

INDEX

Sr.	Name of Document	Brief Significance of the Document		Page No
MANDATORY FORM AS PRESCRIBED BY SEBI & EXCHANGES				
1	Account Opening Form	A. KYC form - Document captures basic information about the constituents and an instruction/checklist. (To be filled by customer)	B	9-20
		B. Document captures the additional information for Trading & Demat Account		21-25
2	Tariff Sheet	Document detailing the demat fee schedule & rate/amount of brokerage and other charges levied on the client for trading on the stock/commodity exchange(s)	O	26
3	SMS Alerts from CDSL	SMS alert from CDSL Terms and Conditions receiving SMS alert from CDSL in case demat account is being opened with this form	O	27-29
VOLUNTARY FORM AS PROVIDED BY THE STOCK BROKER				
4	Voluntary Terms & Conditions	Document captures voluntary terms & conditions	K	30-33
5	Securities Trading using Wireless Technology	Document relating to Securities Trading using Wireless Technology	L	34
6	Authorisation for Running Account	Authorisation letter to Prabhudas Lilladher Private Limited, facilitates maintaining of fund with the member for every pay-in of funds / margin obligation	E	35
7	Mutual Fund Service Request	Mutual Fund Service System (MFSS) facility of NSE/BSE StAR		36
8	MCX Undertaking	Undertaking for keeping Open positions at MCX within prescribed limits.	T	37
9	Auto Square-off Letter			38
10	Confirmation for SB/AP	Confirmation of the arrangement with Sub-broker/Authorized Person		39
11	Electronic Contract Note [ECN] Declaration		1	40
12	FATCA / CRS Declaration	Confirmation Under The Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standards (CRS)		41
13	Acknowledgement	Acknowledgement and office use copy		42
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI, DEPOSITORIES AND EXCHANGES				
1	Rights & Obligations (Trading)	Document stating Rights and Obligations of Stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet wireless technology based trading.)	B O	3-8
2	Rights & Obligations (Commodity Trading)	Document stating Rights and Obligations of Stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet wireless technology based trading)	O K	9-18
3	Rights & Obligations (SLBS)	Documents detailing Rights and Obligations of Clearing member/participant and its Client	L E	19-22
4	Rights & Obligations (DP)	Document detailing Rights and Obligations of Beneficial Owner and Depository Participant.	T	23-25
5	Anti Money Laundering (AML) Education		2	26

6	Risk Disclosure Documents (RDD)	Documents detailing risks associated with dealing in the securities market	26-34
7	Guidance Note	Document detailing Do's and Don'ts for trading on exchange, for the education of the investors.	35-36
8	Policies and Procedures	Document describing significant policies and procedures of the stock broker	37-42
VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER			
9	Useful Do's and Don'ts	Documents detailing the do's & don'ts	43-44
10	General Terms & Conditions	General Terms and Conditions governing securities trading and broking services of Prabhudas Lilladher Private Limited	45
11	'BSDA' Terms & Conditions	Terms and conditions for Basic Services Demat Account	46
12	EASI Facility	Terms & Conditions for EASI Facility	47-50
13	DP Tariff Sheet	Charges applicable to Demat account under respective scheme.	Attached

Note: **Booklet 1** to be filled by client and returned to PL. **Booklet 2** to be read, understood & retained with client for future reference

Prabhudas Lilladher Private Limited

Sr. No.	Particulars	Registration No. & Date
1.	Stock Broker	SEBI: INZ000196637; August 31, 2018
2.	Depository Participant (CDSL)	SEBI: IN-DP-CDSL-14-99; May 14, 1999
3.	Depository Participant (NSDL)	SEBI: IN-DP-NSDL-329-2010; July 16, 2010
4.	Mutual Fund Distributor	AMFI ARN No.29889

Broking Membership Type

Exchange	Segment	Membership Type
National Stock Exchange of India Limited ('NSE')	Capital Market	Trading cum Self Clearing Member
	Futures & Options	Trading Member
	Currency Derivatives	Trading cum Clearing Member
	Commodity Derivatives	Trading Member
BSE Limited ('BSE')	Capital Market	Self Clearing Member
	Futures & Options	Trading Member
	Currency Derivatives	Trading Member
	Commodity Derivatives	Trading Member
Multi Commodity Exchange of India Limited ('MCX')	Commodity Derivatives	Trading cum Clearing Member

Registered & Correspondence office address: 3rd Floor, Sadhana House, 570, P. B. Marg, Worli, Mumbai – 400018; Tel.: (91) (22) 66322366 (Broking), (91) (22) 66322456 (DP); Fax: (91) (22) 66322439 (Broking), (91) (22) 66322459 (DP); Website: www.plindia.com

CIN: U67190MH1983PTC029670

Compliance Officer Name: Mr. A. Subrahmanian Phone No. (91) (22) 66322420 E-mail ID: asubrahmanian@plindia.com

Joint MD Name: Mr. Dhiren P. Sheth Phone no. (91) (22) 66322321 E-mail ID: jtmd@plindia.com

For any grievance/dispute: Please contact Prabhudas Lilladher Private Limited at the above address or email id - grievance-br@plindia.com & Tel. No. (91) (22) 66322366 (Broking related) / grievance-dp@plindia.com & Tel. No. (91) (22) 66322456 (DP related)

In case not satisfied with the response, please contact the concerned exchange(s) at **NSE:** ignse@nse.co.in **BSE:** is@bseindia.com

CDSL: complaints@cdslindia.com Phone no. **NSE:** (91) (22) 26598190/91 / 1800 22 0051/58 **BSE:** (91) (22) 2721233/34 **CDSL:** 1800 200 5533

CHECKLIST FOR FILLING KYC FORM (List of documents to be Submitted)

	Acceptable Documents (Self attested copies required)	Please Tick
PAN Card	Mandatory for all - including joint holders of demat account & Guardian of Minor applicant	
Photograph	One Colored Front Face Photograph on photographic Paper (Passport Size) Signed across	
Proof of Identity (Any One)	1. Unique identification number (UID) (Aadhaar)	
	2. Valid Passport (Name, Address & Photo page)	
	3. Voter ID (front and back)	
	4. Valid Driving License (Name, Address & Photo page)	
	5. PAN Card	
	6. Other (Pls. Specify) _____	
Proof of Address (Any One)	1. Valid Passport (Name, Address & Photo page)	
	2. Voter ID (front and back)	
	3. Valid Driving License (Name, Address & Photo page)	
	4. Unique identification number (UID) (Aadhaar)	
	5. Bank Statement/Passbook (not more than 3 months old, seal & signature of the bank official)	
	6. Banker's Certificate on letter head of the Bank (ORIGINAL)	
	7. Electricity Bill (not more than 3 months old)	
	8. Resident Landline Tel. Bill (not more than 3 months old)	
	9. Registered Flat Sale Agreement of Residence	
	10. Registered Lease/Leave & License Agreement	
	11. Other (Pls. Specify) _____	
Bank Account Proof (Any One)	1. Cancelled Personalized Cheque leaf (ORIGINAL)	
	2. Bank Statement / Bank Passbook with cheque leaf (not more than 3 months old, seal & signature of Bank Official) specifying name of the constituent, MICR Code & IFSC Code of the bank	
	3. Banker's Certificate on letter head of the Bank (ORIGINAL) specifying name of the constituent, MICR Code & IFSC Code of the bank	
Demat Account Proof (Any One)	1. Client Master duly stamped by Client's DP (with client as first-holder in the account)	
	2. Latest Transaction / Holding Statement of BO account (BO Means Beneficial Owner or Demat Account holder)	
Proof of Income (Any One)	1. Copy of ITR Acknowledgement	
	2. Copy of Annual Account	
	3. In case of salary income - Salary Slip, Copy of Form 16	
	4. Net-worth certificate issued by C.A.	
	5. Copy of Demat Account Holding Statement with valuation	
	6. Bank Account Statement for last 6 months reflecting income	

CLIENT CATEGORYWISE – ADDITIONAL DOCUMENTS

(1) Passport / PIO Card / OCI Card (2) Overseas Address Proof (3) Bank Passbook / Statement for PIS Account & NRE/ NRO account (as applicable)	Mandatory for NRIs / Foreign Nationals
Mariner's Declaration or Certified Copy of CDC (Continuous Discharge Certificate)	Mandatory for Merchant Navy NRIs
(1) Permanent Address (other than that mentioned in correspondence address column) & proof thereof (2) NOC from the person/entity whose address is provided as correspondence address	Mandatory if any Client wishes to get his correspondence on address of some other entity such as C/o address, Office address, POA holder's address etc.
(1) Any one of the document of Minor duly Notarised - Birth Certificate / School Leaving Certificate / Mark sheet issued by Higher Secondary Board / Passport (2) KRA-KYC Form along with PAN Card & Proof of Address of Guardian (3) Passport size photograph of Minor & Guardian (4) Copy of Court Order in case the Guardian is not a Natural parent & is appointed by Court	Mandatory for Minor's Demat Account

INSTRUCTIONS/ CHECKLIST FOR FILLING KNOW YOUR CLIENT (KYC) & ACCOUNT OPENING FORM (AOF)

1. Trading Account will be in the name of First/Sole holder of Demat only.
2. All the fields in the Form must be filled up otherwise the Form may be rejected.
3. All details to be filled in CAPITAL letters and in English. Use Black/Blue Ink Only. The account holder/s will have to paste (not staple) their latest photograph in the relevant boxes provided and sign across it i.e. half on photo and half on the page.
4. KYC form, AOF & all relevant documents are to be signed by the account holder/s in case of Individual Accounts. A Power of Attorney holder cannot open an account i.e. sign KYC form and AOF on behalf of the account holder/s.
5. The Applicant has to sign wherever sign mark F,S,T is mentioned {F-First Holder, S-Second Holder, T-Third Holder}
6. Signature should be preferably in black ink. In case of any correction/cancellation, please provide counter signature on the left side of the page.
7. Details in columns marked * in the AOF must be furnished mandatorily. The section of AOF which is not relevant & kept blank by the applicant is to be struck off as "N.A"
8. Thumb impression and signatures other than English, Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a special Executive Magistrate
9. Name of applicant on AOF must match with that given on PAN Card / PAN website. Name & address of account holder/s mentioned on KYC form should match with the documentary proof submitted.
10. Self attested documents as provided for in the checklist should be 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 instructions given on the reverse side of the KYC form.
11. Every cancellation/correction/overwriting must be authenticated (full signature) by all holders. Use of white ink will render the document invalid. So please avoid cancellations & use of white ink on the KYC form, AOF and POA.
12. Self attested copy of PAN card of all holders is mandatory.
13. In case photo on PAN Card is not legible, submit alternate proof of identity, from the list of SEBI approved documents, which is clear & legible
14. If proof of identity or address is in regional or foreign language, then translation into English is required.
15. If Correspondence & Permanent addresses of holder(s) are different, then proofs for both addresses have to be submitted.
16. If Client wishes to receive correspondence at address of some other person or entity, then SEBI approved proof of identity and address documents (as given in the checklist) in the name of such other persons or entities may be provided. In all such cases, the address of such person or entity must be mentioned in the AOF and also permanent address of the applicant, other than that given as correspondence address must be provided. NOC for such other persons / entities should be provided.
17. Applicant must register his/her own Mobile Number & E-mail ID with Stock-broker / Depository Participant as per SEBI guidelines. However, client under a "family" can seek registration of Mobile number/E-mail ID owned by a family member restricted to spouse, dependant parent & dependent children, as per SEBI.
18. ECS of Dividend / Interest / Redemption Amount / IPO Refund is mandatory for locations notified by SEBI from time to time. So please mention your Bank Account No, MICR Code & IFSC Code correctly
19. In case of Individual Clients, Nomination or Dissent for Nomination is to be provided mandatorily. Joint- holders cannot be appointed as Nominee or Guardian of Minor Nominee.

