

NSDL

CDSL

NSE

BSE

DGCX

MCX

ICEX

NCDEX

IEX

Client Registration Form

SHARES

NSE BSE MCX NCDEX ICEX

COMMODITY

NAME OF THE CLIENT : _____

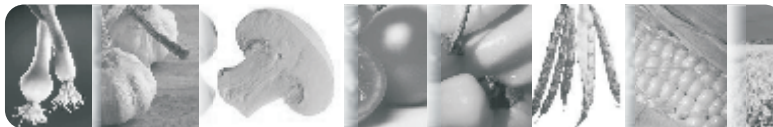
DP

TRADING CODE (UCC) : _____

IPO

CONTROL NO. : _____

E-RETURN

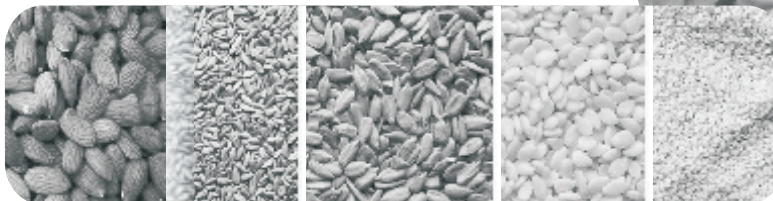


TIN



TPA

INSURANCE



Alankit IMAGINATIONS LIMITED

CIN : U74899DL1994PLC059289

Corporate Office

Alankit House, 4E/2, Jhandewalan Extension, New Delhi-110 055, India
Tel. : +91-11-4254 1234, 958 2200 626

Head Office

Alankit Heights, 1E/13, Jhandewalan Extension, New Delhi - 110 055
Ph.: 91-11-42541822, 864

Registered Office

205-208, Anarkali Complex, Jhandewalan Extension, New Delhi-110 055, India

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

- 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.
- 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.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 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.
- 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:

- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- PAN card with photograph.
- 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.)

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

D. Exemptions/clarifications to PAN

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

- 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.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in

India.

- SIP of Mutual Funds upto Rs. 50,000/- p.a.
- In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

- 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).
- 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.

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

ACKNOWLEDGEMENT

To,
Alankit Imaginations Limited
Trading Code(UCC) : _____

I/We have received a copy of each of the filled KYC (Account Opening Form) for Trading & Rights and Obligations, Risk Disclosure Document (RDD), Guidance Note, Policies and Procedures, Tariff sheet, Terms & Conditions of FATCA and all voluntary documents i.e. 1. Running Account authorization, 2. Authorisation For Electronic Contract Notes / Statements of Funds & Securities Etc. & SMS Alerts, 3. Authority Letter, 4. Mutual Fund Service System Facility, 5. Miscellaneous declarations, 6. Authorisation For Trading, 7. Do's & Don'ts.

Signature  _____ Client Name: _____

Date : ____ - ____ - ____ [Note : To be signed by person himself / herself not to be signed by his / her attorney / authorised person etc.]

Note: You may also visit our website: www.alankit.com for Rights and Obligations, Risk Disclosure Document (RDD) Guidance note, Policies and Procedures, Terms & Conditions of FATCA

IMAGINATIONS LIMITED**SEBI Registration Number – INZ000028539**

Exchange Name	Membership Code
National Stock Exchange of India Ltd.	08812
BSE Ltd.	3071
Multi Commodity Exchange of India Ltd.	10705
National Commodity & Derivatives Exchange Ltd.	00016
Indian Commodity Exchange Ltd.	3003

Registered Office : 205-208, Anarkali Complex, Jhandewalan Extension, New Delhi 110 055
 Tel. : +91-11- 42541234 | E-mail : info@alankit.com, Website : www.alankit.com

Correspondence Office : 'Alankit House', 4E/2, Jhandewalan Extension, New Delhi -110 055
 Tel. : +91-11- 42541234 | E-mail : info@alankit.com, Website : www.alankit.com

Compliance Officer's Details

Name: Ashok Kumar Swarnkar

PhoneNo.: 011 - 42541804

E-mail id: ashokks@alankit.com

For any grievance/ dispute please contact **Alankit Imaginations Limited** at the above address or email info@alankit.com and phone no. +91-11-42541234. In case not satisfied with the response, please contact the concerned exchange(s) at

<u>Exchange Name</u>	<u>Phone Nos.</u>	<u>E-mail ID</u>
National Stock Exchange of India Ltd.	1800220058	ignse@nse.co.in
BSE Ltd.	022-22728097	is@bseindia.com
Multi Commodity Exchange of India Ltd.	022-67318888	grievance@mcxindia.com
National Commodity & Derivatives Exchange Ltd.	022-66406084	askus@ncdex.com
Indian Commodity Exchange Ltd.	022-40381554	grievance@icexindia.com

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*Following documents should not form part of either mandatory or Voluntary documents

1. Authorization letter of any inter family / group company / related accounts adjustment
2. Authorization of adjustment of funds among securities exchange and commodities exchange.

