

REGISTRATION KIT

(Individual & Non-Individual)



Anisha Fincap Consultants LLP

Member : NSE & BSE • DP : CDSL

Client Name : _____

Application No.: _____

Client Code : _____

Client ID : _____

Branch Name and Code : _____

Introducer RM Name : _____



Dear Customer,

Welcome to Anisha Fincap!

We look forward to your becoming our client and to the pleasure of serving you. To start with, we request you to kindly fill up the relevant details and submit the required documents.

We have designed the form for ease of completion with simple instructions at relevant places to guide you along.

Should you face any difficulty in understanding the requirements, please do not hesitate to contact our staff who will be ever willing to assist/guide you.

It shall be our endeavor as always, to provide you truly satisfying services.

Regards,

Team Anisha Fincap

INDEX OF DOCUMENTS

A - MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

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		(b) CDSL KYC Form - Document captures the basic information about the constituent and an instruction / check list for filling KYC Form	
		(c) Document captures the additional information about the constituent relevant to trading account and an instruction / check list.	
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7.	Open Interest Declaration	Declaration by the Client to abide the Net Open Interest Position as permissible in any Commodity / Currency.	30
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9.	Policy for Handling Good Till Triggered Orders	Policy for Handling Good Till Triggered Orders	32

STANDARD DOCUMENTS FOR DP, EQUITIES, DERIVATIVES & MARGIN TRADING FACILITY

10.	Policies and Procedures	Documents describing significant policies and procedures of SISL related to Trading Account of the client.	Provided as a separate copy to client Also available on company website	
11.	Rights & Obligations of Stock Brokers, Sub-Brokers & Clients	Documents stating the Rights & Obligations of Stock broker / trading member, sub-broker and client for trading on exchanges (including rights & obligations in case of Internet / wireless technology based trading)		
12.	Rights & Obligations of Beneficial Owner and Depository Participant	Rights and Obligations of Beneficial owner and Depository Participant as prescribed by SEBI and Depositories.		
13.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.		
14.	Guidance Note	Documents detailing do's and don'ts for trading on exchange, for the education of the investors.		
15.	Investor Charter	Investor Charter of Stock Broker and Depository Participant.		
16.	Risk Disclosure of FO	Risk Disclosure on Derivatives		
17.	Rights and Obligations - MTF	Rights & Obligations of Stock Broker & Clients for Margin Trading Facility (MTF)		
18.	Policy for Voluntary Freezing or Blocking the online access of Trading Account	Policy for Voluntary Freezing or Blocking the online access of Trading Account		
19.	Terms and Conditions for Receiving SMS Alerts from CDSL	Terms and Conditions for Receiving SMS Alerts from CDSL		
STANDARD DOCUMENTS FOR COMMODITIES				
20.	Uniform Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the commodities market.		
21.	Rights & Obligations of Member, Authorised Persons & Clients	Document stating the Rights & Obligations of member / Authorised Person and client for trading on exchanges.		
22.	Risk Disclosure Documents for options	Document pertaining risk associated with dealing in the options.		
23.	Do's and Don'ts for the investores	Document detailing do's and don'ts for trading on exchange, for the education of the investores.		

B - VOLUNTARY DOCUMENTS AS PROVIDED BY SEBI AND EXCHANGES

S.No.	Name of the Document	Brief Significance of the Document	Page No.
24.	Running Account Authorization	Authorization to maintain your trading account on running account basis.	33
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CONTACT DETAILS FOR HANDLING INVESTOR'S GRIEVANCES

In case of any dispute / complaint, clients may communicate with the below-mentioned official of Anisha Fincap Consultants LLP :

Contact Person	Designation	Contact No.	E-mail Id
Mr. Vinod Kumar	Compliance Officer	(0120) 4167930	contact@anishafincap.com

Details of Investor's Grievances Cell of the Stock Exchange/s :

(to be contacted if Share India's response to grievance/dispute is not satisfactory)

Name of Stock Exchange/Depository	Contact No.	E-mail Id
NSE	1800 266 0050	ignse@nse.co.in
BSE	(022) 22728097	is@bseindia.com
CDSL	(022) 22723333	complaints@cdslindia.com

SEBI Scores Link : <https://scores.sebi.gov.in> & <https://smartodr.in/login> (Toll Free : 1800 266 7575)

NOTES:

- A. Kindly note that information provided in the Client Registration Kit shall not be disclosed to any person/entity except in accordance with law
- B. Kindly also note that Anisha Fincap Consultants LLP also does Proprietary (Own A/c) trading in addition to Clients' trading.
- C. In terms of Exchange Circulars NSE/COMP/50610 and BSE/20211215-63 dated December 15, 2021, we wish to inform you that the Business Continuity Plan / Disaster Recovery setup guidelines are presently not applicable to us.