20. 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.
21. SMS Alert facility is a service provided by CDSL directly and applicants opting for POA facility for their demat accounts must mandatorily register for this facility. In case applicant does not have his/her own Mobile number, he/she can provide that of any other person at his/her discretion to receive SMS alerts on his/her behalf.
22. Sole proprietor must make the application in his individual name & capacity.
23. 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.
24. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
25. In case of Minor's Demat Account:
 - The Minor shall be the first & sole holder in the account i.e. there shall not be any joint holder
 - Guardian of the minor to sign at all places where minor has to sign.
 - Photograph of Guardian to be affixed alongside Minor's photo.
26. In case of joint applicants for Demat Account, copy of PAN, Proof of Address and Proof of Identity for all Applicants is mandatory.
27. Demat Account cannot be linked with Trading Account where minor is the holder in Demat account
28. Witness should be a person other than co-holder / joint holder.

SUB-BROKERS (SB), AUTHORISED PERSONS (AP) AND BRANCHES

1. In case of Individual Clients, the person authorised by PL or registered SB / AP should personally verify photograph affixed on KRAKYC and on proof of identity documents of account holder(s) and must sign on the documents collected as proof of identity for all of them to the effect that "Identity of applicant is verified in person". Details of person authorised to carry out In-person verification should be duly filled.
2. All copies of proof documents must be verified against their originals, stamped as "Verified with Original" and signed by person authorised by PL or registered SB / AP under PL / Sub broker / Authorised persons Stamp with his name mentioned alongside his signature.

CENTRAL KYC REGISTRY (CKYCR) INSTRUCTIONS/ CHECKLIST

- CERSAI, performing the function of CKYCR, is a centralized repository of KYC records of customers in financial sector with uniform KYC norms & inter-usability of KYC records across the sector. The KYC data and documents are stored in a digitally secure electronic format.
- If a bank or mutual fund or insurance company or pension fund has uploaded their client's KYC data with CKYCR, then stock-broker or DP can fetch the same KYC data to open Broking/Demat account or vice-versa. They need not ask for fresh proof of Identity and Address unless client's details have changed
- **CKYCR has a unique 14-digit KYC Number** for each applicant. The applicant needs to quote this ID in all applications where KYC details are to be given. Data is de-duplicated under various parameters to ensure single KYC identifier per applicant.

GENERAL INSTRUCTIONS

- Please state name with Prefix (Mr./Mrs./Ms./Dr.)
- The name should match the name as mentioned in the PAN Card/PAN Website failing which the application is liable to be rejected.
- Father's name is mandatory in case PAN is not available.
- District, City, State, Country & Pin-code is mandatory for all addresses in India.
- In KRA-KYC Form under Contact Details, please mention 2-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999). Do not add '0' in the beginning of Mobile number.
- In case of landline telephone numbers, please mention STD or ISD code and then the telephone number
- Expiry dates must be mandatorily furnished for proof documents having expiry date

DOCUMENTS ACCEPTED AS PROOF OF IDENTITY & ADDRESS BY CKYC RECORDS REGISTRY

- In case of 'Normal' Accounts, any one of the six Officially Valid Documents (OVDs) i.e. PAN, Aadhaar, Voter ID, Passport, Driving Licence, NREGA Job card are accepted as proof of identity & address
- In case of 'Simplified Measures' Account any one of the following documents under proof of identity & proof of address are accepted

Proof of Identity:

- (a) Identity Card with applicant's photograph issued by Central/State Government Department or Statutory / Regulatory authority or Public Sector Undertaking or Scheduled Commercial Bank or Public Financial Institution
- (b) Letter issued by Gazetted Officer, with duly attested photograph of the person

Proof of Address:

- (a) Utility Bill not more than 2 months old (i.e. Electricity Bill, Landline/post-paid Mobile Phone Bill, Piped Gas/Water Bill)
 - (b) Property or Municipal Tax Receipt
 - (c) Bank Account or Post Office Savings Bank Account Statement
 - (d) Pension or Family Pension Payment Orders (PPO) bearing address issued to retired employees by Government Departments or public sector undertakings
 - (e) Letter of allotment of accommodation from employer or Leave & License agreements allotting official accommodation issued by Central/State Government Department or Statutory / Regulatory authority or Public Sector Undertaking or Scheduled Commercial Bank or Public Financial Institution or listed companies
 - (f) Documents issued by Government departments of foreign jurisdictions or by Foreign Embassy or Mission in India
- "Small" accounts are not applicable for accounts to be opened in securities market

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**KYC REGISTRATION FORM – INDIVIDUAL (KRA cum CERSAI FORM)
(Applicable for Equity Trading, Commodity Trading & Demat Account)
FIRST / SOLE -HOLDER**

*Fields marked * are mandatory fields
Please fill in English and in BLOCK letters*

CENTRAL KYC REGISTRY – KYC APPLICATION DETAILS

Application Type New Update

KYC Number *(to be provided mandatorily if already registered with CKYCR)*

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Account Type Normal Simplified (for low risk customers) Small

PERSONAL DETAILS

Name*: Mr./Mrs./Ms. _____

(Same as per PAN Name at Income Tax) (First Name) (Middle Name) (Last Name)

PAN No.*													
----------	--	--	--	--	--	--	--	--	--	--	--	--	--

UID (Aadhaar) No.													
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

Father's Name*: Mr./Mrs./Ms. _____

(First Name) (Middle Name) (Last Name)

Mother's Name*: Mr./Mrs./Ms. _____

(First Name) (Middle Name) (Last Name)

Spouse Name*: Mr./Mrs./Ms. _____

(for married applicants only) (First Name) (Middle Name) (Last Name)

Maiden Name*: Mr./Mrs./Ms. _____

(for married women only) (First Name) (Middle Name) (Last Name)

Date of Birth*: ____ / ____ / ____

Gender*: Male Female Transgender
 Marital Status*: Married Unmarried Others
 Nationality*: Indian Others (ISO 3166 Country Code)
 Residential Status*: Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type*: Private Sector Service Public Sector Service Government Service Professional
 Business Retired Housewife Student
 Agriculturist Forex Dealer Others (please specify) _____



ADDITIONAL DETAILS

Place & City of Birth*: _____

Country of Birth*: _____ (ISO 3166 Country Code)Are you a Resident of a Country/Territory outside India for tax purpose?* Yes NoIf Yes, Country of Jurisdiction of Residence for tax purpose: _____
(ISO 3166 Country Code)

Tax Identification Number or equivalent issued by jurisdiction: _____

Tax Identification Type: _____

ADDITIONAL DETAILS**A. PERMANENT / OVERSEAS ADDRESS**Address Type*: Residential Business Residential/Business Registered Office Unspecified

Address Line 1*: _____

Address Line 2 : _____

Address Line 3 : _____

City/Town/Village*: _____ District*: _____ Pin Code*: _____

State*: _____ Country*: _____ (ISO 3166 Country Code)

Proof of Address submitted*: (# document must not be more than 3 months old)

 Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card
 Bank Account Statement/Passbook # Landline Telephone Bill # Electricity Bill # Gas (piped line) Bill #
 Ration Card Registered Lease/Sale Agreement of Residence Others _____

Validity / Expiry of proof of address submitted (if applicable): ____/____/____

B. CORRESPONDENCE ADDRESS Same as Permanent / Overseas Address details

Address Line 1*: _____

Address Line 2 : _____

Address Line 3 : _____

City/Town/Village*: _____ District*: _____ Pin Code*: _____

State*: _____ Country*: _____ (ISO 3166 Country Code)

Proof of Address submitted*: (# document must not be more than 3 months old)

 Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card
 Bank Account Statement/Passbook # Landline Telephone Bill # Electricity Bill # Gas (piped line) Bill #
 Ration Card Registered Lease/Sale Agreement of Residence Others _____

Validity / Expiry of proof of address submitted (if applicable): ____/____/____

C. ADDRESS IN THE JURISDICTION OUTSIDE INDIA WHERE APPLICANT IS RESIDENT FOR TAX PURPOSES*if applicant is a Resident of a Country/Territory outside India for Tax purpose) (for more than one country, please fill details on a separate page in the same format& attach to this KYC form)* Same as Permanent / Overseas Address details Same as Correspondence Address details

Address Line 1*: _____

Address Line 2 : _____

Address Line 3 : _____

City/Town/Village*: _____ District*: _____ Pin Code*: _____

State*: _____ Country*: _____ (ISO 3166 Country Code)**CONTACT DETAILS**

	ISD Code	STD Code	Contact Number
Telephone No. (Office)			
Telephone No. (Residence)			
FAX Number			
Mobile Number *			
E-Mail ID *			

PROOF OF IDENTITY (Certified copy of any one of the following needs to be submitted) PAN Card UID (Aadhaar) Passport: _____ Expiry Date: __/__/____ Voter Identity Card: _____ NREGA Job Card: _____ Driving License: _____ Expiry Date: __/__/____ Others (any document notified by Central Government): _____

Identification No.: _____

 Simplified Measures Account: Document: _____

Identification No.: _____

DETAILS OF RELATED PERSON (to be filled only if applicable)Related Person Type*: Guardian of Minor Assignee Authorised Representative

KYC Number of Related person (to be provided mandatorily if related person is already registered with CKYCR)

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Name*: Mr./Mrs./Ms. _____
(First Name) (Middle Name) (Last Name)

If KYC Number & name is provided, then below details are optional)

Proof of Identity of Related Person Identity Proof submitted: _____ Identification No.: _____ Expiry Date: __/__/____ Others (any document notified by Central Government): _____ Identification No.: _____ Simplified Measures Account: Document: _____ Identification No.: _____

REMARKS (if any)**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 thro SMS/Email on the above registered number / e-mail address.

