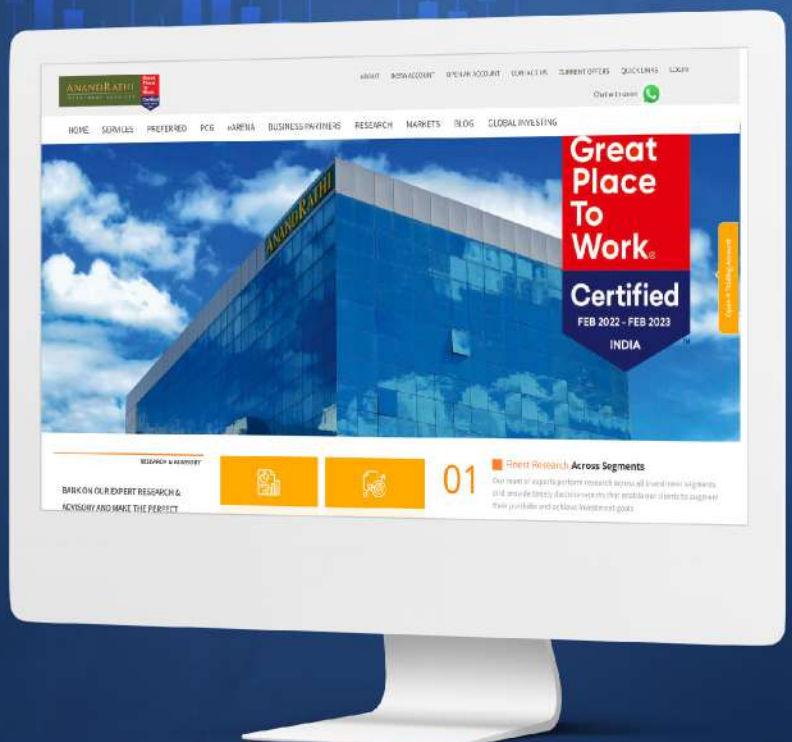




ANANDRATHI
INTERNATIONAL VENTURES(IFSC)
Global Investments Simplified

INDIVIDUAL
(NEW CLIENT)

TRADING AND DEMAT ACCOUNT



giftifsc@rathi.com
www.anandrathigiftcity.com



ANANDRATHI
INTERNATIONAL VENTURES(IFSC)
Global Investments Simplified

CLIENT ENROLLMENT FORM

Form No.

Client Code

Branch Code

PRODUCTS

- ☐ Equity Derivatives
- ☐ Index Derivatives
- ☐ Commodity Derivatives
- ☐ Currency Derivatives
- ☐ Debt
- ☐ NSE IFSC Receipt

EXCHANGES

- ☐ INDIA INX
- ☐ NSE IFSC

For Assistance

079 - 61340200

+971 52 231 2924



Form No.

Date

**Anand Rathi International Ventures (IFSC) Private Limited
Acknowledgement (Office Copy)**

Equity Derivatives	Index Derivatives	Commodity Derivatives	Currency Derivatives	Debt	NSE IFSC Receipt
<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> NSE IFSC
<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	

Executive Name

Executive Signature

I have read and understood all the clause of Right and Obligation (Trading and Demat Account), Risk Disclosure Document (RDD), Tariff sheet, Guidance Note detailing DO's and Don'ts for Trading, Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP) Policies and Procedure.

Further I/We, wish to receive the above-mentioned documents by:

Electronic Mode ☐ OR Physical Mode ☐

I/We acknowledge the receipt of copy of executed client registration form, Right and Obligation (Trading and Demat Account), Risk Disclosure Document (RDD), Tariff sheet, Guidance Note detailing DO's and Don'ts for Trading, Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP) Policies and Procedure.

Client Signature

x

Form No.

Date

**Anand Rathi International Ventures (IFSC) Private Limited
Acknowledgement (Client Copy)**

Equity Derivatives	Index Derivatives	Commodity Derivatives	Currency Derivatives	Debt	NSE IFSC Receipt
<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> NSE IFSC
<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	

Executive Name

Executive Signature

Anand Rathi International Ventures (IFSC) Private Limited

CIN : U65999GJ2016PTC094915

Registered Office

Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone –1 GIFT SEZ,
GIFT City, Gandhinagar Gujarat, India-382355

Tel.: 079-6134 0200



CEO

Mr. Niteen Dongare

niteendongare@rathi.com



Compliance Officer

Mr. Deepak Kedia

deepakkedia@rathi.com

For any grievance / dispute please contact Anand Rathi International Ventures (IFSC) Private Limited at the above address or email id ifscgrievance@rathi.com and Phone no. 079-6134 0200. In case not satisfied with the response, please contact India International Exchange (IFSC) Ltd. at investorassistance@indiainx.com and Phone no. +91-79-61993100 OR NSE IFSC Limited at igr@nseifsc.com and Phone no. +91-79-66743609/10.