**Anisha Fincap Consultants LLP**

(LLPIN : AAH-0426)

Registered & Corporate Office :

56/33, Site IV Industrial Area, Sahibabad, Ghaziabad-201010 (U.P.)

Phone No. : 0120-4167930, E-mail : info@anishafincap.com

Website : www.anishafincap.com

Exchange	Membership No.	SEBI Registration No.	Registration Date
National Stock Exchange of India Ltd.		INZ000102767	22-03-2017
BSE Limited			

Depository Participant : CDSL

DP ID : 12093500, DP SEBI Regn. No.: IN-DP-597-2021

*Compliance Officer's Name,
Phone No. & Email Id:*

VINOD KUMAR

Phone : 0120-4167930

E-mail Id : contact@anishafincap.com

Director's Name, Phone No. & Email Id:

PRANAV VASAN

Phone : 0120-4167930

E-mail Id : contact@anishafincap.com

PUJA MALIK

Phone : 0120-4167930

E-mail Id : contact@anishafincap.com

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

Important Instructions:

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



For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

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

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

Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YYYY

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others (ISO 3166 Country Code)

Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin

Occupation Type* S-Service (Private Sector Public Sector Government Sector) O-Others (Professional Self Employed Retired Housewife Student) B-Business X- Not Categorized

PHOTO

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

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

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

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

A- Passport Number Passport Expiry Date DD - MM - YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY

E- UID (Aadhaar)

F- NREGA Job Card

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

S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

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

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

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

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

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

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

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

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

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

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

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

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

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name
(If KYC number and name are provided, below details of section 6 are optional)

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

A- Passport Number Passport Expiry Date --
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date --
 E- UID (Aadhaar)
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number
 S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

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

 [Signature / Thumb Impression]

Date : -- Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date --
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]

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



CDSL VENTURES LIMITED
...Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

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

Application Number: _____

Application Type*: New KYC Modification KYC

KYC Mode*: Please Tick (✓)

Normal EKYC OTP EKYC Biometric Online KYC Offline KYC Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Marital Status* Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) Foreign National Person of Indian Origin +



Cross Signature across photograph

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)

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

A— Aadhaar Card XXXX XXXX _ _ _ _ (Expiry Date) _____

B— Passport Number _____ (Expiry Date) _____

C— Voter ID Card _____ (Expiry Date) _____

D—Driving License _____

E—NREGA Job Card _____

F— NPR _____

Z—Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

<input type="checkbox"/> A— Aadhaar Card	XXXX XXXX _ _ _ _	
<input type="checkbox"/> B— Passport Number	_____	(Expiry Date) _____
<input type="checkbox"/> C— Voter ID Card	_____	
<input type="checkbox"/> D—Driving License	_____	(Expiry Date) _____
<input type="checkbox"/> E—NREGA Job Card	_____	
<input type="checkbox"/> F— NPR Letter	_____	
<input type="checkbox"/> Z—	_____	(any document notified by Central Government)
Identification Number	_____	


3. Contact Details (in CAPITAL)

Email ID* _____

Mobile No. * _____

Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

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

5. For Office Use Only

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

Important Instructions:

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



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

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

Name*

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

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

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

PAN* Form 60 furnished

TIN / GST Registration Number

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

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

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

Memorandum and Articles of Association Partnership Deed Trust Deed

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

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

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

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

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

Line 1*

Line 2

Line 3 City / Town / Village*

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

3.1 Registered Office Address / Place of Business*

Line 1*

Line 2

Line 3 City / Town / Village*

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

4. CONTACT DETAILS (All communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction **D** at the end)

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

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

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

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



For office use only (To be filled by financial institution)