Date: ___/___/201___

Place: _____

 F1
Signature / Thumb Impression of Applicant

ATTESTATION / FOR OFFICE USE ONLY

Documents Received	<input type="checkbox"/> Self Certified copies received <input type="checkbox"/> True copies of documents received	
	KYC Verification Done by	INSTITUTION DETAILS
Date of verification/...../.....	PRABHUDAS LILLADHER PVT. LTD.
Person conducting the KYC verification		Code: IN0483
Branch/AP Name		Institution Stamp
Employee Code		
Employee Designation		
Employee Signature		

	In Person Verification done by
Date of verification/...../.....
Person conducting the IPV	
Branch/AP Name	
Employee Code	
Employee Designation	
Employee Signature	

**KYC REGISTRATION FORM - INDIVIDUAL (KRA cum CERSAI FORM)
JOINT - HOLDER 1 OF DEMAT ACCOUNT / GUARDIAN OF A MINOR APPLICANT**

*Fields marked * are mandatory fields
Please fill in English and in BLOCK letters*

CENTRAL KYC REGISTRY – KYC APPLICATION DETAILS

Application Type New Update

KYC Number (to be provided mandatorily if already registered with CKYCR)

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

Account Type Normal Simplified (for low risk customers) Small

PERSONAL DETAILS

Name*: Mr./Mrs./Ms. _____
(Same as per PAN Name at Income Tax) (First Name) (Middle Name) (Last Name)

PAN No.*													
UID (Aadhaar) No.													

Father's Name*: Mr./Mrs./Ms. _____
 (First Name) (Middle Name) (Last Name)

Mother's Name*: Mr./Mrs./Ms. _____
 (First Name) (Middle Name) (Last Name)

Spouse Name*: Mr./Mrs./Ms. _____
(for married applicants only) (First Name) (Middle Name) (Last Name)

Maiden Name*: Mr./Mrs./Ms. _____
(for married women only) (First Name) (Middle Name) (Last Name)

Date of Birth*: _____ / _____ / _____



- Gender*: Male Female Transgender
 Marital Status*: Married Unmarried Others
 Nationality*: Indian Others (ISO 3166 Country Code
 Residential Status*: Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

- Occupation Type*: Private Sector Service Public Sector Service Government Service Professional
 Business Retired Housewife Student
 Agriculturist Forex Dealer Others (please specify) _____

ADDITIONAL DETAILS

Place & City of Birth*: _____

Country of Birth*: _____ (ISO 3166 Country Code)Are you a Resident of a Country/Territory outside India for tax purpose?* Yes NoIf Yes, Country of Jurisdiction of Residence for tax purpose: _____
(ISO 3166 Country Code)

Tax Identification Number or equivalent issued by jurisdiction: _____

Tax Identification Type: _____

ADDITIONAL DETAILS**A. PERMANENT / OVERSEAS ADDRESS**Address Type*: Residential Business Residential/Business Registered Office Unspecified

Address Line 1*: _____

Address Line 2 : _____

Address Line 3 : _____

City/Town/Village*: _____ District*: _____ Pin Code*: _____

State*: _____ Country*: _____ (ISO 3166 Country Code)

Proof of Address submitted*: (# document must not be more than 3 months old)

 Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card
 Bank Account Statement/Passbook # Landline Telephone Bill # Electricity Bill # Gas (piped line) Bill #
 Ration Card Registered Lease/Sale Agreement of Residence Others _____

Validity / Expiry of proof of address submitted (if applicable): ____/____/____

B. CORRESPONDENCE ADDRESS Same as Permanent / Overseas Address details

Address Line 1*: _____

Address Line 2 : _____

Address Line 3 : _____

City/Town/Village*: _____ District*: _____ Pin Code*: _____

State*: _____ Country*: _____ (ISO 3166 Country Code)

Proof of Address submitted*: (# document must not be more than 3 months old)

 Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card
 Bank Account Statement/Passbook # Landline Telephone Bill # Electricity Bill # Gas (piped line) Bill #
 Ration Card Registered Lease/Sale Agreement of Residence Others _____

Validity / Expiry of proof of address submitted (if applicable): ____/____/____

C. ADDRESS IN THE JURISDICTION OUTSIDE INDIA WHERE APPLICANT IS RESIDENT FOR TAX PURPOSES

(to be filled only if applicant is a Resident of a Country/Territory outside India for Tax purpose) (for more than one country, please fill details on a separate page in the same format & attach to this KYC form)

Same as Permanent / Overseas Address details

Same as Correspondence Address details

Address Line 1*: _____

Address Line 2 : _____

Address Line 3 : _____

City/Town/Village*: _____ District*: _____ Pin Code*: _____

State*: _____ Country*: _____ (ISO 3166 Country Code)

CONTACT DETAILS

	ISD Code	STD Code	Contact Number
Telephone No. (Office)			
Telephone No. (Residence)			
FAX Number			
Mobile Number *			
E-Mail ID *			

PROOF OF IDENTITY (Certified copy of any one of the following needs to be submitted)

PAN Card

UID (Aadhaar)

Passport: _____

Expiry Date: __/__/____

Voter Identity Card: _____

NREGA Job Card: _____

Driving License: _____

Expiry Date: __/__/____

Others (any document notified by Central Government): _____

Identification No.: _____

Simplified Measures Account: Document: _____

Identification No.: _____

DETAILS OF RELATED PERSON (to be filled only if applicable)

Related Person Type*: Guardian of Minor

Assignee

Authorised Representative

KYC Number of Related person (to be provided mandatorily if related person is already registered with CKYCR)

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

Name*: Mr./Mrs./Ms. _____
(First Name) (Middle Name) (Last Name)

If KYC Number & name is provided, then below details are optional)

Proof of Identity of Related Person

Identity Proof submitted: _____ Identification No.: _____ Expiry Date: __/__/____

Others (any document notified by Central Government): _____ Identification No.: _____

Simplified Measures Account: Document: _____ Identification No.: _____

REMARKS (if any)**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 thro SMS/Email on the above registered number / e-mail address.

Date: ___/___/201___

Place: _____

✍ F1
Signature / Thumb Impression of Applicant

ATTESTATION / FOR OFFICE USE ONLY

Documents Received	<input type="checkbox"/> Self Certified copies received	<input type="checkbox"/> True copies of documents received
	KYC Verification Done by	INSTITUTION DETAILS
Date of verification/...../.....	PRABHUDAS LILLADHER PVT. LTD.
Person conducting the KYC verification		Code: IN0483
Branch/AP Name		Institution Stamp
Employee Code		
Employee Designation		
Employee Signature		

	In Person Verification done by
Date of verification/...../.....
Person conducting the IPV	
Branch/AP Name	
Employee Code	
Employee Designation	
Employee Signature	

KYC REGISTRATION FORM – INDIVIDUAL (KRA cum CERSAI FORM) JOINT-HOLDER 2 OF DEMAT ACCOUNT

Fields marked * are mandatory fields
Please fill in English and in BLOCK letters

CENTRAL KYC REGISTRY – KYC APPLICATION DETAILS

Application Type New Update

KYC Number *(to be provided mandatorily if already registered with CKYCR)*

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

Account Type Normal Simplified (for low risk customers) Small

PERSONAL DETAILS

Name*: Mr./Mrs./Ms. _____
(Same as per PAN Name at Income Tax) (First Name) (Middle Name) (Last Name)

PAN No.*													
UID (Aadhaar) No.													

Father's Name*: Mr./Mrs./Ms. _____
 (First Name) (Middle Name) (Last Name)

Mother's Name*: Mr./Mrs./Ms. _____
 (First Name) (Middle Name) (Last Name)

Spouse Name*: Mr./Mrs./Ms. _____
(for married applicants only) (First Name) (Middle Name) (Last Name)

Maiden Name*: Mr./Mrs./Ms. _____
(for married women only) (First Name) (Middle Name) (Last Name)

Date of Birth*: _____ / _____ / _____

Gender*:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Marital Status*:	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Nationality*:	<input type="checkbox"/> Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="checkbox"/> <input type="checkbox"/>)	
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"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service <input type="checkbox"/> Professional
	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student
	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (please specify) _____



ADDITIONAL DETAILS

Place & City of Birth*: _____

Country of Birth*: _____ (ISO 3166 Country Code)Are you a Resident of a Country/Territory outside India for tax purpose?* Yes NoIf Yes, Country of Jurisdiction of Residence for tax purpose: _____
(ISO 3166 Country Code)

Tax Identification Number or equivalent issued by jurisdiction: _____

Tax Identification Type: _____

ADDITIONAL DETAILS**A. PERMANENT / OVERSEAS ADDRESS**Address Type*: Residential Business Residential/Business Registered Office Unspecified

Address Line 1*: _____

Address Line 2 : _____

Address Line 3 : _____

City/Town/Village*: _____ District*: _____ Pin Code*: _____

State*: _____ Country*: _____ (ISO 3166 Country Code)

Proof of Address submitted*: (# document must not be more than 3 months old)

 Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card
 Bank Account Statement/Passbook # Landline Telephone Bill # Electricity Bill # Gas (piped line) Bill #
 Ration Card Registered Lease/Sale Agreement of Residence Others _____

Validity / Expiry of proof of address submitted (if applicable): ____/____/____

B. CORRESPONDENCE ADDRESS Same as Permanent / Overseas Address details

Address Line 1*: _____

Address Line 2 : _____

Address Line 3 : _____

City/Town/Village*: _____ District*: _____ Pin Code*: _____

State*: _____ Country*: _____ (ISO 3166 Country Code)

Proof of Address submitted*: (# document must not be more than 3 months old)

 Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card
 Bank Account Statement/Passbook # Landline Telephone Bill # Electricity Bill # Gas (piped line) Bill #
 Ration Card Registered Lease/Sale Agreement of Residence Others _____

Validity / Expiry of proof of address submitted (if applicable): ____/____/____

C. ADDRESS IN THE JURISDICTION OUTSIDE INDIA WHERE APPLICANT IS RESIDENT FOR TAX PURPOSES

(to be filled only if applicant is a Resident of a Country/Territory outside India for Tax purpose) (for more than one country, please fill details on a separate page in the same format & attach to this KYC form)

Same as Permanent / Overseas Address details

Same as Correspondence Address details

Address Line 1*: _____

Address Line 2 : _____

Address Line 3 : _____

City/Town/Village*: _____ District*: _____ Pin Code*: _____

State*: _____ Country*: _____ (ISO 3166 Country Code)

CONTACT DETAILS

	ISD Code	STD Code	Contact Number
Telephone No. (Office)			
Telephone No. (Residence)			
FAX Number			
Mobile Number *			
E-Mail ID *			

PROOF OF IDENTITY (Certified copy of any one of the following needs to be submitted)

PAN Card

UID (Aadhaar)

Passport: _____

Expiry Date: ___/___/___

Voter Identity Card: _____

NREGA Job Card: _____

Driving License: _____

Expiry Date: ___/___/___

Others (any document notified by Central Government): _____

Identification No.: _____

Simplified Measures Account: Document: _____

Identification No.: _____

DETAILS OF RELATED PERSON (to be filled only if applicable)

Related Person Type*: Guardian of Minor

Assignee

Authorised Representative

KYC Number of Related person (to be provided mandatorily if related person is already registered with CKYCR)

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

Name*: Mr./Mrs./Ms. _____
(First Name) (Middle Name) (Last Name)

If KYC Number & name is provided, then below details are optional)

Proof of Identity of Related Person

Identity Proof submitted: _____ Identification No.: _____ Expiry Date: ___/___/___

Others (any document notified by Central Government): _____ Identification No.: _____

Simplified Measures Account: Document: _____ Identification No.: _____

REMARKS (if any)**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 thro SMS/Email on the above registered number / e-mail address.