Most Important Terms and Conditions (MITC)

(For Non-Custodial Settled Trading Accounts)

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

Signature: _____

Date: _____

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

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

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

Alankit Imaginations Limited**Head Office** : 1E/13 Jhandewalan Extension,
New Delhi-110055 (INDIA)**Tel:** + 91-11-4254 1234 , 9582200626**Email Id** : info@alankit.com , **Website** : www.alankit.co.in**Application Type***: New KYC Modification KYC**KYC Mode***: Please Tick (✓) Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker**1. Identity Details** (please refer guidelines overleaf)**PAN*** _____ Please enclose a duly attested copy of your PAN Card**Name*** (same as ID proof) _____**Maiden Name*** (if any) _____**Fathers/Spouse's Name*** _____**Date of Birth*** _____**Gender*** Male Female Transgender**Marital Status*** Single Married**Nationality*** Indian Other _____**Residential Status*** Resident Individual Non Resident IndianPlease Tick (✓) Foreign National Person of Indian Origin*(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC.
Select NRI or Foreign National based on Nationality of the individual)Recent passport size
Applicant Photo

Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick) A — Aadhaar Card XXXX XXXX _____ (Expiry Date) _____ B — Passport Number _____ C — Voter ID Card _____ (Expiry Date) _____ D — Driving License _____ E — NREGA Job Card _____ F — NPR _____ Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ **District*** _____ **Pin Code*** _____**State*** _____ **Country*** _____**Address Type*** Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

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

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

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

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

3. Contact Details (in CAPITAL)

Email ID* _____
 Mobile No. * _____
 Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

<p>I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.</p> <p>DATE: _____ (DD-MM-YYYY) PLACE: _____</p>	Applicant e-SIGN	Applicant Wet Signature

5. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self-certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : _____
Employee Signature and Stamp	Institution Name and Stamp

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



Important Instructions:

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

For office use only

(To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

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 (If any*)	<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	
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"/> Non Resident Indian		
	<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)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

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

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

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

S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

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

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

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

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided)

T - Tel. (Res) - Mobile -

FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Prefix First Name Middle Name Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional) el. (Off)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

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

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

Mobile no. / Email-ID (Please refer instruction F at the end)

8. 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

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

[Employee Signature]

[Institution Stamp]

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Form | Legal Entity/ Other than Individuals



Important Instructions:

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

For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

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

Name*

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

Date of Incorporation / Formations* DD - MM - YY YY YY YY Date of Commencement of Business DD - MM - YY YY YY

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

PAN* Form 60 furnished

TIN / GST Registration Number

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

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation Registration Certificate Regn Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

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

Activity Proof - 1 (for Sole Proprietorship Only) Activity Proof - 2 (for Sole Proprietorship Only)

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

3.1 Registered Office Address / Place of Business*

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

Line 1*

Line 2*

Line 3* City / Town / Village*

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

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

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

Line 1*

Line 2*

Line 3* City / Town / Village*

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

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

Tel. (Off) FAX

Mobile Email ID

Mobile Email ID

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

6. REMARKS (If Any)

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

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

Date : DD - MM - YY YY YY YY Place:

Signature / Thumb Impression of Authorised Person(s)

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY <input type="text"/> YY <input type="text"/> YY	Name	<input type="text"/>
Emp. Name	<input type="text"/>	Code	<input type="text"/>
Emp. Code	<input type="text"/>	[Institution Stamp]	
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		
[Employee Signature]			

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Form | Related Person**Important Instructions:**

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



For office use only Application Type* New Update Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

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

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

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

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

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

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

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<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	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

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

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

- A- Passport Number
 B- Voter ID Card
 C- Driving License
 D- NREGA Job Card
 E- National Population Register Letter
 F- Proof of Possession of Aadhaar
- II. E-KYC Authentication
 III. Offline verification of Aadhaar

PHOTO*

**Address**

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

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

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

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

- A- Passport Number
 B- Voter ID Card
 C- Driving License
 D- NREGA Job Card
 E- National Population Register Letter
 F- Proof of Possession of Aadhaar
- II. E-KYC Authentication
 III. Offline verification of Aadhaar

- IV. Deemed PoA
 V. Self Declaration

Address

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

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

Tel. (Off) — Tel. (Res) — Mobile —

Email ID

2. APPLICANT DECLARATION

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

Date : — — Place:

Signature / Thumb Impression of Authorised Person(s)

3. ATTESTATION / FOR OFFICE USE ONLY

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

KYC VERIFICATION CARRIED OUT BY

Date —

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

KNOW YOUR CLIENT (KYC) APPLICATION FORM



Alankit IMAGINATIONS LIMITED

Head Office : 1E/13 JHANDEWALAN EXTENSION, NEW DELHI - 110055 (INDIA)