"Please note that we Brokers are undertaking proprietary trading in our own account in addition to client base business."

INDIA INX	: 5064
NSE IFSC LIMITED	: 10048
IFSCA/SEBI REGISTRATION NO.	: INZ000292939
DP NO	: IFSCA/DP/2022-23/007

INDEX

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI/IFSCA & EXCHANGES

Name of the Document	Brief Significance of the Document	PAGE(s)
Account Opening Form	KYC form - Document captures the basic information about the constituent and an instruction/check list. Document captures the additional information about the constituent relevant to trading account:	1-9
Tariff sheet	Details the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	10-11
Consent Letter	Aadhar Consent Letter	12
Rights & Obligations	Document stating the Rights & Obligations of Member and client for on exchanges.	Provide to client
Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market:	Provide to client
Guidance Note	Document detailing do's and don'ts for trading on exchange, for the education of the investors	Provide to client
Policies and Procedures	Document describing significant Policies and procedures of the Stock Broker	Provide to client
Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP)	Applicable for clients trading in NSE IFSC Receipts	Provide to client
W - 8BEN – For Individual	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting	13
Mobile Number/Email Id	Declaration of mobile number/email id	14
Consent Letter	Consent to debit the demat account	25

VOLUNTARY DOCUMENTS

ECN	Letter of Authorization for Electronic Contract Notes.	15
LOA	Letter of Authority	16
Consent Letter	Voluntary consent letter for kyc	26
Acknowledgement	Acknowledgement Receipt	17

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

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


For office use only

Application Type*

☐ New ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type*

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

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

Prefix

First Name

Middle Name

Last Name

☐ Name* (Same as ID proof)

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth*

 Marital Status (kindly tick): ☐ Married ☐ Unmarried ☐ Others

Gender*

☐ M- Male

☐ F- Female

☐ T-Transgender

PAN*

☐ Form 60 furnished

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

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

☐ A- Passport Number

☐ B-Voter ID Card

☐ C-Driving Licence

☐ D-NREGA Job Card

☐ E-National Population Register Letter

☐ F-Proof of Possession of Aadhaar

 II ☐ E-KYC Authentication

 III ☐ Offline verification of Aadhaar

☐ **PHOTO***

Address

Line 1*

Line 2

Line 3

District*

Pin/Post Code*

State/U.T Code*

City / Town / Village*

ISO 3166 Country Code*

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

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

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

☐ A- Passport Number

☐ B-Voter ID Card

☐ C- Driving Licence

☐ D-NREGA Job Card

☐ E- National Population Register Letter

☐ F - Proof of Possession of Aadhaar

 II ☐ E-KYC Authentication

 III ☐ Offline verification of Aadhaar

 IV ☐ Deemed Proof of Address - Document Type code

 V ☐ Self Declaration

Address

Line 1*

Line 2

Line 3

District*

Pin / Post Code*

State/U.T Code*

City / Town / Village*

ISO 3166 Country Code*

[illegible]

☐ S- Service (Private Sector, Public Sector, Government Sector) ☐ O –Others (Professional, Self Employed, Retired, Housewife, Student)

☐ B – Business ☐ X – Not categorized

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

Date :

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---

[illegible]

Signature / Thumb Impression of Applicant

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

☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date --[illegible][illegible][illegible][illegible]

INSTITUTION DETAILS

Name	Anand Rathi International Ventures (IFSC) Private Limited
------	---

[illegible]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form
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, etc. or self declaration, 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 online 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 licence 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 documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.

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

10 REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository

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.

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

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

List of ISO 3166 two digit Country Code

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

TRADING ACCOUNT RELATED DETAILS

SECTION A

BANK ACCOUNT(S) DETAILS

BANK NAME

BRANCH NAME

BRANCH ADDRESS

CITY/TOWN/VILLAGE

PIN CODE

STATE

COUNTRY

ACCOUNT NUMBER

*MICR NUMBER

*IFSC/SWIFT CODE

ACCOUNT TYPE

☐ CURRENT☐ SAVINGS☐ NRI / NRE / NRO☐ OTHERS (Please Specify)

SECTION B

DEPOSITORY ACCOUNT(S) DETAILS

DEPOSITORY PARTICIPANT NAME

DEPOSITORY NAME

DEPOSITORY PARTICIPANT ID

BENEFICIARY NAME

BENEFICIARY ID (BO ID)

SECTION C

TRADING PREFERENCES

☐ I/WE WOULD LIKE TO TRADE ON THE INDIA INX F&O SEGMENT
☐ EQUITY DERIVATIVES ☐ INDEX DERIVATIVES ☐ COMMODITY DERIVATIVES
☐ CURRENCY DERIVATIVES ☐ DEBT