Application Type* New Update Delete

KYC Number (Mandatory for KYC update request)

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

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

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

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

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

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

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>	Form 60 furnished		

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

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

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO*

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

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

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

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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


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

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

2. APPLICANT DECLARATION

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

5  [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : -- Place :

3. ATTESTATION / FOR OFFICE USE ONLY

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

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<div style="text-align: center;">[Institution Stamp]</div>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<div style="text-align: center;">[Employee Signature]</div>	

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

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



For office use only (To be filled by financial institution)

Application Type* New Update Delete

KYC Number (Mandatory for KYC update request)

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

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

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

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

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

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

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>	Form 60 furnished		

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

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

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO*

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

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

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

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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


1.4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

2. APPLICANT DECLARATION

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

6  [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : - - Place :

3. ATTESTATION / FOR OFFICE USE ONLY

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

Digital KYC process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;">[Institution Stamp]</div>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<div style="border: 1px solid black; width: 100%; height: 40px; text-align: center; vertical-align: middle;">[Employee Signature]</div>	

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

Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also



CDSL VENTURES LIMITED
...Exploring New Horizons

Anisha
FINCAP CONSULTANTS LLP

Application Number :

Application Type*: New KYC Modification KYC

1. Entity Details (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type*

Please Tick (✓)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Private Ltd. Co. | <input type="checkbox"/> Public Ltd. Co. | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust/Charity/NGO | <input type="checkbox"/> HUF | <input type="checkbox"/> FPI Category I | <input type="checkbox"/> FPI Category II |
| <input type="checkbox"/> AOP | <input type="checkbox"/> Bank | <input type="checkbox"/> Government Body | <input type="checkbox"/> Defence Establishment |
| <input type="checkbox"/> Body of Individuals | | <input type="checkbox"/> Society | <input type="checkbox"/> LLP |
| <input type="checkbox"/> Non-Government Organization | | | |
| <input type="checkbox"/> Others _____ | | | |

2. Proof of Identity* (please refer the guidelines)

- Officially Valid Document(s) in respect of person authorized to transact
- Certificate of Incorporation/Formation _____ Registration Certificate _____
- Memorandum of Articles and Association Partnership Deed Trust Deed
- Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf
- Activity Proof -1* (For Sole Proprietorship Only) Activity Proof -2* (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)

A. Registered Address*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Applicant Digital Signature (DSC)

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

Certificate of Incorporation/Formation
 Registration Certificate
 Other document _____

Latest Telephone Bill# (Landline only)
 Latest Electricity Bill#
 Latest Bank Account Statement#

Registered Lease/ Sale Agreement of Office Premises
Validity/Expiry Date of POA (Expiry Date) ____ ____ ____ ____

Any other proof of address document (as listed overleaf) _____

4. Contact Details

Email ID _____ Mobile No. _____

Email ID _____ Mobile No. _____


Tel (Off) _____ Fax _____

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information

7. Applicant Declaration

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

8. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code:
Employee Signature and Stamp	Employee Signature and Stamp

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



CDSL VENTURES LIMITED
....Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Number :

Application Type*: New KYC Modification KYC

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

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name+ (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Nationality* Indian Other _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed Official Proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)



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

A — Aadhaar Card XXXX XXXX _____

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D —Driving License _____ (Expiry Date) _____

E —NREGA Job Card _____

F — NPR _____

Z —Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/Local Address*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-Sign

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

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

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

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res.) _____

4. Applicant Declaration

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

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

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-Sign

Applicant Wet Signature



5. For Office Use Only

KYC carried out by*

Intermediary Details*

KYC Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Self certified document copies received (Originals Verified)

True Copies of documents received (Attested)

Employee Signature and Stamp

Institution Name and Stamp

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



CDSL VENTURES LIMITED
....Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only
if processing CKYC also

Application Number :

Application Type*: New KYC Modification KYC

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

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name+ (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Nationality* Indian Other _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed Official Proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)



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

A — Aadhaar Card XXXX XXXX _____

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D —Driving License _____ (Expiry Date) _____

E —NREGA Job Card _____

F — NPR _____

Z —Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-Sign

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

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

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res.) _____

4. Applicant Declaration

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

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

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-Sign

Applicant Wet Signature

**5. For Office Use Only****KYC carried out by*****Intermediary Details***

KYC Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

 Self certified document copies received (Originals Verified) True Copies of documents received (Attested)