Tel. : +91-11- 42541234, 958 2200 626

E-mail : info@alankit.com Website : www.alankit.co.in

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

FOR NON-INDIVIDUAL

Please affix your recent
passport size photograph

Signature Across
Photograph

A. IDENTITY DETAILS

1. Name of the Applicant _____

2. Date of incorporation ____ - ____ - ____ Place of Incorporation _____

3. Date of Commencement of Business ____ - ____ - ____

4. a) PAN _____ b) Registration No. (e.g. CIN) _____

5. Status (Please tick any one)

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

Charities NGO's FI FII AOP HUF Bank

Government Body Non-Government Organization Defense Establishment BOI Society

LLP Other (Please specify) _____

B. ADDRESS DETAILS

1. Correspondenced Address _____

 City / Town / Village _____ PIN Code _____
 State _____ Country _____

2. Contact Detail
 Tel. (Office) _____ Tel. (Res.) _____ Mobile _____
 Fax _____ E-Mail Id _____

3. Specify the proof of address submitted for correspondence address

4. Registered Address
 (If different from above)

 City / Town / Village _____ PIN Code _____
 State _____ Country _____

C. OTHER DETAILS

1. Name, PAN, Residential address and photographs of Promoters/Partners/ Karta/ Trustees and whole time directors

2. a) DIN of whole time directors: _____
 b) Aadhaar number of Promoters/Partners/Karta _____

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.

NAME _____

Signature of the Authorised Signatory (ies) _____

Date ____ - ____ - ____

FOR OFFICE USE ONLY

(Originals verified) True copies of documents received

 Name & Signature of the Authorised Signatory

 Seal / Stamp of the Intermediary

Date ____ - ____ - ____

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

Name (1)

PAN

Residential / Registered Address

City / Town / Village PIN Code

State Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed person (PEP)

Any Other Information

Photographs of
Promoters / Partners /
Karta / Trustees and
Whole Time Director

Name (2)

PAN

Residential / Registered Address

City / Town / Village PIN Code

State Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed person (PEP)

Any Other Information

Photographs of
Promoters / Partners /
Karta / Trustees and
Whole Time Director

Name (3)

PAN

Residential / Registered Address

City / Town / Village PIN Code

State Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed person (PEP)

Any Other Information

Photographs of
Promoters / Partners /
Karta / Trustees and
Whole Time Director

Name (4)

PAN

Residential / Registered Address

City / Town / Village PIN Code

State Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed person (PEP)

Any Other Information

Photographs of
Promoters / Partners /
Karta / Trustees and
Whole Time Director

NAME

Signature of the Authorised Signatory (ies) 

Date - -

TRADING & DEMAT ACCOUNT RELATED ADDITIONAL DETAILS

ANNEXURE-3

A. BANK ACCOUNT DETAILS

(Through which transactions will generally be routed)

Primary Bank Details (for DP and Trading) :

Bank Name : _____
 Account No. : _____ Branch : _____
 Address : _____
 11 Digit RTGS / NEFT / IFS Code : _____ 0 _____ 9 Digit MICR Code : _____
 Account Type : Savings Current OTHERS : _____ (Please Specify)
 Pay-Out Option : Cheque Online Transfer / NEFT / RTGS

- Bank/MICR/IFSC proof submitted : Cancelled Cheque (with **Client Name** & A/c No. **pre-printed**)
 Bank Passbook* (If hand written, then with stamp of Bank) Bank Verification Letter* (with Rubber Stamp & Sign of Bank Manager)
 Bank Statement* (Either on Bank Stationary or with rubber stamp & sign of Bank Manager) **Documents should not be more than 3 months old*

Secondary Bank Details (for Trading, if any) :

Bank Name : _____
 Account No. : _____ Branch : _____
 Address : _____
 11 Digit RTGS / NEFT / IFS Code : _____ 0 _____ 9 Digit MICR Code : _____
 Account Type : Savings Current OTHERS : _____ (Please Specify)

In case of multiple banks, please provide proof of all banks.

B. DEPOSITORY ACCOUNT DETAILS

(Through which transactions will generally be routed)

I/We want to open New Demat A/c
 I/We already have Demat A/c (Please Provide following details)
 1. Depository Name : CDSL NSDL DP ID : _____ BOID : _____
 Name of Depository Participant : _____
 Beneficiary Name : _____
 2. Depository Name : CDSL NSDL DP ID : _____ BOID : _____
 Name of Depository Participant : _____
 Beneficiary Name : _____
 Demat A/c Proof submitted : Client Master Transaction or Holding statement
(with Client Name, PAN, DP & Client ID)

C. TRADING PREFERENCES					
Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.					
Exchanges		NSE, BSE & MSEI		MCX, NCDEX, BSE & NSE	
All Segments	Cash / Mutual Fund	F&O	Currency	Debt	Commodity Derivatives

If you do not wish to trade in any of segments / Mutual Fund, please mention here.