Date: ___/___/201___

Place: _____

 F1
Signature / Thumb Impression of Applicant

ATTESTATION / FOR OFFICE USE ONLY

Documents Received	<input type="checkbox"/> Self Certified copies received	<input type="checkbox"/> True copies of documents received
	KYC Verification Done by	INSTITUTION DETAILS
Date of verification/...../.....	PRABHUDAS LILLADHER PVT. LTD.
Person conducting the KYC verification		Code: IN0483
Branch/AP Name		Institution Stamp
Employee Code		
Employee Designation		
Employee Signature		

	In Person Verification done by
Date of verification/...../.....
Person conducting the IPV	
Branch/AP Name	
Employee Code	
Employee Designation	
Employee Signature	

Fields marked * are mandatory fields
Please fill in English and in BLOCK letters

TRADING AND DEMAT ACCOUNT RELATED DETAILS														
TRADING ACCOUNT CODE														
DEMAT ACCOUNT ID	1	2	0	1	1	3	0	0	0	0				

TYPE OF ACCOUNT (please tick whichever is applicable)			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual Director #	<input type="checkbox"/> Individual Director's Relative
	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Individual Minor ##	<input type="checkbox"/> Individual HUF /AOP
	<input type="checkbox"/> Individual Margin Trading Account (MANTRA)		<input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Repatriable Promoter
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI Depository Receipts	<input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> FOREIGN NATIONAL	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign Depository Receipts	<input type="checkbox"/> Others (specify) _____

Securities held in the capacity of a Director must be held in a separate demat account & cannot be mixed with other normal holdings
Minor can open only demat account and cannot hold a Trading account in his own name

ACCOUNT HOLDER DETAILS			
I/We request you to open account/s in my/our name/s as per following details			
<input type="checkbox"/> Both Trading and Demat Account	<input type="checkbox"/> Only Trading Account	<input type="checkbox"/> Only Demat Account	
1st Holder Name*		PAN	
2nd Holder Name		PAN	
3rd Holder Name		PAN	
Please mention below the name of Partnership Firm, Association of Persons (AOP), Unregistered Trust or Society in case its Demat account is being opened in the name of natural persons			
Entity Name		Entity PAN	
Nature	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Association of Persons (AOP)	<input type="checkbox"/> Unregistered Trust
	<input type="checkbox"/> Unregistered Society	<input type="checkbox"/> Others (specify) _____	

DETAILS OF MINOR APPLICANT'S GUARDIAN	
Name	
PAN *	
UID	
Relationship with Minor *	

ADDITIONAL KYC DETAILS									
	1st Holder			2nd Holder			3rd Holder		
KYC Registered with KRA #	<input type="checkbox"/> CVL	<input type="checkbox"/> NDML	<input type="checkbox"/> DOTEX	<input type="checkbox"/> CVL	<input type="checkbox"/> NDML	<input type="checkbox"/> DOTEX	<input type="checkbox"/> CVL	<input type="checkbox"/> NDML	<input type="checkbox"/> DOTEX
	<input type="checkbox"/> CAMS	<input type="checkbox"/> KARVY		<input type="checkbox"/> CAMS	<input type="checkbox"/> KARVY		<input type="checkbox"/> CAMS	<input type="checkbox"/> KARVY	
	<input type="checkbox"/> Not Registered			<input type="checkbox"/> Not Registered			<input type="checkbox"/> Not Registered		
KYC Details same as registered in KRA #	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gross Annual Income*	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lac		<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lac		<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lac	
	<input type="checkbox"/> 5-10 Lac	<input type="checkbox"/> 10-25 Lac		<input type="checkbox"/> 5-10 Lac	<input type="checkbox"/> 10-25 Lac		<input type="checkbox"/> 5-10 Lac	<input type="checkbox"/> 10-25 Lac	
	<input type="checkbox"/> Above 25 Lac			<input type="checkbox"/> Above 25 Lac			<input type="checkbox"/> Above 25 Lac		
Net-worth (not older than 1 year)	Rs. _____ as on ____ / ____ /201__			Rs. _____ as on ____ / ____ /201__			Rs. _____ as on ____ / ____ /201__		
Education	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate		<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate		<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	
	<input type="checkbox"/> Professional	<input type="checkbox"/> High School		<input type="checkbox"/> Professional	<input type="checkbox"/> High School		<input type="checkbox"/> Professional	<input type="checkbox"/> High School	
	<input type="checkbox"/> Others _____			<input type="checkbox"/> Others _____			<input type="checkbox"/> Others _____		
PEP Status *	<input type="checkbox"/> Politically Exposed Person			<input type="checkbox"/> Politically Exposed Person			<input type="checkbox"/> Politically Exposed Person		
	<input type="checkbox"/> PEP Relative			<input type="checkbox"/> PEP Relative			<input type="checkbox"/> PEP Relative		
	<input type="checkbox"/> Not Applicable			<input type="checkbox"/> Not Applicable			<input type="checkbox"/> Not Applicable		

KRA-KYC Registering Agency. Please submit duly filled KRA-KYC application form if applicant is not registered his KYC with any KRA before. If any KYC details registered with KRA has changed, then please submit fresh KRA-KYC Form with relevant proofs wherever required.

BANK ACCOUNT DETAILS

Please provide details of all Bank Accounts from where you wish to make pay-in of funds alongwith proofs thereof.
Only 1st Bank Account marked "Yes" as Default will be considered as default account for pay-out of funds & for Demat a/c.
 Applicant must be the first-holder in bank account marked as Default Bank account.

Bank Name	Branch Name	Bank Account Number	A/c Type (Savings/Current/Other)	MICR Code (9-digit)	IFSC Code (11characters)	Default (Yes/No)
						YES
						NO
						NO
						NO

Attach Proof (any one):

- Original Cancelled Cheque having name of the account holder
- Copy of Bank Statement/Passbook bearing name & address of the accountholder and MICR/IFSC of Bank Branch.
- Letter from Bank confirming the details of accountholder and MICR/IFSC of Bank Branch.

DEMAT ACCOUNT DETAILS

Please provide details of all Demat Accounts from where you wish to make pay-in of securities alongwith proof thereof.
 Proof not required if demat account is opened or to be opened with PL-DP.
 Only one Demat Account marked "Yes" as Default will be considered as default account for making pay-out of securities.
 Applicant must be the first-holder in demat account marked as Default demat account.

Depository (CDSL/NSDL)	DP Name	DP ID	Client ID	Account Name	Default (Yes/No)
CDSL	Prabhudas Lilladher Pvt. Ltd.	12011300	00		

Attach Proof (any one):

- Original Client-master bearing DP Sign & Stamp
- Copy of Transaction/Holding Statement (not more than 3 months old) bearing name & address of the accountholder

TRADING ACCOUNT DETAILS

A. TRADING PREFERENCES – EXCHANGE SEGMENTS

Please put your full signature in each of the relevant boxes where you wish to trade. (Blank boxes should be struck off)

NSE (Capital Market) ✍️ F2	NSE (MFSS) ✍️ F6	BSE (Currency Derivatives) ✍️ F10
NSE (Futures & Options) ✍️ F3	NSE (SLBS) ✍️ F7	BSE (Commodity Derivatives) ✍️ F11
NSE (Currency Derivatives) ✍️ F4	BSE (Equity) ✍️ F8	BSE (STAR MF) ✍️ F12
NSE (Commodity Derivatives) ✍️ F5	BSE (Derivatives) ✍️ F9	MCX (Commodity Derivatives) ✍️ F13

B. ADDITIONAL DETAILS

Mobile belongs to *	<input type="checkbox"/> Self <input type="checkbox"/> Others – Name of Person _____ PAN No. _____ Relationship of Mobile Owner with Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
E-Mail ID belongs to *	<input type="checkbox"/> Self <input type="checkbox"/> Others – Name of Person _____ PAN No. _____ Relationship of E-mail ID Owner with Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
I wish to receive trade confirmation SMS/E-mail directly from Exchanges	<input type="checkbox"/> SMS <input type="checkbox"/> E-Mail <input type="checkbox"/> Both
Do you wish to receive Contract Note and other related reports/statement / documents in Electronic Mode? (If not marked, default value would be "Yes")	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to avail the facility of Internet Trading / Wireless technology? (for Mobile Trading please submit consent letter – Refer page no. 33)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years of Investment / Trading Experience	_____ years
I authorize and agree to receive call or SMS from Prabhudas Lilladher Pvt. Ltd. & its associates with reference to products and offerings. This authorization shall override my registration for DND / DNC/ NDNC, if any	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. DEALINGS THROUGH OTHER STOCK BROKERS/ SUB-BROKERS/ AUTHORIZED PERSONS	
If applicant is dealing through PL Sub-broker ('SB')/ Authorized Person ('AP'), please provide SB/ AP Name _____	
SEBI Registration Number: NSE _____ BSE _____	
MCX: _____	
If applicant is dealing with any other Stock-broker/SB/AP (in case dealing with multiple stock-brokers/SB/AP, provide all details on a separate sheet in same format)	Name of Stock-broker: _____ Name of Sub-broker/Authorised Person: _____ Client Code: _____ Exchange: _____ Details of disputes/dues pending from/to such Stock-broker/sub-broker/ authorised person: _____

D. PAST ACTIONS *
Details of any action/proceedings initiated/pending/taken by SEBI/Stock Exchange/Commodity Exchange/any other authority against the applicant/constituent or its Partners/Promoters/Whole-time Directors/Authorised Persons in charge of dealing in securities during last 3 yrs
<input type="checkbox"/> No action/proceedings against me/related persons during last 3 years
<input type="checkbox"/> Yes, the details of actions/proceedings during last 3 years are attached herewith (please provide details on separate sheet)