X

CLIENT SIGNATURE

☐ I/WE WOULD LIKE TO TRADE ON THE NSE IFSC F&O SEGMENT
☐ EQUITY DERIVATIVES ☐ INDEX DERIVATIVES ☐ COMMODITY DERIVATIVES
☐ CURRENCY DERIVATIVES ☐ DEBT

X

CLIENT SIGNATURE

☐ I/WE WOULD LIKE TO TRADE ON THE NSE IFSC RECEIPT

X

CLIENT SIGNATURE

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

SECTION D

PAST ACTION

Details of any action/proceedings initiated/pending/ taken by SEBI/IFSCA/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:

SECTION E

DEALINGS THROUGH OTHER STOCK BROKERS

Whether dealing with any other stock broker (in case dealing with multiple stock brokers, provide details of all) Name of stock broker

Client Code

Exchange

Details of disputes/

dues pending from/to such stock broker:

SECTION F

ADDITIONAL DETAILS

• Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify):

Specify your Email id, if applicable:

• Whether you wish to avail of the facility of internet trading/ wireless technology (please specify):

• Number of years of Investment/Trading Experience:

• Any other information:

SECTION G

PEP DETAILS

• Please tick, if applicable: ☐ Politically Exposed Person(PEP) ☐ Related to a Politically Exposed Person(PEP) ☐ None

SECTION H

OTHER DETAILS

• Gross Annual Income Details: ☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ >25 Lac

OR

• Net-worth in Rs. _____ as on (date) _____

SECTION I

INTRODUCER DETAILS (Optional)

Name of the Introducer: _____

Surname

Name

Middle Name

Status of the Introducer: Remisier/Authorized Person/Existing Client/Others, please specify: _____

Address and phone No. of the Introducer: _____

Signature of the Introducer: _____

Nomination Form

☐ I/We wish to make a nomination (As per details given below) ☐ I/We do not wish to make a nomination (Strike off the nomination details below)

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 Details

Nomination can be made upto three nominees in the account.

Details of 1st NomineeDetails of 2nd NomineeDetails of 3rd Nominee

Name of the nominee(s) (Mr./Ms.)			
Share of each Nominee	<input type="checkbox"/> Equally, Specify Percentage _____ %	<input type="checkbox"/> Equally, Specify Percentage _____ %	<input type="checkbox"/> Equally, Specify Percentage _____ %
Any odd lot after division shall be transferred to the first nominee mentioned in the form.			
Relationship With the Applicant (If Any)			
Address of Nominee(s)	City _____ State _____ Country _____ PIN Code _____	City _____ State _____ Country _____ PIN Code _____	City _____ State _____ Country _____ PIN Code _____
Mobile/Telephone No. of nominee(s) #			
Email ID of nominee(s) #			
Nominee 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	<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	<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

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

Date of Birth (in case of minor nominee(s))			
Name of Guardian (Mr./Ms.) (in case of minor nominee(s))			
Address of Guardian(s)	City _____ State _____ Country _____ PIN Code _____	City _____ State _____ Country _____ PIN Code _____	City _____ State _____ Country _____ PIN Code _____
Mobile/Telephone No. of Guardian			
Email ID of Guardian			
Relationship of Guardian with nominee			

Guardian Identification details (Please tick any one of following and provide details of same)	<input type="checkbox"/> Photograph & Signature	<input type="checkbox"/> Photograph & Signature	<input type="checkbox"/> Photograph & Signature
	<input type="checkbox"/> PAN	<input type="checkbox"/> PAN	<input type="checkbox"/> PAN
	<input type="checkbox"/> Aadhaar	<input type="checkbox"/> Aadhaar	<input type="checkbox"/> Aadhaar
	<input type="checkbox"/> Saving Bank account no.	<input type="checkbox"/> Saving Bank account no.	<input type="checkbox"/> Saving Bank account no.
	<input type="checkbox"/> Proof of Identity	<input type="checkbox"/> Proof of Identity	<input type="checkbox"/> Proof of Identity
	<input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Demat Account ID

Name(s) of holder(s)		Signature(s) of holder*
Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

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

Optional Fields

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

			Date	
Trading Member/Participant's Name	Anand Rathi International Ventures (IFSC) Private Limited			
Trading Member/Participant's Address	Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone -1 GIFT SEZ, Giff City, Gandhinagar Gujarat, India-382355			
UCC/DP ID		Client ID (only for Demat account)		
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 non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Name and Signature of Holder(s)*

--	--	--

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

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), 'Risk Disclosure Document', Product Disclosure Statement (PDS) and Master Deed Poll (MDP), as may be applicable to me. 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: _____

x

Signature of Client/ (all)

FOR OFFICE USE ONLY

UCC Code allotted to the Client: _____

Particulars	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, Guidance Note, Product Disclosure Statement (PDS) and Master Deed Poll (MDP), as may be applicable to them. 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 nonmandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations', RDD, PDS and MDP would be made available on my/our website, if any, for the information of the clients.