--

Employee Signature and Stamp

Institution Name and Stamp

TRADING & DEMAT ACCOUNT RELATED ADDITIONAL DETAILS

BANK ACCOUNT DETAILS

(Through which transaction will be generally be routed)

Primary Bank Details (for DP and Trading) :

Bank Name : _____

Account No. : _____ Branch : _____

Address : _____

11 Digit RTGS / NEFT / IFS Code : _____ 0 _____ 9 Digit MICR Code : _____

Virtual Payment Address (VPA) _____

Account Type : Savings Current Others : _____ (Please Specify)

- Bank/MICR/IFSC proof submitted : Cancelled Cheque (with **Client Name** & A/c No. **Pre-printed**)
- Bank Passbook* (If hand written, then with stamp of Bank) Bank Verification Letter* (with Rubber Stamp & Sign of Bank Manager)
- Bank Statement* (Either on Bank Stationery or with rubber stamp & sign of Bank Manager) *Documents should not be more than 2 months old

Secondary Bank Details (for Trading, if any) :

Bank Name : _____

Account No. : _____ Branch : _____

Address : _____

11 Digit RTGS / NEFT / IFS Code : _____ 0 _____ 9 Digit MICR Code : _____

Virtual Payment Address (VPA) _____

Account Type : Savings Current Others : _____ (Please Specify)

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

OTHER DETAILS

2nd Holder	Mobile	E-Mail id	Income
3rd Holder	Mobile	E-Mail id	Income
IF Mobile No./Email Id Proposed to be used by the client belongs to a different person, the please provide these additional details		Name of the user of Mobile No. _____	Relation with Mobile No. user : • Self • Spouse • Dependent Child • Dependent Parent
		Name of the user of E-mail Id : _____	Relation with Email Id user : • Self • Spouse • Dependent Child • Dependent Parent

TRADING PREFERENCE

Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you

Exchanges	NSE & BSE				NSE & BSE
All Segments	Cash/ Mutual Fund	Future & Options (F&O)	Currency	Debt	Commodity Derivatives
10a	10b	10c	10d	10e	10f

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

* If you wish to trade in derivatives (F&O/Currency/Commodity) segments, submit income proof (Mandatory)

DEPOSITORY ACCOUNTS(S) DETAILS

(Through which transactions shall generally be routed)

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

FACILITIES

SMS and E-mail alerts from stock exchanges : SMS Alert E-mail Alert Both None
 + Please mention Mobile & E-mail ID in KYC Form

Whether you wish to receive Contract Note : Electronic Physical
Whether you wish to receive Standard documents*: Electronic Physical
 *Standard Documents-Rights & Obligations, Risk Disclosure Document, Guidance Note and Policies & Procedures
 + Please mention E-mail ID in KYC Form

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

TRADING HISTORY

Trading Experience / Number of Years of Investment
 ___ Years in Equities ___ Years in Derivatives ___ Years in other Investment related fields No Prior Experience

Stock Profile : Nil < 5 Lac Rs. 5 - 25 Lac Rs. 25 - 50 Lac Rs. 50 Lac - 1 Crore Above 1 Crore

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

Name of the stock broker _____
 Name of AP (if any) _____
 Client Code (UCC) _____
 Exchange NSE BSE

Details of disputes / dues pending from / to such stock broker / AP _____
 + In case dealing with multiple stock brokers, please provide details of all _____ (Please Specify)

Past Actions
Details of any action / proceedings initiated / pending / taken by SEBI / Stock Exchange / any other authority against the applicant / constituent or its partners / promoters / whole time directors / authorised persons in charge of dealing in securities & commodities last 3 years. _____
 (Please Specify)

INCOME, EDUCATION & OTHER DETAILS

Gross Annual Income Detail Below 1 Lac 1 - 5 Lac 5 - 10 Lac 10 - 25 Lac 25 Lac - 1 Crore > 1 Crore
Net Worth (*Net worth should not be older than 1 year) **as on (Date)** ____/____/20____ **(Mandatory for Non-Individual client)**