[In case of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to be obtained by the Member from client and to be kept as enclosure with this document]

D. INCOME DETAILS

Gross Annual Income Detail Below 1 Lac 1 - 5 Lac 5 - 10 Lac Rs. 10 - 25 Lac 25 Lac - 1 Crore > 1 Crore

OR Net-worth in ₹. (*Net worth should not be older than 1 year) as on (date) | D | D | M | M | 2 | 0 | Y | Y | (Mandatory for Non-Individual Client)

Occupation Private Sector Service Public Sector Government Service Business Professional Agriculturist

Retired Housewife Student Forex Dealer Other (Please Specify)

Please tick, if applicable Politically Exposed Person Related to a Politically Exposed Person

E. INVESTMENT / TRADING EXPERIENCE

No Prior Experience

- - Years in Commodities

- - Years in other investment related fields

F. SALES TAX REGISTRATION DETAILS (As applicable, State wise)

Local Sales Tax State Registration No. - - Validity Date
 Name of the State
 Central Sales Tax Registration No. - - Validity Date
 Other Sales Tax State Registration No. - - Validity Date
 Name of the State

G. VAT DETAILS (As applicable, State wise)

Local VAT Registration No. - - Validity Date
 Name of the State
 Other Vat Registration No. - - Validity Date
 Name of the State

H. G.S.T. Registration (As applicable, State Wise)

State	GST Registration Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I. PAST REGULATORY ACTIONS

Details of any Action / Proceedings Initiated / pending / taken by FMC / SEBI / Stock exchange / Commodity exchange / any other authority against the client during the last 3 years :

J. DEALING THROUGH SUB-BROKER/AP's & OTHER STOCK BROKERS

If client is dealing through sub-broker/ap, provide the following details :

<input type="checkbox"/> Authorised Person	Registration No.	<input type="text"/>	Name :	<input type="text"/>
<input type="checkbox"/> Sub-Broker	Registration No.	<input type="text"/>		<input type="text"/> PAN : <input type="text"/>
<input type="checkbox"/> Remisier / BDR	Code :	<input type="text"/>	Address:	<input type="text"/>
				<input type="text"/>
			Pin :	<input type="text"/> State : <input type="text"/>
			Phone / Fax :	<input type="text"/>
			E-mail / Website :	<input type="text"/>

If you are dealing with any other stock broker, please provide following detail

Name of the stock broker	<input type="text"/>
Name of Sub-Broker (If any)	<input type="text"/>
Client Code (UCC)	<input type="text"/>
Exchange	<input type="checkbox"/> NSE <input type="checkbox"/> BSE <input type="checkbox"/> MSEI

Details of disputes / dues pending from / to such stock broker / sub-broker

K. INTRODUCER DETAILS (optional)

Name of the Introducer	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Surname)	(Name)	(Middle Name)
Status of the Introducer : Authorized Person / Existing Client / Other, please specify	<input type="text"/>		
Address of Introducer	<input type="text"/>		
	<input type="text"/>		
Phone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of the Introducer	<input type="text"/>		

L. ADDITIONAL DETAILS

Whether you wish to receive : Electronic Contract Note (ECN) Physical Contract Note

Please mention E-mail ID if applicable _____

I/We wish to avail facility of internet trading / wireless technology : Yes No

Trading Experience / Number of Years of Investment _____ Years

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 :

M. NOMINATION DETAILS

I/We wish to nominate I/We do not wish to nominate

Name of the Nominee _____
 Relationship with the Nominee _____
 PAN of Nominee _____ Date of Birth of Nominee ____ - ____ - ____
 Address of Nominee _____
 City / Town / Village _____ PIN Code _____
 Phone No. _____

If Nominee is a minor, details of guardian

Name of the Guardian _____
 Address of Guardian _____
 City / Town / Village _____ PIN Code _____
 Phone No. _____
 Signature of Guardian _____

WITNESSES (Only applicable in case the account holder has made nomination)

	1st Witness		2nd Witness
Name	_____	Name	_____
Signature	_____	Signature	_____
Address	_____	Address	_____
	_____		_____
	PIN Code _____		PIN Code _____

DECLARATION

- I / We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I / we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / we are aware that I / we may be held liable for it.
- I / We confirm having read / been explained and understood the contents of the tariff sheet and all voluntary / non-mandatory documents.
- I / We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document' and Do's and Dont's. 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 Member's designated website, if any.
- I/We declare that Alankit Imaginations Limited, the member, has put me/us on notice that it is engaged in not only client based trading but also in pro-account trading.

Place _____
 Date ____ - ____ - ____



Signature of Client

FOR OFFICE USE ONLY

DP Client ID	_____	Trading Code (UCC)	_____
	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 'Right 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

FATCA & CRS DECLARATION (FOR INDIVIDUAL)

Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? Yes No

Sole/First Holder/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth	
Country of Citizenship/ Nationality	
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id
Country of Tax Residency* (Other than India)	Taxpayer Identification No.
1.	
2.	
3.	

*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer identification number.