Customer Risk Categorization/Assessment: ☐ Low ☐ Medium ☐ High

Date: _____

x

Signature of the Authorised Signatory

INSTRUCTIONS/CHECK LIST

1. Additional documents in case of trading in derivatives - 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. 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.
3. As per SEBI Circular No. IMD/FPI&C/CIR/P/2019/124 dated November 05, 2019, registered FPIs ("FPIs"), proposing to operate in IFSC, shall be permitted, without undergoing any additional documentation and/or prior approval process.
4. Demat master or recent holding statement issued by DP bearing name of the client.
5. For individuals:
 - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker.
 - 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.

TARIFF SHEET FOR TRADING ACCOUNT

To,
Anand Rathi International Venture IFSC Private Limited

Dear Sir/Madam

I/We would like to subscribe to Anand Rathi International Venture (IFSC) Private Limited for Trading account and request Anand Rathi International Venture (IFSC) Private Limited to apply brokerage charges as mentioned and as per the terms and condition of Anand Rathi International Venture (IFSC) Private Limited.

BROKERAGE TARRIF STRUCTURE		
Future (\$)		
Option (\$)		
NSE IFSC RECEIPT		
NSEIFSC RECEIPT		
Account Type	Brokerage (%) of USD Turnover	Initial Funding (USD)
AR-PLATINUM	0.20%	10001-25000 USD <input type="checkbox"/>
AR-GOLD	0.25%	5001-10000 USD <input type="checkbox"/>
AR-SILVER	0.50%	Upto 5000 USD <input type="checkbox"/>

Other Charges,

1. Trading Account Opening Charges USD 10/- Excluding GST
2. IFSCA Turnover Fee, GST, Stamp Duty, and Transaction charges will be levied separately from brokerage as applicable from time to time by exchange and authority.

CLIENT'S NAME	
<div style="background-color: #f0f0f0; width: 100%; height: 100%; position: relative;"> x </div>	Date
Signature of Client/ (all)	

FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUAL

CLIENT NAME	
Indicate () your Tax Residency/ Citizenship / Nationality	<input type="checkbox"/> India <input type="checkbox"/> USA or Other _____
If ticked on "Others" and/or "U.S.A", please provide all details under point no. 2,3,4,5 below:	
Specify City and Country of Birth	
Specify Country(ies) of Tax Residency/ Citizenship / Nationality / Green card holder, other than India	
Tax Identification Number (for U.S.A.) or its functional equivalent (other than U.S.A.)	
Source of Wealth	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental <input type="checkbox"/> Income <input type="checkbox"/> Royalty <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Prize Money OR Others _____

DECLARATION

I / We hereby declare, agree and confirm the following:

- a) The details furnished above are true to the best of my knowledge and belief and shall undertake to inform Anand Rathi International Venture (IFSC) Private Limited within 30 days, in case of any change in the above given status on a future date;
- b) If I /we am/are U.S. person or tax resident of a reportable foreign jurisdiction (other than U.S.), my account details, would be reported by Anand Rathi International Venture (IFSC) Private Limited to the relevant tax authority. or information may be shared with concerned Asset Management Companies (AMCs) or to any of the Government Agencies / Tax authorities / Regulators / Exchanges / Depositories of India or of any country other than India;



Signature of Client/ (all)

AADHAR CONSENT LETTER

To,
Anand Rathi International Ventures (IFSC) Private Limited
Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone -1 GIFT SEZ, Gift City, Gandhinagar Gujarat, India-382355

Subject: Consent to use Aadhaar card copy

Ref : Application for New Client

Dear Sir,

I the undersigned _____, understand that I can submit either of the following document copy as an address proof for registration.

☐ Voter ID Card ☐ Driving License ☐ Passport ☐ Ration Card ☐ Aadhaar Card ☐ Utility Bills (shall not be more than two months old)

I willingly give my consent to Anand Rathi International Ventures (IFSC) Private Limited to accept copy of my Aadhaar card and proceed with the referred application.

Client Code/ DP ID: _____

Thanking you,

Yours Sincerely,

Name: _____

x _____

Signature of the Aadhaar Card Owner

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

- For use by individuals. Entities must use Form W-8BEN-E.
- Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.			Country
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.			Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)			
6a Foreign tax identifying number (see instructions)		6b Check if FTIN not legally required <input type="checkbox"/>	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here
☐ I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

DECLARATION OF MOBILE NUMBER/ EMAIL ID

Date: _____

To,

Anand Rathi International Ventures (IFSC) Private Limited

Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone –1 GIFT SEZ, Gift City, Gandhinagar Gujarat, India-382355

I/We _____ hereby declare that the Mobile No. _____ With Relation: ☐ Self

☐ Spouse ☐ Dependent – Child ☐ Dependent - Parent. Or Authorized Person in : ☐ Corporate/Trust/Partnership Firm / HUF Account

And Email ID _____

☐ Spouse ☐ Dependent – Child ☐ Dependent - Parent. Or Authorized Person in : ☐ Corporate/Trust/Partnership Firm /HUF Account

Belongs to Mr./Mrs./Ms. _____ For ☐ Email ☐ Mobile ☐ Both

Belongs to Mr./Mrs./Ms. _____ For ☐ Email ☐ Mobile ☐ Both

I/We request you to update the same in my trading and Demat account and send all the Confirmations and other communication through SMS and EMAIL ID.