E. INTRODUCER DETAILS	
Name of Introducer	E-mail ID
Status	<input type="checkbox"/> Sub-Broker <input type="checkbox"/> Remiser <input type="checkbox"/> Authorised person <input type="checkbox"/> Existing Client <input type="checkbox"/> Employee <input type="checkbox"/> Others _____
Address	Telephone No.
Signature of Introducer	

F. NOMINATION DETAILS (for trading account)	
Do you wish to nominate any person who will be entitled to receive securities/fund balances lying in your Trading account in the event of your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill in below details)
Nominee Name	
Nominee PAN	Nominee UID
Nominee Address	
Nominee E-mail ID	Tel/Mobile No.
Relationship with Applicant *	
Date of Birth *	
As Nominee is a Minor as on date, I appoint following person to act as Guardian to receive the securities/fund in this account on behalf of the Nominee	
Guardian Name	
Guardian PAN	Guardian UID
Guardian Address	
Guardian E-mail ID	Tel/Mobile No.
Relationship with Nominee*	Guardian Age
Witness Name & Address *	Witness Sign *
This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us	

DEMAT ACCOUNT DETAILS (to be filled only if demat account to be opened with this application form)	
A. ACCOUNT OPTIONS	
BSDA Confirmation (for more details on BSDA (Basic Services Demat A/c), please refer page 46 of Instruction Booklet - for other charges applicable to BSDA account refer Tariff sheet) applicable to BSDA account refer Tariff sheet)	<input type="checkbox"/> I/We do not wish to opt for BSDA <input type="checkbox"/> I/We wish to opt for BSDA

Statement Requirement	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> As per SEBI Regulation
Receipt of Annual Reports from RTA/Company (Default option would be "Physical")	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both physical & electronic				
I/We wish to share the E-mail ID with RTA/Company (Default value would be "Yes" if opted for Electronic Annual Reports above)	<input type="checkbox"/> Yes				<input type="checkbox"/> No
I/We wish to receive debit/credit information in my/our demat account directly from depository at my E-mail ID & Mobile number as mentioned in KYC Form (Default option would be "Yes")	<input type="checkbox"/> Yes				<input type="checkbox"/> No
I/We wish to instruct DP to accept all pledge instructions in my/our account without any further instruction from my/our end (Default option would be "No")	<input type="checkbox"/> Yes				<input type="checkbox"/> No
I/We wish to receive Dividend/Interest directly into my/our bank account mentioned above through ECS (Default option would be "Yes")	<input type="checkbox"/> Yes				<input type="checkbox"/> No
I/We instruct the DP to receive each & every credit in my/our account (Default option would be "Yes")	<input type="checkbox"/> Yes				<input type="checkbox"/> No
I/We request CDSL and DP to send Electronic Transaction cum Holding Statement and all DP related documents/information at my E-mail ID as specified in KYC Form (Default option would be "Yes")	<input type="checkbox"/> Yes				<input type="checkbox"/> No
Registration for EASI facility at E-mail ID as specified in KYC Form of 1st/Sole Holder (Default option would be "Yes")(for more details please refer terms & conditions on page 47 of Instruction booklet) (EASI allows a BO to view his ISIN balances, transactions & value of portfolio online at CDSL's website www.cdslindia.com)	<input type="checkbox"/> Yes				<input type="checkbox"/> No
SMS Alert Facility at Mobile Number as specified in KYC Form of 1st/Sole Holder (Mandatory if you are giving Power of Attorney to CM/3rd party) (please sign terms & conditions given on page 27)	<input type="checkbox"/> Yes				<input type="checkbox"/> No
I/We wish to receive Consolidated Account Statement (CAS) from Depository (CAS gives a consolidated view of all investments of an investor across his demat accounts at CDSL & NSDL and his mutual fund units held with MF-RTA/AMCs.)	<input type="checkbox"/> Yes				<input type="checkbox"/> No

B. APPLICABLE TO NRI / FOREIGN NATIONAL APPLICANT ONLY

FEMA Declaration

I/We hereby declare that I/We have complied with & will continue to comply with FEMA regulations & other applicable laws

RBI Approval for Repatriation

Permission Ref. No. _____ RBI Approval Date: ____/____/____

Undertaking to be given mandatorily only if 1st Holder has provided P. O. Box Address

I declare that I am presently residing in _____ (name of city & country) at the below mentioned address (please provide residence address which is other than P. O. Box address). Since all correspondences will be received at my P. O. Box address as mentioned in the KRA-KYC Form, I undertake to inform you whenever there is a change in the below mentioned residential address.

Address Line 1 : _____

Address Line 2 : _____

Address Line 3 : _____

City: _____ District: _____ Pin Code: _____

State: _____ Country: _____

C. NOMINATION DETAILS (for demat account)




I / We do not wish to nominate any one for this demat account

I / We nominate following person/s that is/are entitled to receive security balances lying in my / our account, particulars whereof are given below, in event of death of Sole holder or death of all Joint holders. This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee's First Name *			
Nominee's Middle Name			
Nominee's Last Name *			
Nominee's Date of Birth *			
Address *			
City & State *			

Pin / Zip Code *			
Country *			
Telephone / Mobile no.			
PAN No. / UID No.			
E-mail ID			
Relationship with BO *			
%age of Securities Allocation *			
Residual Securities * (tick only one nominee who shall receive any odd lot left after division)			
MINOR NOMINEE'S GUARDIAN DETAILS (to be filled only if the Nominee is a Minor)			
Guardian's First Name *			
Guardian's Middle Name			
Guardian's Last Name *			
Age *	_____ years	_____ years	_____ years
Address *			
City & State *			
Pin / Zip Code *			
Country *			
Telephone / Mobile no.			
PAN No. / UID No.			
E-mail ID			
Relationship with Nominee *			
Witness Name*			
Witness Address *			
Witness Signature*			

I/We have received and read the Rights & Obligations document, Risk Disclosure document, Policies & Procedures, Tariff Sheet and Terms & Conditions and agree to abide by and be bound by the Bye-laws that are in force from time to time. I/We declare that the particulars given by me/us above are true & to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP/Member any changes in the details / particulars mentioned by me/us in this form. I further agree that any false/misleading information given by me/us or suppression of any material information will render my/our account liable for termination and suitable action. I/We have also been informed that the standard set of document has been displayed for information on PL's website and the same is made available to me.

	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third holder
Name			
Signature	 F14	 S2	 T2

Note: To be signed by Client only and not by his Power of Attorney Holder

For PL-HO Office use only:

Demat A/c Nomination Registration No.		Registration Date	d	d	m	m	2	0	1	y
---------------------------------------	--	-------------------	---	---	---	---	---	---	---	---

**TARIFF SHEET
RELATED TO TRADING & DEMAT ACCOUNT**

BROKERAGE:

	Opening%	Same Day Square-up %	Open Position %	Next Day Square-up %	Minimum Paise
Delivery					
Trading					
Futures					
Options					
Currency Futures					
Currency Options					
Commodity Futures					
Commodity Options					

Brokerage per Lot on Options (If you opt as below, percentage rates specified against options in the above table will not be considered)

	Opening (Rs.)	Same Day (Rs.)	Open Position (Rs.)	Next Day square-up (Rs.)
Nifty				
Bank Nifty				
Currency Options				
Commodity Options				
Others				

OTHER CHARGES:




- i. Account Opening Charges plus applicable tax if any
- ii. In addition to brokerage, statutory charges like Service Tax, Stamp Duty, Securities Transaction Tax, Exchange Transaction Charges, SEBI Turnover Fees and Stamp Duty on Power of Attorney (POA) as applicable from time to time shall be borne by client.
- iii. Processing charges shall be debited to client on Futures expiry close-out, exercise/assignment of options by way of journal entries at rates equal to futures brokerage as above.
- iv. Delayed payment charges @1.5% per month or such other rate applicable and intimated to the client, shall be borne by client.
- v. If brokerage per Contract Note at any cash segment-book type comes to less than Rs.25/-, brokerage of Rs.25/- per contract note or brokerage as permitted by Exchange/SEBI whichever is less shall be applied to trades (Maximum brokerage permitted by rules: 2.5% of stock value for stock priced > Rs.10 and Rs.0.25 per share for stock priced < = Rs.10. For Options, maximum brokerage permitted by rules: 2.5% of premium or Rs. 100 per lot whichever is higher)
- vi. A charge of Rs. 25/- for issuing physical contract note, provided the client had opted to receive electronic contract note
- vii. Clearing charges in F&O segment and handling charges for issue of account statement, contract notes, etc., will be charged as applicable.
- viii. Any other charges levied with due intimation to the client, shall be borne by client.

SCHEME PLAN OPTED FOR DEMAT ACCOUNT

(For scheme details & charges applicable therein, please refer DP tariff sheet attached to Booklet 2)

Scheme Opted (please tick on relevant scheme)	<input type="checkbox"/> Standard POA	<input type="checkbox"/> Standard No POA	<input type="checkbox"/> Supersaver	<input type="checkbox"/> Lifetime No AMC
	<input type="checkbox"/> BSDA POA	<input type="checkbox"/> BSDA No POA	<i>(BSDA schemes can be opted only if you have opted for BSDA on page# __; other schemes cannot be availed for BSDA)</i>	

(Change of scheme at a later date shall have to be intimated to DP in writing or from your registered e-mail ID)

	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third holder
Name			
Signature	 F15	 S3	 T3

Note: To be signed by Client only and not by his Power of Attorney Holder

Client Code		Date	d	d	m	m	2	0	1	y
-------------	--	------	---	---	---	---	---	---	---	---

Name & Signature of Sub-broker / Authorised Person (alongwith rubber-stamp)	Entered in the system by: (Name & Signature)
--	---

For PL-HO Office use only:

	Name	Signature	Date
Verified by			

**ANNEXURE FOR TERMS AND CONDITIONS-CUM-REGISTRATION /
MODIFICATION FORM FOR RECEIVING SMS ALERTS FROM CDSL**

Definitions:

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

1. “Depository” means Central Depository Services (India) Limited a company incorporated in India under the Companies Act,1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. ‘DP’ means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. ‘BO’ means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means “Short Messaging Service”
5. “Alerts” means a customized SMS sent to the BO over the said mobile phone number.
6. “Service Provider” means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. “Service” means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

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

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in ‘ON’ and in a mode to receive the SMS. If the mobile phone is in ‘Off’ mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depends on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.