FATCA - CRS Terms and Conditions

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Alankit Imaginations Limited for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Signatures



Sole/First Holder Signature

*For detail terms & conditions please see Client Copy

TARIFF SHEET

BROKERAGE

Contract Description	Capital Market (Cash) Segment (NSE & BSE)				Equity Derivatives Segment (NSE)			Currency Derivatives Segment (NSE)		
	Delivery		Square up		Futures		Options	Futures		Options
	%	Min (Rs.)	%	Min (Rs.)	%	Min (Rs.)	(Rs./Lot)	%	Min (Rs.)	(Rs./Lot)
Brokerage										

BROKERAGE

Exchange Name	MCX	NCDEX	ICEX
Brokerage			
Jobbing Brokerage (%)			
Delivery Brokerage (%)			

OTHER CHARGES

Exchange & SEBI Transaction Charges	As applicable from time to time
Stamp Duty	As applicable from time to time
GST	As per the provisions of GST Act 2017 and as amended from time to time
STT/CTT	As per the provisions of STT Act and as amended from time to time
Other Taxes/Charges	As may be applicable from time to time

I hereby agree with the charges and Brokerage Terms & Conditions mentioned above.

Signature  _____

Client Name: _____

Date : ____ - ____ - ____ [Note : To be signed by person himself / herself not to be signed by his / her attorney / authorised person etc.]

NOMINATION FORM

I/We wish to make a nomination. [As per details given below]											
Nomination Details											
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.											
Nomination can be made upto three nominees in the account.				Details of 1st Nominee			Details of 2nd Nominee			Details of 3rd Nominee	
1	Name of the nominee(s) (Mr./Ms.)										
2	Share of each Nominee	Equally [If not equally, please specify percentage]		%			%			%	
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>											
3	Relationship With the Applicant (If Any)										
4	Address of Nominee(s)										
				City / Place :							
				State & Country :							
				PIN Code							
5	Mobile / Telephone No. of Nominee(s)										
6	Email ID of Nominee(s)										
7	Nominee Identification details - [Please tick any one of the following and provide details of same] <input type="checkbox"/> Photograph & Signature										
<input type="checkbox"/> PAN Card											
<input type="checkbox"/> Aadhaar Card											
<input type="checkbox"/> Saving Bank Account No.											
<input type="checkbox"/> Proof of Identity											
<input type="checkbox"/> Demat Account ID											

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:

8	Date of Birth {in case of minor nominee(s)}	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}																								
10	Address of Guardian(s)																								
		City / Place :																							
		State & Country :																							
		PIN Code																							
11	Mobile/Telephone no. of Guardian																								
12	Email ID of Guardian																								
13	Relationship of Guardian with nominee																								

14 Guardian Identification details - [Please tick any one of the following and provide details of same] <input type="checkbox"/> Photograph & Signature			
	<input type="checkbox"/> PAN Card		
	<input type="checkbox"/> Aadhaar Card		
	<input type="checkbox"/> Saving Bank Account No.		
	<input type="checkbox"/> Proof of Identity		
	<input type="checkbox"/> Demat Account ID		
Name(s) of holder(s)		Signature(s) of holder(s)	
Sole/First Holder Name (Mr./Ms.)			
Second Holder Name (Mr./Ms.)			
Third Holder Name (Mr./Ms.)			

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Note:

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

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

Declaration Form For Opting Out of Nomination

I/We do not wish to make a nomination. [As per details given below]

Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

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

Name and Signature of Holder(s)*

1. _____ 2. _____ 3. _____




* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/ we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

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.

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.

	Name(s) of holder(s)	Signature(s) of holder								
First / Sole Holder / Authorised Signatory										
Second Holder / Authorised Signatory										
Third Holder / Authorised Signatory										
Date :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	2	0	Y	Y	Place :
D	D	M	M	2	0	Y	Y			

VOLUNTARY

INTERNET & WIRELESS TECHNOLOGY BASED TRADING LETTER

(VOLUNTARY)

To,

Alankit IMAGINATIONS LTD.

Head Office : 1E/13 JHANDEWALAN EXTENSION, NEW DELHI - 110055 ,(INDIA)

Sub.: Internet & Wireless Technology Based Trading

Sir,

I/We wish to trade through Internet & Wireless Technology Based Trading (IWTBT) facility provided by you. I/We hereby confirm you to send my/our username and password and other related information on the e-mail address mentioned by me/us in KYC.

Further, I/We confirm that I/We have fully read and understood the provisions laid down in the attached annexure pertaining to Internet & Wireless Technology based trading facility provided by commodity brokers to clients and do hereby acknowledge the same and agree not to call into question the validity, enforceability and applicability of any provision/clauses in this document under any circumstance what so ever.

Thanking you,

Yours Truly,

Signature 

Client Name:

Date : - - [Note : To be signed by person himself / herself not to be signed by his / her attorney / authorised person etc.]

To, (VOLUNTARY)

Alankit IMAGINATIONS LTD.

