual client)**

To,  
**SVCM SECURITIES PVT. LTD.**  
B - 702 Divine Jalpa, Jambli Galli,  
Borivali (West), Mumbai - 400 092.

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

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

Dear Sir/Madam,

**Subject: Declaration for categories of participant for each commodity**

In pursuant to SEBI circular no. SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08 dated January 04, 2019 on Disclosures by Stock Exchanges for commodity derivatives on their website.

I/We do hereby confirm my/our consent for commodity wise categorization details as below:

Participants Categories (Please tick any one as applicable)	Mention name of interested commodities which are allowed to trade in commodity derivatives markets:
<input type="checkbox"/> Farmer / FPO	
<input type="checkbox"/> Value chain participant (VCP)	
<input type="checkbox"/> Proprietary trader	
<input type="checkbox"/> Domestic financial institutional investor	
<input type="checkbox"/> Foreign participant	
<input type="checkbox"/> Others (All other participants which cannot be classified in the above categories)	

Yours Faithfully,

\_\_\_\_\_  
(Client Name)\_\_\_\_\_  
(Client Signature)**Attention Investors....**

1. Stock Brokers can accept securities as margin from clients only by way of pledge in the depository system w.e.f. September 1, 2020.
2. Update your mobile number & email Id with your stock broker/depository participant and receive OTP directly from depository on your email id and/or mobile number to create pledge.
3. Pay 20% upfront margin of the transaction value to trade in cash market segment.
4. Investors may please refer to the Exchange's Frequently Asked Questions (FAQs) issued vide circular reference NSE/INSP/45191 dated July 31, 2020 and NSE/INSP/45534 dated August 31, 2020 and other guidelines issued from time to time in this regard.
5. Check your Securities /MF/ Bonds in the consolidated account statement issued by NSDL/CDSL every month.

To,

**SVCM Securities Private Limited**

B - 702 Divine Jalpa, Jambli Galli, Borivali (West), Mumbai - 400 092.

**Sub: Authorization for Electronic Contract Notes & Acceptance for Electronic Communication:**


Dear Sir / Madam,

\_\_\_\_\_ a client with Member M/s. SVCM Securities Private Limited ed of MCX Exchange un dertake as follows:

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

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

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

Name	
Signature	

VOLUNTARY

**APPLICATION FOR INTERNET BASED TRADING (IBT) & SECURITIES TRADING THROUGH WIRELESS TRADING (STWT)**

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


Branch/ AP Code :

Branch/ AP Name:

User Name	_____		
	(First Name)	(Middle Name)	(Last Name)
Unique Client Code:	_____		
Login ID required	<input type="checkbox"/> PESSO MOBILE APP	<input type="checkbox"/> PESSO I-TRADE DESKTOP APP	
( ✓ Tick as appropriate)			

**Declaration:**

- 1) I/ We agree with the terms and conditions specified in Rights and Obligations in respect of IBT and STWT.
- 2) I agree to take all necessary measures for security of User ID and Password. Further, I agree to indemnify for all transactions done through my user ID.
- 3) I/ We have read the Risk Disclosure Document (RDD), Guidance Note, Policies and Procedures. Further, I/We have read and understood the standard set of documents displayed for the information on stock broker's designated website.

Name	
Signature	

<b>SVCN SECURITIES PRIVATE LIMITED</b>		<b>Supplementary KYC Information &amp; FATCA-CRS Declaration - Individuals</b>	
(Please consult your professional tax advisor for further guidance on your tax residency FATCA/CRS Guidance)			
PAN <input type="text"/>		Client Code <input type="text"/>	
Name <input type="text"/>			Gender <input type="text"/> M <input type="text"/> F <input type="text"/> O
Type of address given at KYC KRA		<input type="text"/> Residential	<input type="text"/> Residential & Business
		<input type="text"/> Business	
Place of Birth <input type="text"/>			
Country of Birth <input type="text"/>			
Nationality <input type="text"/>			
Gross Annual Income Details in INR	<input type="text"/> Below 1 Lakh	<input type="text"/> 5-10 Lakh	<input type="text"/> 25 Lakh - 1 Crore
	<input type="text"/> 1-5 Lakh	<input type="text"/> 10-25 Lakh	<input type="text"/> > 1 Crore
Networth in INR in Lakhs			Rs.: <input type="text"/>
			Net worth as on <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"/>
Occupation Details	<input type="text"/> Business	<input type="text"/> Professional	<input type="text"/> Public Sector
	<input type="text"/> Private Sector	<input type="text"/> Government Service	<input type="text"/> Agriculturist
	<input type="text"/> Others (Please specify)		
Politically Exposed Person (PEP)		<input type="text"/> Yes	<input type="text"/> Related to PEP
		<input type="text"/> Not Applicable	
Are you a tax resident of any country other than India? <input type="text"/> Yes <input type="text"/> No			
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.			
Country*	Tax identification Number#	Identification Type (TIN or Other, please specify)	
<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"/>	
<p>* To also include USA, where the individual is a citizen / green card holder of The USA</p> <p># In case Tax identification Number is not available, kindly provide its functional equivalent \$</p>			
Certification		Signature	
I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.		<input type="text"/>	
		DATE <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"/>	
		PLACE <input type="text"/>	
For investor convenience, SVCN SECURITIES PRIVATE LIMITED is collecting this mandatory information for updating across all account in Equity, Commodity etc... Please submit the form duly filled, signed, for all the holders, seperately and submit it to our office at: SVCN SECURITIES PRIVATE LIMITED, B - 702 Divine Jalpa, Jambli Galli, Borivali (West), Mumbai - 400 092.			
<b>FATCA &amp; CRS Terms &amp; Conditions</b>			
Details under FATCA & CRS. The Central Board of Direct Taxes has notified Rulers 114F to 114H, as part of the Income Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the propose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you. Please ensure you advise us promptly, i.e. within 30 days. It is important that you respond to our request, even if you believe you have already supplied any previously requested information.			