4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

Fees:

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

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

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

Amendments:

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

Governing Law and Jurisdiction:

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




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

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

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

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

I/We authorize the DP to use the contact information (Email ID / Mobile no.) as provided in the KYC form of First/Sole holder for the purpose of Registration.

	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature	 F16	 S4	 T4

Place:

Date: ___/___/201__

VOLUNTARY TERMS AND CONDITIONS

Whereas the client intends to open securities trading accounts with Prabhudas Lilladher Private Limited (hereinafter referred as PL) for the purpose of trading at Equity, Equity Derivatives, Currency Derivatives, Commodity Derivatives and Mutual Fund segments of Stock Exchanges/Commodity Exchange and whereas for the purpose of more fully and conveniently availing of the services agreed to be provided by PL and also the additional services that may be made available by PL from time to time, the Client, on its own free will and volition, agrees to accept and be bound by the following terms and conditions. The Client understands that these terms and conditions are voluntary i.e., non mandatory in nature but on their acceptance, these shall constitute the contract between the parties and bind them fully and be enforceable by each party against the other.

1. **Authorization to debit additional charges with regard to Trading and Demat Account:** Without prejudice to the other rights and obligations of the parties, the client understands and agrees that PL may levy additional charges including Annual Maintenance Charges and all transaction charges with respect to Clients Demat account for any service rendered by PL and as may be required by the Client, and recover from the Client all reasonable costs, as may be incidental or consequential for rendering the said services. The said charges will be debited to the client's Trading ledger account with PL
2. **Payment by cheque:** Where payment by the client towards margin money is made through cheque / pay order / demand draft issued in favor of PL, trades may be executed at the discretion of PL only upon realization of the funds of the said cheque/pay order/demand draft.
3. **Margins:** Client agrees to deposit margins as per SEBI/ Exchanges/PL requirements. Client authorizes PL to dispose the securities and/or benefits thereon, in the event of default in payment of obligations to PL. Client warrant that, save to the extent of the rights hereby conferred on PL, client is the sole, absolute and beneficial owner of the security and the securities are free from any mortgage, pledge, charge (whether fixed or floating), lien or any other form of encumbrance. Client agrees to give 48 hours advance notice to PL excluding clearing holidays, Saturdays & Sundays for withdrawal of client securities not under Lien to PL.
4. **Lien:** All securities, funds and/or properties of the Client as may be permitted by the Exchange(s) from time to time to be placed with PL shall be subject to a lien for the payments or fulfillment of all undischarged liabilities and obligations of the Client in relation to its transactions or owing to any of the group companies of PL. PL shall be entitled to withhold such securities, funds and/or property of the Client as security towards any such undischarged liabilities or obligation of the Client and to sell and/or appropriate to itself all such securities, funds or properties at its sole discretion and at any point of time.
5. **Authorization for delivering/pledging shares:** The client understands and agrees that PL may deliver to the Exchange any securities held by it on behalf of the client to discharge settlement obligation in respect of securities sold by the client or pledge the same with the clearing house of the recognized stock exchange/commodity exchanges in any segment where the Client is registered for trading for the purpose of providing margin for the trading positions contracted or to be contracted by the Client or with any scheduled commercial bank, Non-Banking Financial Institution or other financial institution for raising funds to the extent account of the client carries debit balance but without any obligation on its part to so raise funds by pledging the securities and without prejudice to the right of PL to enforce, at its option, the collateral security in the securities to recover the debit balance at any time. The client hereby authorises PL to do all acts, deeds, undertakings and other formalities necessary to carry out the above delivery/pledge.
6. **Authorization for Inter segment fund balance transfer and stock transfers:** The client hereby authorizes PL to transfer its debit/credit balances in the ledger account arising during the course of trades in any segment to its ledger account in any other segment or to transfer any stock purchased/lying in its account in any segment to its account in any other segment as often as may be required. The transfers may be completed by passing journal entries in the books of PL.
7. **Disclaimer:** The Client understands and agrees that neither PL nor any other party disseminating any market data, message or information through the Website of PL or in any other media shall be liable for:
 - (a) Any inaccuracy, error, omission or delay in the transmission or delivery of any such data, information or message, or
 - (b) Any loss or damage arising from or occasioned by (i) Any such inaccuracy, error, delay or omission, (ii) Non performance, or (iii) Interruption in making available any such data, information or message, due to either any act or omission by PL or any disseminating party or to any "force majeure" (e.g. flood, extraordinary weather condition, earthquake or other act of nature, fire, war, insurrection, riot, labour dispute /unrest, accident, action of government, communications or power failure, equipment or software malfunction) or any other cause beyond the reasonable control of PL or any disseminating party.

- 8. Manner and Mode of placing orders/instructions:** The Client may communicate orders and other instructions to PL or the sub-broker/authorised person as the case may be over phone at the designated contact telephone number, or in writing, or through designated email, or by personally visiting the designated office. Client may use any one or more of these means as may be permitted by the SEBI / Exchanges from time to time for placing orders.
- 9. Non-execution/delay/cancellation of Orders:** The client hereby agrees that PL or the Exchanges shall not be liable for non execution or partial execution of any orders caused due to suspension, interruption, or malfunctioning of the online as well as offline trading services, disruptions or congestion of communication net works, hardware or software problems, or failure of the electronic trading system generally in any manner due to one or the other reasons beyond the control of PL or the Exchange.
- 10. Client not to act on representations of agents, employees:** Client is aware that PL has not authorized any agents, representatives, employees or other persons to make any representation, or to give any promise, assurance, warranty, undertaking or commitment as to return on investment of the Client whether in writing or otherwise on behalf of PL.
- 11. Recording of Conversation:** The client is aware and agrees that PL may tape record the conversation between the client/client's representative and PL, whether over the telephone or in person. PL may produce before competent authorities, voluntarily or on such production being required by such authorities, recorded conversation or transcript thereof or both as valid evidence of the content of the conversation so recorded.
- 12. Confidentiality of Client Details:** PL may disclose the client information to any person /entity as required under the law or to any broker's Association or organisations in case of dispute in order to take informed decision. The Client hereby agrees and give its consents for the disclosure by PL to any person or entity including but not limited to any independent third parties or any entities of PL Group, whether within or outside India, of any information and data relating to Client or relating to Client's trading account with PL for the purposes of or in connection with, any present or proposed initiatives, including but not limited to any marketing or cross sell initiatives, business proposals, activities, facilities or services availed of or to be availed, by Client in future.
- 13. Disclosure as to Proprietary Trades by PL:** PL may carry out proprietary trades in addition to trades on behalf of its Clients.
- 14. Severance:** In case any one or more of the terms and conditions contained in this document become invalid, illegal or unenforceable in any respect under any applicable law, the validity, legality and enforceability of the remaining provisions contained herein shall not in any way be affected or impaired thereby.
- 15. No Waiver:** No forbearance, relaxation or inaction by any party to require from the other performance or discharge of any obligation to be performed or discharged by the other under this document shall in any way affect, diminish, or prejudice the right of such party to require of the other party at any time such performance or discharge, or performance or discharge of any other obligations under this document or be considered to be a waiver of any rights, unless the waiver is specifically agreed in writing.
- 16. Notices:** All notices or communications issued by PL shall be served on the Client in any one or more or all of the following ways at the ordinary business address and/or ordinary place of residence and/or last known address of the client:
 - 16.1 (a) By ordinary post or (b) By registered post (c) Under certificate of posting or (d) By express delivery post or (e) by SMS on registered mobile or by telephonic call or (f) By affixing it on the door at the last known business or residential address or (g) By oral communication to the party or on the last known telephone number or on the recording machine of such number or (h) By advertising it in at least one prominent daily newspaper having circulation in the area where the last known business or residential address of the client is situated or (i) By publishing it in the website of PL wherein secured log-id and password to Client is provided or (j) By a notice posted on the notice board of the Exchange if no address be known or (k) By electronic mail or fax or (l) By hand delivery or By Courier or any other mode as may be allowed for communication.
 - 16.2 Notwithstanding anything stated above, communication relating to orders, margins, maintenance calls and other similar matters in the ordinary course of dealings between PL and the Client may be made orally.

17. Electronic Contract Note (ECN) and SMART facility:

- 17.1. Client agrees to receive contract notes in Electronic/Digital Form (ECN) authenticated by means of a digital signature in lieu of Physical Contract notes through e-mail by authorizing PL in this connection and registering the e-mail Id (s) through the KYC form. The Client shall access and verify the ECN and all information contained therein, In case of discrepancy the Client, shall inform PL either in writing or via E-mail within 2 working days of the receipt of the same.
- 17.2. Client agrees to enroll for the Strategic Monitoring and Review Tool (SMART) Account to view Back Office details, Research Reports, etc., through PL website www.plclients.com. Client authorizes PL to allot User ID & Password and communicate the Password to client's registered e-mail Id.
- 17.3. Client undertakes to inform any change in my E-mail ID through duly signed Modification Form or any other mode permitted by PL from time to time. Till change of email ID is informed to PL, e-contracts, etc shall be sent to existing email ID of Client.
- 17.4. Client acknowledge that the Client registration documents will be available on PL website plclients.com and ECN will be available on the said site for a period of at least 120 calendar days from the date of trade. The Client can login in to his account and view/save/print the ECN. Should the Client experience any difficulty in opening the ECN, PL may, on advice by the Client, make the Contract Note available by any other means (e-mail, electronic mail attachment, or in the form of an available download from the back office web site or by delivery of a hard copy). Client's failure to advice PL of such a difficulty shall amount to valid delivery and viewing of the document by the Client.
- 17.5. Client agree and understand that SMART login facilitates to view and verify Client's trade details, financial details, margin details and security details with PL's records from time to time. Client agrees to inform any discrepancies immediately on notice thereof. Client authorizes PL to reverse the excess credit of shares in client's BO Account with PL and / or excess credit from my ledger account with PL. Client agree and undertake to immediately return excess funds / Securities received from PL. Client undertakes to keep login ID /password confidential and be solely responsible for unauthorized use thereof.

18. Electronic Transmission of other Documents: The Client who have opted for ECN agrees that PL may transmit to the Client any statements, documents or intimation including, but not limited to, Margin Statement, Statements of Funds and Securities, margin and maintenance calls & other notices/communications in electronic mode either at the email ID designated for delivery of ECN or to the mobile number of the Client or both and, in case of non receipt of bounced mail/non delivery of SMS notification, PL shall be deemed to have fulfilled his obligation to deliver to the Client such documents. Discrepancies if any in documents should be brought to the notice of PL within seven working days from issuance failing which the documents shall be deemed to be true and correct record of transactions stated therein & shall be binding on the client.