Head Office : 1E/13 Jhandewalan Extension, New Delhi - 110055 ,(INDIA)

SUBJECT: AUTHORISATION FOR ELECTRONIC CONTRACT NOTES (ECN)/OTHER DOCUMENTS

UCC: _____

I/We have been / shall be dealing through you as my / our Broker on various equity/commodity exchange(s) such as NSE/BSE/MCX/NCDEX/ICEX. This instruction is applicable for all the exchanges / segments in which I / we have opened account with you & /or I/We may open account in future with you. As my / our Broker i.e. agent I / We direct and authorize you to carry out trading / dealings on my / our behalf as per instructions given below.

I/ We understand that, I/ we have the option to receive the contract notes in physical form or electronic form. In pursuance of the same, I/ we hereby opt for receipt of contract notes & other documents in electronic form, I /We understand that for the above purpose, you are required to take from the client "an appropriate email account" for you to send the electronic contract notes & /or other documents. Accordingly, please take the following email account(s) / email id on your record for sending the contract notes to me / us.

1.

2.

I/we have access to a computer and am/are a regular internet user, having sufficient knowledge of handling the email operations. I/we am/are aware that this declaration form should be in English or in any other language known to me/us.

I/ We agree not to hold you responsible for late / non-receipt of contract notes/other documents/communication sent in electronic form for any reason including but not limited to failure of email servers, loss of connectivity, email in transit etc. I/ we agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes & other communication/document to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me / us on account of any non-receipt/ delayed receipt for any reason whatsoever.

I /We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email account(s) / email id(s).I/We also agree that in case, you want to send contract notes/other documents/communication in physical form in any of the above segments / exchanges due to any reason, whatsoever, including bouncing of email, I / we here by permit you to send the same in physical mode and the charges, if applicable, shall be debited to my/our account.

I/We understand that I/We am/are required to intimate any change in the email id/ email account mentioned herein above which needs to be communicated by me/us through a duly signed request letter in original to you by registered A.D./Speed Post at your above mentioned address, provided however that if I/we am/are an internet client then in that event the request for change in email id/ email account can be made by me/ us through a secured access using client specific user id and password. Please treat this authorization as written ratification of my / our verbal directions / authorizations given and carried out by you earlier. I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my / our directions given above.

I/We agree that till the time the change in email address(s) is not updated in your records, the ECN and other documents sent to existing email address (s) with you shall be deemed to be a valid delivery and I/We shall not hold you responsible for any direct or indirect consequences faced by me/us on this account.

The above authorization and the guidelines on ECN given in the note below have been read and understood by me/us. I/we am/are aware of the risk involved in dispensing with the physical contract note and do hereby take full responsibility for the same.

I/We have signed/submitted this document on my/our own volition.

Thanking you,

Yours faithfully,

Name :

Date :

Note :

1. To be signed by person himself/herself not to be signed by his/her attorney/ authorised person etc.
2. You can revoke ECN facility and opt for the Contract Note in the physical form only by giving 7 working days notice to the member broker through Registered A.D./Speed Post at the above mentioned address and copy of the same would be retained by you.
3. In case, due to any reason, whatsoever, including bouncing of email, if contract note is sent in physical form, charges, if applicable, shall be debited.

Client Signature  _____

Client Name: _____

RUNNING ACCOUNT AUTHORISATION

Head Office : 1E/13 Jhandewalan Extension, New Delhi - 110055, (INDIA)

Alankit IMAGINATIONS LTD.

Corporate Office : 'Alankit House', 4E/2, Jhandewalan Extension, New Delhi -110055 (INDIA)

SUBJECT: RUNNING ACCOUNT AUTHORISATION

UCC: _____

I/We have been / shall be dealing through you as my/our Broker on various equity/commodity exchange(s) such as NSE/BSE/MCX/NCDEX/ICEX and I / we further authorize you to follow these instructions across exchanges & across segments in which I / we have already opened accounts with you or I/We may open account in future. As my/our Broker i.e. agent I/ we direct and authorize you to carry out trading/ dealings on my/our behalf as per instructions given below.

I/We am/are aware that you and I/we have the option to deliver securities/commodities, make payments of funds to each other for settlement of dealings as per the schedule in force at the relevant time pursuant to directives / regulations/ circulars, issued by exchange/ regulatory authorities. However, I/we find it difficult to carry out repeated pay-in of funds and securities/commodities. Further, I/we also desire to use my/ our securities/commodities and monies as margin / collateral without which I/We cannot deal/trade.

Therefore I /we hereby direct and authorise you to maintain running account(s) for me/us and from time to time debit these securities/ commodities and funds from running accounts and make pay-in of securities/commodities and funds to exchanges/clearing corporations/other receiving party(ies) to settle my/our trades/ dealings. Similarly, where I/we have to receive securities/commodities/ funds in settlement of trades/ dealings please keep the securities/commodities and monies with you and make credit entries for the same in running accounts of securities/ commodities and funds maintained by you for the purpose of any obligations due to me/us. In view of the same it would be proper for you to release the funds and securities/commodities due to me/us on my/our specific, either written or verbal instructions. Further, the funds & securities/commodities can be transferred from one segment to other and from one exchange to another as per the requirements. Further, subject to your discretion and valuation please treat my/our securities/commodities and funds lying to my/our credit in running accounts as margin/collateral for my/our dealings/ trading. You are authorize to do these acts across all exchanges & segments in which I / we have been / shall be dealing with you. Further I/We understand and agree that any credit amount with you will not attract any interest.