Further I/We hereby agree & undertake to indemnify and keep indemnified and save harmless you from against all claims/ demands/ penalties/suits/action or any loss or damaged suffered or incurred by you as Consequence of such instruction.

Please provide detail as mentioned below :- For ☐ Email ☐ Mobile ☐ Both

Relation	Name	Trading code	Demat Account No.
Spouse			
Dependent – Child / Parents			
Corporate/Trust/Partnership Firm / HUF Account			

For ☐ Email ☐ Mobile ☐ Both (If Relationship differ as mentioned in Belong to with Email / mobile Relationship)

Relation	Name	Trading code	Demat Account No.
Spouse			
Dependent – Child / Parents			
Corporate/Trust/Partnership Firm / HUF Account			

Client Code : _____ Demat ID No. _____

Thanking You,

	1st Holder	2nd Holder	3rd Holder
Name			
Signature / Auth. Signatory			

ECN (LETTER OF AUTHORIZATION FOR ELECTRONIC CONTRACT NOTES.)

To,
 Anand Rath International Ventures (IFSC) Private Limited
 Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone –1 GIFT SEZ, Gift City, Gandhinagar Gujarat, India-382355

Dear Sir(s),

Sub: Request for sending Contract Notes, Account Statements / Documents etc. on My/our Email ID

I, _____ a client with
 Member Anand Rath International Ventures (IFSC) Private Limited of NSE IFSC and INDIA INX Exchange undertake as follows:
 I/we aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I/we myself want the same in the electronic form.
 I/we 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/we find that it is inconvenient for me to receive physical contract notes. Therefore, I/we am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me/us.
 I/we 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/us and not by someone else.
 I/we am/are aware that this declaration form should be in English or in any other language known to me/us.
 I/we am/are aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

The above declaration and the guidelines on ECN given in the Annexure 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.

*(The email id must be return in own handwriting of the client.)

Client Name: _____

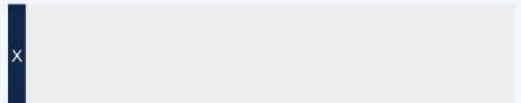
Unique Client Code : _____

PAN: _____

Address: _____

In case of any change in my/our said E-mail Id, I/We undertake to intimate the same to you in writing through a physical letter

Date: _____



CLIENT'S SIGNATURE

LOA (LETTER OF AUTHORITY)

Anand Rathi International Ventures (IFSC) Private Limited (ARIVPL)

Unit No. 634 Signature Tower, 6th Floor,
 Block 13B Zone –1 GIFT SEZ, Gift City,
 Gandhinagar Gujarat, India-382355

Dear Sirs,

Ref. Client Name & Code _____

Sub: Letter of Authority for INDIA INX/ NSE IFSC

I/We am/are dealing with you (INDIA INX/ NSE IFSC) and in order to facilitate ease of operations, I/We authorize you as under:

1. I/We authorizes to my attorney to set off outstanding in my/our accounts against credits available maintained with ARIVPL irrespective of the fact that such outstanding may pertain to transaction in any of the Exchange and/or against the value of cash margin or collateral securities provided to by me/us.
2. I/We request you to retain credit balance in any of my/our account and to use the idle funds towards my/our margin/future obligations at the Exchange unless I/We instruct you otherwise.
3. The client hereby authorizes the trading member to maintain a Running Account of the client in order to facilitate the transfer of funds across segments/retain credit balance/to set off outstanding.
4. I would like the mandatory settlement of the funds and securities (if applicable) as indicated below (tick against your preference).
☐ Monthly Basis ☐ Quarterly Basis ☐ AS PER IFSCA REGULATION
5. As and when I/We require the funds/ securities. I /We be informing you of the same and on receipt of the instructions from me/us, same may be released within one working day of the request after verification and if the amount is due as per ARIVPL.
6. To square off my/our position of transactions that are not delivery market during intraday trade.
7. The client agrees to bear interest @ 18% p.a. which would be charged on outstanding dues in order to meet up with the client's obligations temporarily.
8. I/We have been made aware of the company's policies & procedure.
9. The above authorization can be revoked at any point of time at the client's own discretion by giving written confirmation to ARIVPL.
10. I/We authorized you to reach out to me/ us for any confirmations like Order Verification, Delivery Confirmation, Trade Confirmation, Welcome call etc. through Call/ IVR, E-Mail/ SMS or other source of communication on the Mobile no. recoded/ registered with us, irrespective of User's registration with DND registry of TRAI.
11. I/We agree to auto-renew my/us consent after every 180 days until I/ we opt-out.