19. Electronic Payment Gateway for Net Banking Services: PL may provide on its internet trading website, without additional cost to the Client, access to Electronic Payment Gateways provided by various banks for facilitating transfer of funds from Client's bank account to the account of the Client with PL. Client understands that PL is only providing access to the electronic fund transfer facility provided by the banker of the Client through PL's website by means of an interface and is not liable or responsible for the proper functioning or otherwise of the Gateway or for any transaction errors, losses, malfunctioning or hacking of the system by unscrupulous elements, frauds, and/or any incidental or consequential claims arising thereout. Client undertakes not to make PL a party to any litigation, claim, dispute, difference or complaint that the Client may initiate in respect of, arising out of or in connection with any transactions on the Gateway and agrees that PL's liability shall at all time be limited to the amount actually received in its account by electronic transfer from Client's account with the Bank.

20. Pay-out of funds: Client agrees and understands that PL would be free to decide the mode of fund pay-out, viz., either as direct credit to client bank account by way of NEFT/RTGS/Fund Transfer or by way of Account Payee Cheque in favor of client as per cheque print name registered with PL. Client agrees that if any funds are moved by PL to client bank account that are not due to client for any reasons including but not limited to an error or fraud, client undertake to immediately return the funds to PL. Client shall be solely liable for any losses and/or delayed credit arising out of any mistake by client in quoting Bank account number and client name, bank name, branch name & IFSC code or updating PL for any changes therein.

21. Internet / Wireless Technology based Trading facility:

21.1. PL offers Internet and mobile Trading facility for transaction in securities on the concerned Exchanges including facilities for online application of IPO/FPO/NFO/Bond issues or any other issues of securities or services to apply/purchase/redeem/ sale/buyback or otherwise deal in the units of Mutual Funds (hereinafter referred to as “the Internet/wireless Trading system”) through Exchange approved software. The Client can route its orders to PL over the internet/mobile/laptop with data card or any other devices which use internet protocol for purchasing, selling and dealing in securities. The Client may avail of such Trading facility provided by PL by complying with the formalities prescribed therefore.

21.2. Non-usage of Internet/Wireless Trading Facility: If the Client does not use the Internet/Wireless Trading Facility for a continuous period of 3 months or such other period as PL may notify, the facility may be deactivated without notice and the

Client shall comply with the prescribed formalities for reactivating the facility. Trades can, however, be executed at all time by placing orders off-line with the concerned branch of PL.


21.3. The client understands and agrees that PL has different product of the Internet Trading /Wireless Trading software which have been approved by the Exchanges and the client shall be allotted such product as may be chosen by him. The client also understands and agrees that depending on the trading activity of the client, PL shall have the exclusive right and liberties to change the product version allotted to the client and allot a different product version of the Internet Trading/Wireless Trading facility.

21.4. Orders of Client subject to review by PL: The Client agrees that the PL may, on being suspicious of any of the transactions, review any order placed by a Client, which may cause delays in the processing of the Client’s order or may result in rejection of such order.”

22. Extra Ordinary Events and termination/suspension of trading facility: PL will not be liable for losses caused directly or indirectly by government restriction, Exchange rulings, suspension of trading, computer, communication, telephone or system failure, war, earthquakes, flood, accident, power failure, equipment or software malfunction, lack of connectivity, congestion or disruption of communication network or links, software glitches or corruption, low processing speed, strikes or any other conditions beyond PL’s control resulting in non-execution, partial or incomplete execution of orders and the resulting financial loss, if any PL may at any time terminate, discontinue or temporarily suspend trading facility provided to the Client in the event of any such extraordinary event occurring without giving prior notice to the Client.

23. Amendments to the terms and conditions: PL reserves the right to amend the terms and conditions herein contained by adding, deleting, modifying or varying the provisions thereof by giving 15 days notice to the Client. In the event where the client has not objected to revised terms and conditions within 15 days of receiving the notification, the same shall be binding on the client.

Yours faithfully,

 **F17**

Client Code: _____

SECURITIES TRADING USING WIRELESS TECHNOLOGY

Date: ___ / ___ /201_____

Client Code	
Client Name	

Prabhudas Lilladher Pvt. Ltd.
3rd Floor, Sadhana House,
570 P B Marg, Worli, Mumbai 400 018

Sub: Securities trading using wireless technology

Dear Sir(s),

I am registered as your client with Client Code as stated above.

I have submitted the account opening form to you whereby the rights and obligations of stock brokers, sub-brokers and clients for executing trades at Equity segment/ Equity Derivatives segment/Currency Derivatives segment/ Commodity Derivatives segment of National Stock Exchange of India Ltd. (NSE) / BSE Ltd. (BSE) and/or in Commodity Derivatives Segment at Multi Commodity Exchange of India Ltd. (MCX) are mentioned. The aforesaid rights and obligations for trading through wireless technology have been read and understood by me.

I am interested in carrying out Securities trading through use of wireless technology which shall include devices such as mobile phone, laptop with data card etc using Internet Protocol (IP).

I understand that the terms and conditions applicable to Internet based trading will also be applicable to securities trading through use of wireless technology. I am aware of all the possible risks, responsibilities and liabilities associated with securities trading using wireless technology.

I understand that your website www.plclients.com shall provide detailed information about securities trading done through the use of wireless technology. I understand that I will get the information by using Login ID/ Password provided to me by you at the time of registration as your client. I understand that you shall send the Order / Trade confirmation details through e-contract on our existing E-mail id registered with you within 24 hours of the execution of trade on the trading system, as the case may be.

I agree that the information sent by you on my E-mail id / Wireless Device would be deemed to be a valid delivery of such information by you. The aforesaid information regarding order and trade confirmation shall also be provided to me on the device used for securities trading through the use of wireless technology.

I am aware that authentication technologies and strict security measures are required for the securities trading using wireless technology through order routed system and undertake to ensure that my Login Id and / or Password is not revealed to any third party. In case the device used by me for securities trading through wireless technology is lost, misplaced, stolen, etc. I shall inform the same to you within 24 hours from the occurrence of such event and request you to deactivate my Login Id and / or Password. I will be solely liable to settle all transactions executed in my trading account using such device or otherwise.

I therefore request you to enable me for carrying securities trading through use of wireless technology.

Yours faithfully,

 **F18**

Client Code: _____

****Note:** In case of loss, misplacing of device due to any reason, please inform the Customer Connect Team at PL's Head Office Phone no. 022-66322366, email: customerconnect@plindia.com

Date: ___ / ___ /201__

Prabhudas Lilladher Private Limited
3rd Floor, Sadhana House,
570, P. B. Marg, Worli,
Mumbai – 400018

Sub: Authorization for maintaining Running Account

Dear Sir(s),

I am registered client with you and dealing in Capital Market / Equity Derivatives Segment / Currency Derivatives Market/ Commodity Derivatives Market having client code as mentioned below.

I am aware that payout / dividend received / credited from the exchange(s) against settlement of transaction as per settlement cycle is available within 1 working day of the payout from the Exchange. It is difficult for me to make available the required funds on every pay-in of funds obligation / margin obligation, hence I request you to maintain my account on a running basis and retain the payout received / credit balance in our account for my future obligation / margin obligation or other liabilities unless I instruct otherwise.

If payment of funds is required, I shall request you in writing or through the web option for funds withdrawal on the web login. Further it may be noted that if required I may revoke this authorization at any time after giving request in writing.

This running account authorization would continue until it is revoked by me. The actual settlement of funds shall be done at least once in the preference period selected below:


Once in a calendar Quarter OR Once in a calendar month

While settling the account having outstanding obligations on the settlement date, you may retain the requisite 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.

I authorize you to retain an amount up to Rs. 10,000/- or such other amount as may be prescribed by Exchanges / SEBI from time to time to address the administrative / operational difficulties at your end in periodic settlement of my account.

I shall bring any dispute arising from the statement of account or settlement so made to your notice within 7 working days from the date of receipt of funds or statement, as the case may be. In case of non receipt of any such communication the statement / settlement of running account shall be considered as final as agreed and accepted by me.

Yours faithfully,

 **F19**

Client Code: _____

Date: ___ / ___ /201__

Date: ___ / ___ /201_____

Prabhudas Lilladher Private Limited
3rd Floor, Sadhana House, 570,
P. B. Marg, Worli, Mumbai – 400018

Sub: Mutual Fund Service System (MFSS) Facility of NSE/ BSE STAR MF

Dear Sir,

I am registered as your client with Client Code as mentioned below for the purpose of trading in the Capital Market Segment. I am interested in availing the facility of the following Exchange for the purpose of dealing in the units of Mutual funds Scheme permitted to be dealt with.

NSE MFSS BSE STAR MF

For the purpose of availing the facility, I state that Know Your Client details as submitted by me for the securities broking may be considered for this purpose and I further confirm that the details contained in same remain unchanged as on date.

I am willing to abide by the terms and conditions as mentioned in the Circular dated November 24, 2009 and as may be specified by the Exchange from time to time in this regard.

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

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

I therefore request you to register me as your client for participating in the NSE MFSS/ BSE STAR MF.

Terms and Conditions

- The client shall be bound by circulars issued by NSE/ BSE, Rules, Regulations and circulars issued there under by SEBI and relevant notifications of Government authorities as may be in force from time to time.
- The client shall notify the Participant in writing if there is any change in the information in the 'client registration form' provided by the client to the Participant at the time registering as a client for participating in the New MFSS/ BSE STAR MF or at any time thereafter.
- The client shall submit to the Participant a completed application form in the manner prescribed format for the purpose of placing a subscription order with the Participant.
- The client has read and understood the risks involved in investing in Mutual Fund Schemes.
- The client shall be wholly responsible for all his investment decisions and instruction.
- The client shall ensure continuous compliance with the requirements of the NSEIL, BSE, SEBI and AMFI.
- The Client shall pay to the Participant fees and statutory levies as are prevailing from time to time and as they apply to the Client's account, transactions and to the services that Participant renders to the Client.
- The client will furnish information to the Participant in writing , if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation which may have material bearing on his capacity has been filed against him.
- In the event of non-performance of the obligation by the Participant, the client is not entitled to claim any compensation either from the Investor Protection Fund or from any fund of NSEIL/ BSE or NSCCL/ ICCL
- In case of any dispute between the Participants and the investors arising out of this facility, NSEIL/BSE and / or NSCCL/ ICCL agrees to extend the necessary support for the speedy redressal of the disputes.