In the event I/we have outstanding obligations on the settlement date, you may retain the requisite securities/commodities/funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges. While settling the account please send a 'statement of accounts' containing an extract from ledger for funds and an extract from the client demat ledger (register of securities/commodities) displaying all receipts/deliveries of funds/securities. Please explain in the statement(s) being sent the retention of funds/securities/commodities and the details of the pledge, if any. I/We agree that I/we shall bring any discrepancy(ies)/dispute in the/arising from the statement of retention of funds or statement of funds/securities or settlement so made to your notice, preferably, within 7 working days from the date of receipt of funds/securities or statement of retention of funds or statement of funds/securities, as the case may be, in writing, through Registered A.D./Speed Post at your corporate office or through email at info@alankit.com from my/our registered email id. Further, do not carry out settlement of running account referred to above for funds given by me/us towards collaterals/margin in the form of bank guarantee (BG)/Fixed Deposit receipts (FDR).

I/We am/are aware that for the purpose of settlement of funds , the mode of transfer of funds will be only by way of electronic transfer viz NEFT, RTGS, IMPS etc.

Please further note that while I/We am/are entitled to revoke this authorisation at any time, by signing physical letter of revocation at your above mentioned address to allow you to make necessary changes to handle my/our account without running account authorisation. I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my / our directions given above and further agree that you shall not be liable for any claim for loss or profit, or for any consequential, incidental, special or exemplary damages, caused by retention of securities/monies under this agreement.

My/Our preference for actual settlement of funds and securities/commodities is at least:

- Once in a Calender Quarter Once in a Calender Month

Thanking you,
Yours faithfully,

Name : Date :

[Note : To be signed by person himself/herself not to be signed by his/her attorney/ authorised person etc.]

Client Signature  _____

Client Name: _____

LETTER OF AUTHORITY TO TRADE

To,
Alankit IMAGINATIONS LTD.
Head Office : 1E/13 Jhandewalan Extension, New Delhi - 110055, (INDIA)

Dear Sir,

Sub : Authority to Trade on my/our behalf

I/we am/are the holder of a trading account bearing number..... (Here in after referred to as the "Account") opened and maintained with you and wish to appoint/nominate (Here in after referred to as the "Representative"), Son/Daughter of..... aged about.....years, presently residing at to perform all or any of the following acts, deeds and things. for and on my/our behalf and in my/our interest.

1. To operate the Account on my/our behalf.
2. To issue necessary instructions to you, for purchase, sale or transfer of Commodities from or to the Account as per Representative own judgment and to sign necessary documents. wherever required effectuating such instructions of purchase, sale or transfer of Commodities from or to the Account.
3. To make or cause to make payments to ALANKIT IMAGINATIONS LTD (AIL) whenever necessary. and in accordance with my/our obligations in accordance with the terms and conditions of various agreements executed between me/us and AIL.
4. To duly honour all my/our contractual obligations under various agreements executed between me/us and AIL including but not limited to the RIGHTS AND OBLIGATIONS OF AIL, AUTHORIZED PERSONS AND me/us as prescribed by SEBI and Commodity Exchanges and/or any other undertaking, commitment issued by my/us in favour or AIL.
5. To accept and give valid discharges for acceptance and submission of contract notes, bills, ledger statements, transaction statements and all correspondence on my behalf and report any discrepancy therein to AIL.
6. To receive & accept necessary telephonic calls pertaining to margin &/or trade confirmation or any other call including verification call from AIL & undertake to update this contact detail in writing with AIL in the event of any such change. taking place at any time in future.
7. To sincerely abide by the Statutes, Rules, Regulations and Guidelines prescribed for the purpose and in relation to the operation of the Account.
 - a. I/we hereby agree and undertake that all such acts, deeds and things done by the Representative shall be deemed to be binding up on me/us as the same has been done by me/us only and I/we shall hereby ratify all and such acts, deeds. or things done by Representative in any manner whatsoever in discharge of the duties conferred upon him/her under the present instrument.
 - b. I/we hereby agree and undertake to indemnify and keep AIL including its directors. officers and employees indemnified against any loss, claims. liabilities, obligations. damages. deficiencies, actions, suits, or proceedings aroused / accrued or caused to the AIL for any wrong act, deed or thing done by the Representative in any manner whatsoever in exercise of the powers conferred upon him.
 - c. I/we further undertake and agree not to challenge any act, deed or things done by said Representative in any manner.
 - d. I/we hereby agree and acknowledge that this letter of Authority shall be effective and operational until AIL received and acknowledged revocation letter at its registered office.