Date: _____

x

CLIENT'S SIGNATURE

ACKNOWLEDGEMENT RECEIPT

Anand Rathi International Ventures (IFSC) Private Limited (ARIVPL)

Unit No. 634 Signature Tower, 6th Floor,
 Block 13B Zone –1 GIFT SEZ, Gift City,
 Gandhinagar Gujarat, India-382355

Dear Sir,

Ref. Client Name & Code _____

I/We hereby wish to receive the below mentioned documents either electronically (email). I/We hereby acknowledge receipt of the following documents

NO	NAME OF DOCUMENT
1.	Rights & Obligations of stock broker and client for trading on exchanges
2.	Risk Disclosure Document For Capital Market And Derivatives Segments
3.	Guidance Note - Do's And Dont's for Trading on the Exchange(s) for Investors
4.	Policies and Procedures
5.	Information on PMLA
6.	Product Disclosure Statement' (PDS) for NSE IFSC Receipts
7.	'Master Deed Poll' (MDP) for NSE IFSC Receipts
8.	All other mandatory and voluntary client registration documents

I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us. Further I confirmed that the documents for KYC submitted by me are true and correct.

I/We understand that the Voluntary documents executed by me/us are out of my/our own free will.

I state that I have read and understood all above documents and these documents are binding upon me.

Yours faithfully,

Date: _____

x

CLIENT'S SIGNATURE



ANANDRATHI
INTERNATIONAL VENTURES(IFSC)
Global Investments Simplified

DEMAT ACCOUNT

If you are an existing Customer kindly fill and sign the "Client due diligence information "Letter for Account Opening and Know Your Client (KYC) Details which is a part of Voluntary Consent letter in ANNEXURE I to get the benefits of not conducting verification of Identification.



DEPOSITORY PARTICIPANT (IIDL) ACCOUNT DETAILS

SELECT THE TYPE OF ACCOUNT

Type of Account (for Individual / NRI / Foreign National only)

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

OR

Type of Account (for Corporate / Clearing Member only)

<input type="checkbox"/> Body Corporate <input type="checkbox"/> FII	<input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> CM <input type="checkbox"/> FI	<input type="checkbox"/> Mutual Fund <input type="checkbox"/> Clearing House	<input type="checkbox"/> OCB <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____			

Instructions to the Applicants (BOs) for account opening

- 1) Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
- 2) Signatures should be preferably in black ink.
- 3) Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
- 4) In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
- 5) In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
- 6) All correspondence / queries shall be addressed to the first / sole applicant.
- 7) Strike off whichever option, in the account opening form, is not applicable.

Application Form for Opening a Demat Account-Individual

DP ID : 007

Form No.										Date							
BO ID										Client ID							

I / We request you to open a Demat Account in my / our name as per the following details: - (To be filled by the applicant in BLOCK LETTERS in English)

Please Select the Account Type	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate
--------------------------------	--

Holders Details

Sole / First Holder's Name		PAN															
		UID	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Trading Code										For ARIVL
--------------	--	--	--	--	--	--	--	--	--	-----------

NSE-IFSC	Equity Derivatives <input type="checkbox"/> Index Derivatives <input type="checkbox"/> Commodity Derivatives <input type="checkbox"/> DEBT <input type="checkbox"/> NSE IFSC Receipt <input type="checkbox"/>	MEMBER ID – 10048
BSE-INDIAINX	Equity Derivatives <input type="checkbox"/> Index Derivatives <input type="checkbox"/> Commodity Derivatives <input type="checkbox"/> DEBT <input type="checkbox"/>	MEMBER ID - 5064

Second Holder's Name	PAN <input type="text"/> UID <input type="text"/>
Third Holder's Name	PAN <input type="text"/> UID <input type="text"/>

*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.