Yours faithfully,



Client Code: _____

Note: Signature required in case opted for NSE MFSS or BSE Star MF under Trading Preferences Confirmation of the arrangement with Sub-broker/Authorized Person

Date: ___ / ___ /201__

Date: ___ / ___ /201_____

Prabhudas Lilladher Private Limited
3rd Floor, Sadhana House, 570,
P. B. Marg, Worli, Mumbai – 400018

Sub: Undertaking to keep my/our open positions of commodity forward contracts / commodity derivatives at MCX within prescribed limits

Dear Sir,

I, the undersigned, have taken the cognizance of circular no. MCX/338/2006 dated August 21, 2006, issued by the MCX on the guidelines for calculation of net open positions permitted in any commodity and I hereby undertake to comply with the same. I hereby declare & undertake that I will not exceed the position limits prescribed from time to time by MCX or SEBI and such position limits will be calculated in accordance with the contents of above stated circular of MCX as modified from time to time.

I undertake to inform you and keep you informed if I or any of my partner/director/karta/trustee or any of the partnership firm/company/HUF/Trust in which I or any of the above such persons is a partner/director/karta/trustee, takes or holds any position in any commodity forward contract/commodity Derivatives on MCX through you or through any other member(s) of MCX, to enable you to restrict my position limit as prescribed by the above referred circular of MCX as modified from time to time.

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

I authorize you to liquidate my open positions if I violate prescribed limits for net open position as prescribed by MCX/SEBI from time to time.

I further undertake to bear any liability /penalty/charges levied by MCX/SEBI for non-compliance of the aforesaid circular of MCX as modified from time to time.

Yours faithfully,

 **F21**

Note: To be signed by Client only and not by his Power of Attorney Holder

Client Code: _____

Date: ___ / ___ /201__

Date: ___ / ___ /201_____

Prabhudas Lilladher Private Limited
3rd Floor, Sadhana House, 570,
P. B. Marg, Worli, Mumbai – 400018

Sub: Auto Square-off Letter

Dear Sir,

I request you to grant me higher trade limit for executing intra-day trades.

I agree and undertake to square-off my open trades on the same day within the below mentioned timeline such other timelines as may be informed to me through email or otherwise:

Equity/Equity Derivatives segment: On or before 3.15 p.m.

Currency Derivatives: On or before 4.45 p.m.

Commodities Segments: On or before 11.40 p.m.

In the event of my failure to square off all outstanding intraday trades within the above timeline or such other time as may be intimated to me from time to time, you are authorized to cancel all pending intraday orders and to square-off my open position on the same day at your discretion at market rate. If due to unavoidable situation, if my trade(s) is not squared-off, then I authorize you to square up the same on subsequent trading session at the Best Market Rate at your discretion.

Notwithstanding the above, I agree that if the mark to market losses on my intraday positions reaches the specified percentage of margin deposit, as may be intimated from time to time, the entire outstanding intraday positions of my future contracts may be closed /squared up by you on occurrence of such event.

If due to power failure, connectivity failure, circuit breakers, lack of market depth or any other reason, my open trade is not square-off on the same day, you may square-off the same on the subsequent trading session.

I agree that in all the above instances the resulting loss, if any, shall be fully borne by me.

Yours faithfully,

 F22

Note: To be signed by Client only and not by his Power of Attorney Holder

Client Code: _____

Date: ___ / ___ /201__

CONFIRMATION OF THE ARRANGEMENT WITH SUB-BROKER/AUTHORIZED PERSON

VOLUNTARY

Date: ___ / ___ /201__

Prabhudas Lilladher Private Limited
3rd Floor, Sadhana House, 570,
P. B. Marg, Worli, Mumbai – 400018

I confirm that I have been introduced to Prabhudas Lilladher Private Limited (PL) by a Sub-broker (SB) / an Authorised Person (AP) (as mentioned below) appointed by PL pursuant to relevant Exchange (s) norms.

In this connection I am aware of the following:

1. The SB/AP shall not receive or pay any money or securities in his/her/its own name or account. All receipts and payments of securities and funds shall be made only in the name or account of the PL;
2. The SB/AP shall receive his/its remuneration-fees, charges, commission, salary etc for his/its services only from the PL and he/she/it shall not charge any amount whatsoever from the clients;

In view of the foregoing, I acknowledge that the SB/AP is not authorised by PL to enter into any private arrangement with any clients of PL including those introduced by him. I further agree and accept that I will not hold PL responsible for any loss, damage, other liability or consequence, direct or indirect, arising out of any error of commission or omission by the SB/AP with regard to any dealings and or transactions based on or resulting out of any private agreements (if any), between me and the SB/AP.

I agree that all debit instruction slips and other documents in respect of my depository Beneficiary Owner account with Prabhudas Lilladher Private Limited (PL) shall not be left in the custody of the SB/AP, either blank, partially filled up and/ or executed / signed.

I further agree and accept that I will not hold PL responsible for any loss, damage, other liability or consequence, direct or indirect, arising out of my action in leaving such blank, partially filled up and/ or executed /signed documents with the SB/AP.

Yours faithfully,

 **F23**

I hereby agree for the arrangement with the client
Signature
Partner Name
Partner Code

Client Code: _____

ELECTRONIC CONTRACT NOTE [ECN] – DECLARATION

VOLUNTARY

For Commodity Segment

Date: ___ / ___ /201__

Prabhudas Lilladher Private Limited
3rd Floor, Sadhana House, 570,
P. B. Marg, Worli, Mumbai – 400018

Dear Sir,

I, _____ residing at

undertake as follows:

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

Please reproduce the following lines in own handwriting of client in blank space given below:

The above declaration has been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.




Client Name & Address		Signature of Client	F24									
Client's PAN No.		Unique Client Code										
Place		Date			/			/	2	0	1	

For Office Use:

Received Date		Processed by	
Processed Date		Signature Verified by	

**CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)
& COMMON REPORTING STANDARDS (CRS) – INDIVIDUAL ACCOUNT**

[Mandatory for all Investors including Joint-holders of demat account & Minor’s Guardian]

	First / Sole Holder / Minor’s Guardian	Second Holder	Third Holder
Are you a Resident of a Country / territory outside India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Resident or Citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a US telephone number in the capacity of a resident / citizen of US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold any residence / mailing address / C/o addresses / hold-mail address / PO Box address in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your POA-holder hold US residence / citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay tax in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold an Identification Number or any identification that indicates US residence / citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We have understood the information requirements of this Form (read along with the FATCA-CRS instructions) and hereby confirm that the information provided by me/us on this declaration Form & on KYC Form is true, correct & complete. I/We also confirm that I/we have read & understood the FATCA-CRS terms & conditions and hereby accept the same.			
Signature of Applicant	 F25	 S5	 T5

FATCA- CRS Terms & Conditions

Towards compliance with tax information sharing laws, such as FATCA & CRS, we would be required to seek additional personal tax & beneficial owner information & certain certifications & documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive self-declaration from you), we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax-advisor. Should there be any change in any information provided by you, please ensure to inform us within 30 days of such change.

Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold & pay out sums from your account or close or suspend your account(s)

FATCA-CRS Instructions

If you are a US Citizen or Resident or Green-card Holder, please include United States in the foreign country information field alongwith your US Tax Identification Number. The provisions of FATCA are contained in the US Hire Act 2010. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identification numbers. If no TIN is yet available or has not yet been issued, please provide an explanation & attach this to the form

ACKNOWLEDGEMENT

Date: ___ / ___ /201__

Prabhudas Lilladher Private Limited
3rd Floor, Sadhana House, 570,
P. B. Marg, Worli, Mumbai – 400018




I/We hereby acknowledge that the following documents were made available to me:

1. Rights and Obligations of Stock Brokers, Sub-brokers and Clients (Trading).
2. Rights and Obligations of Beneficial owner and Depository Participant (DP).
3. Risk Disclosure Document for Capital Market and Derivatives Segments.
4. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
5. Policies and Procedures of Prabhudas Lilladher Private Ltd. pursuant to the SEBI circular dated December 03, 2009.
6. Rights & Obligations of Clearing Member/Participant and its Client (SLBS).
7. Useful Do's and Don'ts for the client.
8. General Terms and Conditions governing securities Trading and Broking services of Prabhudas Lilladher Private Limited.
9. Terms & Conditions for Basic Services Demat Account.
10. Terms & Conditions for Easi facility.
11. Format for Power of Attorney.
12. Tariff Sheet as applicable to Demat Account.

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

I/We hereby confirm that I/We have clearly understood and agree to abide by the Policies and Procedures described by Prabhudas Lilladher Private Limited (PL). I/We have read and understood the Terms and Conditions governing securities trading and broking services of PL as mentioned in para 1 to 18 and agree to abide by the same. I/We also understand and agree that these Policies and Procedures as well as Terms and Conditions can be changed by PL from time to time with prior notice of 15 days through email.

I/We am/are aware that the login Id and password of my trading account will be sent on my Email ID & alerts on Mobile no. furnished in KYC form and any changes thereof

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

Place:

Date: ___ / ___ /201__

TO BE FILLED BY SB/AP/BRANCH OFFICIALS

UCC Code allotted to the Client:

	Employee Name	Code	Designation	Date	Signature
Documents Verified with Originals By					
In-Person Verification Done By					
Client Interviewed By					

TO BE FILLED BY PL-BRANCH OFFICE ONLY

	Employee Name	Employee Code
Introducer		
RM		
Dealer		
BM Name & Signature		

I/We undertake that I/we have made the client aware of 'Policy and Procedures', Tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We will send him a copy of all the KYC documents through Email at his Email ID registered with PL within prescribed time limit. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents will be duly intimated to the Client. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on our PL website for the information of the Clients.

**Signed for and on behalf of
For Prabhudas Lilladher Pvt. Ltd**

Signature of the Authorised Signatory

Signature of Sub-broker or Authorised Person

Signed by: | _____ |

Signed by: | _____ |

Date: ___ / ___ / 201___

Date: ___ / ___ / 201___

FOR HO OFFICE USE ONLY

1. AOF Received on: _____ / _____ / 20____

2. AOF Processed on: _____ / _____ / 20____

3. KYC Fetched from KRA on: _____ / _____ / 20____

4. KYC Status at KRA:

KYC Verified (New) Incomplete Old KYC KYC On Hold KYC submitted Not registered

Others _____

	TRADING ACCOUNT	DEMAT ACCOUNT
Entered by / Date		
Verified by / Date		
Remarks (if any)		

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POWERING YOUR FINANCIAL GROWTH

Prabhudas Lilladher Pvt. Ltd.

Regd. Office: 3rd Floor, Sadhana House, 570, P. B. Marg, Worli, Mumbai - 400018 | Tel.: + 91-22-6632 2222 | Fax: + 91 22 66 32 2229 | www.plindia.com, www.majorgainz.com

SEBI Common Regn. No. - INZ000196637

Depository Participant of CDSL - SEBI Regn. No. IN-DP-CDSL-14-99

Depository Participant of NSDL - SEBI Regn. No. IN-DP-NSDL-329-2010