Name : _____

Client Code : _____

Date : _____

Client Signature  _____

MISCELLANEOUS DECLARATIONS

(VOLUNTARY)

To, Alankit IMAGINATIONS LTD.

Head Office : 1E/13 Jhandewalan Extension, New Delhi - 110055, (INDIA)

DECLARATION FOR PROVIDING SMS AND E-MAIL ALERTS TO RELATIVE

I hereby declare that the Mobile Number and/or Email ID given in the account opening form are of my relative. He / She already has a trading account with Alankit Imaginations Ltd. / Alankit Assignments Ltd. under the below mentioned PAN or UCC.

Relationship: [] Spouse [] Dependent parent [] Dependent child (✓ where applicable)

Name of the relative : _____

PAN of the relative: _____

Or

Unique Client Code (UCC) of the relative: _____

I request you to please accept their Mobile number and/or E-mail ID for the purpose of sending SMS and/or E-mail alerts by the Exchanges to me.

Signature [Signature Line] Client Name: [Name Line]

Date : [Date Line] [Note : To be signed by person himself / herself not to be signed by his / her attorney / authorised person etc.]

DECLARATION FOR NAME MISMATCH (To be filled if the name on documents is different)

This is to bring to your notice that my name is spelt differently in my Identity proof, Address proof and Bank proof. Please find below the names as spelt in respective proofs:

Name as per PAN CARD _____

Name as per Address Proof _____

Name as per Bank Proof _____

I hereby confirm that all the said names belong to me. I hereby state and confirm that what is stated above is true and correct information. I agree to indemnify and keep Alankit Imaginations Ltd. indemnified at all times from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and/or incurred by Alankit Imaginations Ltd. for any act done or omitted to be done on the above declaration.

Signature [Signature Line] Client Name: [Name Line]

Date : [Date Line] [Note : To be signed by person himself / herself not to be signed by his / her attorney / authorised person etc.]

DECLARATION FOR SIGNATURE MISMATCH (To be filled if client's signature is mismatched from PAN Card and Bank)

This is to bring into your notice that my signature on PAN Card / Bank and account opening form are as follows:

Signature as per Bank [Signature Box] Signature as per Account Opening Form [Signature Box]

Signature as per PAN Card [Signature Box]

I hereby confirm that all the above signatures are mine. I hereby state and confirm that what is stated above is true and correct information. I agree to indemnify and keep Alankit Imaginations Ltd. indemnified at all times from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and/or incurred by Alankit Imaginations Ltd. for any act done or omitted to be done on the above declaration.

Signature [Signature Line] Client Name: [Name Line]

Date : [Date Line] [Note : To be signed by person himself / herself not to be signed by his / her attorney / authorised person etc.]

DECLARATION BY KARTA & ALL THE CO-PARCENERS (FOR HUF ONLY)

To,
Alankit IMAGINATIONS LTD.
Head Office : 1E/13 Jhandewalan Extension, New Delhi - 110055, (INDIA)

- Whereas the Hindu Undivided Family of.....is carrying on business in the firm name and style of..... at, we intent to deal or desire to have Commodities Trading Account with ALANKIT IMAGINATIONS LTD. (hereinafter referred as Member). We undersigned, hereby confirm and declare that we are the present adult co-parceners of the said joint family; that Mr./Mrs is the present Karta of the said joint family.
- We confirm that affairs of HUF firm are carried on mainly by the Karta Mr/ Mrs. on behalf and in the interest and for the benefits of all the co-parceners. We hereby authorize the Karta on behalf of the HUF to deal with the member and the said trading member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. He is authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through the member on behalf of the HUF. He is also authorize to sign execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF firm shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parceners of the said joint family, including the share of the minor co parceners, if any.
- We undertake to advise the member in writing of any change that may occur in the Karta ship or in the constitution of the said joint family or of the said HUF firm and until receipt of such notice by the member who shall be binding on the said joint family and the said HUF firm and on our respective estates. We shall, however continue to be liable jointly and severally to the member for all dues obligations of the said HUF firm in the Member's book on the date of the receipt of such notice by the member and until all such dues and obligations shall have been liquidated and discharged.
- The names and dates of the birth of all the present minor & major co-parceners of the said joint family are given below. We also undertake to inform you in writing as and when each of the said members attains the majority and is authorized to act on behalf of, and bind the said HUF firm.

List of Family Members

S. No.	Name of the Co-parceners (Including Minor also)	Relationship with Karta	PAN No.	Address (if other than Karta's address)	Date of Birth	Signature
1.						
2.						
3.						
4.						
5.						
6.						

Note : For NCDEX clients, in case of adult family member provide copy of PAN card or any other ID proof (DL/Voter ID/ Passport). In case of Minor Family Member provide copy of age certificate (Birth Certificate/School Leaving Certificate).

Name of the HUF : _____

Signature of Karta with Rubber Stamp

Date : _____ Place : _____