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> As per IFSCA regulation	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any further instruction from my/our end. (If not marked, the default option would be "No")	<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 & Electronic (Tick the applicable box, If not marked the default option would be physical)	
I/we wish to receive dividend / interest directly in to my bank account given below through ECS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by IFSCA from time to time]	
I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a DDPI/POA/ registered for eDIS with You for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder or for executing delivery instructions through eDIS	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

For NRIS/OCB

* I/We hereby declare that I/We has complied with, and will continue to comply with, FEMA regulations and other applicable laws

Bank Account Details

Bank Name	
Branch Name	
Branch Address	
Bank A/c. No.	
A/c. Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRINRE/NRO <input type="checkbox"/> Others
MICR Number	
City	
Country	
	IFSC Code/Swift Code <input type="text"/>
	State <input type="text"/> Pin Code <input type="text"/>

Additional Details

SMS Alert Facility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Registration	MOBILE NO.: +91 _____ E-mail ID _____

Individual	I/We have received and read the rights and obligations documents and terms and conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/We declare that the particulars given by me / us above are true and to the best of my / our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.
-------------------	--

	Sole /First Holder	Second Holder	Third Holder
	First/ Sole Authorized Signatory (For Corporate)	Second Authorized Signatory (For Corporate)	Third Authorized Signatory (For Corporate)
Name	Name _____	Name _____	Name _____
Designation	Designation _____	Designation _____	Designation _____
Specimen Signature	F25 (Signature of 1st Holder)	S4 _____ (Signature of 2nd Holder)	T4 _____ (Signature of 3rd Holder)

DP - TARIFF Regular / Basic Services Demat Account (BSDA) Anand Rathi International Venture (IFSC) Private Limited

Client BOLD (16 digit) _____

1	Account Opening charges	\$ 10 (One Time)
2	Debit Transaction	As Per Depository
3	Credit Transactions	Free
4	Pledge Services	Free
5	Reissuance of Delivery instruction Booklet (DIB)	Free
6	Dematerialization	Free
7	Rematerialization	Free
8	Annual Maintenance Charges	\$ 30 Per Year
9	Account Modification (viz. Addition / Changes / Deletion in Master details like Name, PAN, Address, Email, Mobile, Bank etc.)	Free

Common Clauses

- The above offer is exclusive of charges levied by Depository and other taxes / statutory charges levied by Government bodies / statutory authorities from time to time, which will be charged as applicable.
- All charges / service standards are subject to revision at ARIVL sole discretion at any given point of time and the same shall be communicated to the customers with a notice of 30 days.
- The Annual Maintenance Charges are levied, in advance, for a period of one year at the beginning of the billing cycle.
- The transaction charges will be payable monthly. The charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- The operating instructions for the joint accounts must be signed by all the holders.
- All instructions for transfer must be received at the designated DP at least 24 hours before the execution date.
- In case of non- recovery of service charges due to inadequate balance in your linked bank account or inadequate advance fees or invalid bank account, the Depository services for your account will be temporarily discontinued. The services will be resumed in a minimum of three working days from the date of receipt of request with ARIVL and post payment of all outstanding dues towards Depository charges.
- In case the Demat accounts are with nil balances / transactions or in case if the customer defaults in payment of AMC, the statement shall not be sent to the customer after period of 1 year.
- Tariff applicability would be communicated with a 30 days' notice period.
- I/we agree to abide by and to be bound by all the Terms and Conditions pertaining to Debit authorization, E-mail statement and Fee & schedule.

x

Customer Signature

x

Anand Rathi International Venture
Authorized Signatory

Rights and Obligation of Beneficial Owner and depository Participant as Prescribed by IFSCA and IID IFSC Limited

General Clause

1. The Beneficial Owner and the Depository Participant ("DP") shall be bound by the provisions of the International Financial Services Centres Authority Act, 2019 ("IFSCA Act"), the International Financial Services Centres Authority (Market Infrastructure Institutions) Regulations, 2021 ("MII Regulations"), Securities & Exchange Board of India (Depositories & Participants) Regulations, 2018 (to the extent applicable), and all rules, regulations, circulars, directions, operating instructions as may be issued by the International Financial Services Centres Authority ("IFSCA") from time to time and the Bye Laws and Operating Instructions issued by IID IFSC Limited ("IID IFSC") and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate Depository Account of a Beneficial Owner in the IID IFSC depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by Regulator 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 Depository 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 Depository Account".
6. In case of Basic Services Depository Account, the DP shall adhere to the charge structure as laid down under the relevant IFSCA and/or IID IFSC 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 IID IFSC, dematerialized in the form and manner laid down under the Bye Laws and Operating Instructions of IID IFSC. 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 Depository Account except in the form and manner prescribed in the IFSC Act, MII Regulations and Bye-Laws/Operating Instructions of IID IFSC. Transfer of Securities.
11. The DP shall effect transfer to and from the Depository 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 Depository 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 IFSCA/ IID IFSC in this regard.
14. However, if there is no transaction in the Depository Account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such Beneficial Owners 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 Depository Accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of Depository 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 Depository Account in the electronic mode, then the Participant shall be obliged to forward the statement of Depository Accounts in physical form.
16. In case of Basic Services Depository Accounts, the DP shall send the transaction statements as mandated by IFSCA and/or IID IFSC from time to time.