## For Non-Individuals

## Details of ultimate beneficial owner including additional FATCA &amp; CRS information

\*Name of the entity Type of address given at KYC KRA ☐ Residential & Business ☐ Residential ☐ Business ☐ Regd. Off. ☐

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

Customer ID/Folio Number PAN Date of Incorporation  DD /  MM /  YY  YYCity of incorporation Country of incorporation 

Entity Constitution Type ☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company  
 Please tick as appropriate ☐ Society ☐ Aop/BoiSociety ☐ Trust H Liquidator ☐ Limited Liability Partnership  
☐ Artificial Judicial Person ☐ Others specify

Please tick the applicable tax resident declaration ☐ Yes ☐ No1. Is Entity\* a tax resident of any country other India. ☐ Yes ☐ No

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

Country	Tax identification Number#	Identification Type (TIN or Other, please specify)
<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"/>	<input type="text"/>

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

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

## FATCA &amp; CRS Declaration

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

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

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

GIIN 

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

Name of sponsoring entity GIIN not available (Please tick as applicable) ☒ Applied forIf the entity is a financial institution, ☒ Not required to apply for-please specify 2 digits sub-category ☒ Not obtained-Non participating FI

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

1.	Is the Entity a publicly traded company' (that is, a company whose shares are regularly traded on a established securities market)	Yes <input checked="" type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> (If yes, please specify name of the listed company any one stock exchange on which the stock is regularly traded) Name of listed company _____ Name of relation: <input type="checkbox"/> Subsidiary of the listed Company or <input type="checkbox"/> Controlled by a listed Company Name of stock exchange _____
3.	Is the Entity an active NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section) Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/>
4.	Is the Entity an passive NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section) Nature of Business _____

**UBO Declaration**

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

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

Name - Beneficial owner / Controlling person	Tax ID Type - TIN or other, please specify.	Tax ID Type - TIN or other, please specify
Country - Tax Residency	Beneficial Interest - in percentage	Beneficial Interest - in percentage
Tax ID No. - or functional equivalent for each country"	Type Code - of controlling person"	Type Code - of controlling person"
1. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address _____ ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: _____ Country: _____
2. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address _____ ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: _____ Country: _____
3. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address _____ ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: _____ Country: _____

# If passive NFE, please provide below additional details.

PAN/Any other Identification Number <small>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)</small>		Occupation Type - <i>Service, Business, Others</i> <b>Nationality</b> Father's Name - <i>Mandatory if PAN is not available</i>	DOB - <i>Date of Birth</i> Gender - <i>Male, Female, Others</i>
1. PAN		Occupation Type	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City of Birth		Nationality	Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name	<input checked="" type="checkbox"/> Others
2. PAN		Occupation Type	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City of Birth		Nationality	Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name	<input checked="" type="checkbox"/> Others
3. PAN		Occupation Type	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City of Birth		Nationality	Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name	<input checked="" type="checkbox"/> Others

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

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

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

### FATCA & CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rulers 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the propose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

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

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

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

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

### Certification

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

Name

Designation




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

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

First Director/Partner/Trustee Second Director/Partner/Trustee Third Director/Partner/Trustee



### Acknowledgement

To,

**SVCM Securities Private Limited**

B - 702 Divine Jalpa, Jambli Galli,  
Borivali (West), Mumbai - 400 092.


I/We hereby confirm that I/we have read, understood, agreed and received a duly executed copy of the:

- Account Opening Form
- Tariff Sheet
- Right and Obligations of Equity Market, Commodity Brokers, Authorised Person and Clients
- Risk and Disclosure document for Equity Market and Commodity market.
- Policies and Procedures
- Option Trading Form and Additional Risk Disclosure Document related to option trading.
- Guidance Note - Do's and Don'ts for trading on the Exchange(s) for Investors.
- Other disclosure/documents as agreed by me specifically in voluntary segment.

I/We am/are abiding by these terms & conditions. I/we reconfirm that I/we, Equity and Commodity Broker shall refer any claim and/or disputes with respect to trade, deposits, margin money, etc to arbitration as per the Rules, Byelaws, and Regulation of the Exchanges and the circulars/notices issued there under as may be in force from time to time.

I also confirm that it is informed that the Risk Disclosure Document, Right and Obligations, Do's and Don'ts and other relevant documents are also available on member's website.

Yours faithfully,

Name	
Signature	

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