Rights and Obligation of Beneficial Owner and depository Participant as Prescribed by IFSCA and IID IFSC Limited

Manner of Closure of Depository Account

17. The DP shall have the right to close the Depository 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 IID IFSC. Similarly, the Beneficial Owner shall have the right to close his/her Depository 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 Depository Account should be transferred to another Depository Account of the 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 IID IFSC. Provided further, closure of Depository 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 and 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the Depository Account of the Beneficial Owner, the DP may charge interest at a rate as specified by IID IFSC 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 and 6 specified above, the DP after giving Seven 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 IID IFSC
21. As per applicable law and as provided under the Bye Laws,
- 21.1. 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 IID IFSC or the DP, IID IFSC shall indemnify such Beneficial Owner.
- 21.2. Where the loss due to the negligence of a DP under Clause (1) above, is indemnified by IID IFSC, IID IFSC shall have the right to recover the same from such DP.

Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her Depository Account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Operating Instructions of IID IFSC.
23. The DP or IID IFSC 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 DP. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the DP.

Rights and Obligation of Beneficial Owner and depository Participant as Prescribed by IFSCA and IID IFSC Limited

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 Bye Laws and Operating Instructions of IID IFSC and circulars/notices issued there under or rules and regulations as may be specified by IFSCA from time to time.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by IFSCA, and Bye-laws and Operating Instructions of IID IFSC, 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 IID IFSC 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 Bye-Laws and Operating Instructions and circulars/notices issued there under by IID IFSC and /or IFSCA.
30. Any changes in the rights and obligations which are specified by IFSCA/ IID IFSC 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 IFSCA, or Bye-laws and/or Operating Instructions of IID IFSC, 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.

CONSENT TO DEBIT THE DEMAT ACCOUNT

Date:

To,
 Anand Rathi International Ventures IFSC Private Limited
 Unit No.634 Signature Tower, 6th Floor
 Block 13-B, GIFT SEZ
 GIFT City, Gandhinagar-382355
 Gujarat, India.

Dear Sir/Madam,

Subject: Consent to debit the demat account

DP ID: _____, BO Account / Client Id: _____

I/We, hereby explicitly agree to authorize (Anand Rathi International Ventures IFSC Private Limited), to access our Beneficial Owner (BO) Account as per details given above for the limited purpose of meeting pay-in obligations for settlement of trades executed by me/us on the stock exchanges. Accordingly, I/We hereby, authorize Anand Rathi International Ventures IFSC Private Limited to do the following:

Sr. No.	Purpose	Signature of First / Sole Holder*	Signature of Second Holder*	Signature of Third Holder*
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through Anand Rathi International Ventures IFSC Private Limited			
2.	Mutual Fund transactions being executed on Stock Exchange order entry platforms			
3.	Tendering shares in open offers through Stock Exchange platforms			

*The same may be e-signed or signed physically

VOLUNTARY CONSENT LETTER FOR KYC

Anand Rathi International Ventures IFSC Private Limited
 Unit No.634 Signature Tower, 6th Floor
 Block 13-B, GIFT SEZ
 GIFT City, Gandhinagar-382355
 Gujarat, India.

Subject: Client due diligence information for Account Opening and Know Your Client (KYC) Details

Dear Sir/Madam,

I/We understand that (Anand Rathi Share & Stock Brokers Ltd.) registered as a Depository Participant with Securities Exchange Board of India (SEBI), is the parent entity (hereinafter referred to as "Parent Entity") of (Anand Rathi International Ventures IFSC Private Limited) which is a depository participant registered with India International Depository Limited – IIDI.

I/We am/are a client having DP ID _____, Client id _____ with your Parent Entity and am desirous of becoming a client with you for opening the demat account with IIDI. I undertake to transact only in the products for which I am permitted under the applicable rules, regulations, circulars and guidelines prescribed by SEBI / Reserve Bank of India ("RBI") and/or International Financial Services Authority ("IFSCA").

I/We am/ are aware that, you are required to conduct verification of identification of your clients at the commencement of an account-based relationship which includes in-person verification and complying with applicable laws in this regard.

As your Parent Entity has already undertaken my KYC and my KYC documents are available with your parent entity, I am hereby giving my consent for you to obtain my records / information of due diligence, including in-person verification, bank details, past disciplinary actions (if any) or any other required details for Account and Know Your Client (KYC) Process, carried out from your Parent Entity in order to commence an account relationship with you.

I/We am/ are aware of the risks involved in dealing with financial markets and the products that I/We dealing in. I/We confirm that I/We have read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Guidance note on Do's and Don'ts' and International Financial Services Centres Authority (Anti Money Laundering, Counter-Terrorist Financing and Know Your Customer) Guidelines, 2022.

I/We do hereby agree to be bound by such provisions as outlined in these documents.

 (*Signature of 1 A/c Holder)

 (*Signature of 2 A/c Holder)

 (*Signature of 3rd A/c Holder)

*The same may be e-signed or signed physically

GLOBAL INVESTMENTS SIMPLIFIED



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Global Investments Simplified