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

Educational Details : High School Graduate Post-Graduate Doctorate Professional Degree
 Under High School Illiterate Others _____ (Please specify)

Client Category for Commodities Derivatives
 Non-commercial participant (financial participant / trader / arbitrageur)
 Commercial participant (value chain participant / exporters / importers / hedger)
 Farmers / FPOs Value Chain Participants (VCPs) Others _____ (Please specify)
 (Please select anyone. If not selected, default option will be 'Other'. In case of any change in category, inform us immediately in writing)

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

Is the entity involved providing any of the following services

- For Foreign Exchange / Money Changer Services Yes No
 - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No
 - Money Lending / Pawning Yes No

Any other information : _____

GOODS & SERVICES TAX (GST) DETAILS (If applicable)

If you are registered for GST, kindly provide copy of registration certificate
 GSTIN _____

ANNEXURE FOR JOINT ACCOUNT HOLDER(S)

Demat A/c No. : 12093500

Date




D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Mode of operation of Joint Accounts Jointly Anyone of the holder or survivor(s)

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.

For Joint accounts, Communication to be sent to First Holder All joint account holders

In case if 'first holder' is selected, the communication will be sent as per the preference mentioned on Demat account opening form at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 on Demat account opening form and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.

	Name of Holder(s)	Signature(s) of Holder
First Holder (Mr./Ms.)		11 
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

(For Office Use)

Name & Signature of Branch Official : _____

Branch Stamp : _____

Date of Receipt at Branch : _____

DEMAT ACCOUNT OPENING FORM - CDSL (DPID 12093500)

TYPE OF ACCOUNT

STATUS	SUB-STATUS			
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual HUF/ AOP	<input type="checkbox"/> Minor	<input type="checkbox"/> Other _____ (Please 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"/> Other _____ (Please specify)	
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depository Receipts		
<input type="checkbox"/> Non - Individual	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Trust	<input type="checkbox"/> OCB	<input type="checkbox"/> Bank
			<input type="checkbox"/> Other _____ (Please specify)	To be filled by the DP

* In case of Sole Proprietor / Partnership Firm / Unregistered Trust, Demat account should be opened in the name of Proprietor / Partners / Trustees.

ACCOUNT HOLDERS DETAILS

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

+ Provide KYC Application Form for all Joint Holders (Downloaded additional KYC form from www.shareindia.com)

Name* : _____

* Name of the Sole Proprietor / Partnership Firm / Unregistered Trust should be mentioned above.

Nationality : Indian Other _____ (Please specify)

DETAILS OF GUARDIAN

In case the account holder is minor

Name of the Guardian (Mr. / Ms. / M/s.) : _____

Relationship : _____ PAN : _____

ADDITIONAL DETAILS

Account Statement Requirement As per SEBI Regulation Monthly Fortnightly Weekly Daily

I/We instruct the DP to receive each and every credit in my / our account Yes No

I/We wish to receive dividend/interest directly into my/our Bank A/c through ECS
(If not marked, the default option would be 'Yes'. ECS is mandatory for locations notified by SEBI from time to time) Yes No

I/We request you to send Electronic Transaction-Cum-Holding Statement through E-mail
+ Please mention E-mail ID in KYC form Yes No

SMS Alert Facility on Mobile Number as given in KYC Form Yes No
Refer to T & C given in Annexure 'CDSL SMS Alert Facility' on our website under download section.
(Mandatory, if you have given DDPI. If DDPI is not granted and you do not wish to avail this facility, cancel this option)

I/We would like to instruct the DP to accept all the Pledge instructions in my / our account
without any other further instruction from my / our end. (If not marked, default option will be 'No') Yes No

I/We would like to share the E-mail ID with the RTA. Yes No




I/We would like to receive the annual report (If not marked, default option will be 'Physical') Physical Electronic Both

Mode of Operation Jointly Any of the holders or survivors

+ To register for easi, please visit website www.cdslindia.com [easi allows a BO to view his ISIN balances, transactions and value of the portfolio online]

DECLARATION

I/We have received and read the Rights & Obligations document and Terms & Conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me / us above are true and to the best of my / our knowledge as on the date of making this application. I / We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I / We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. I / We request to open a Depository Account in my / our name as per the above details.

	Sole / First Holder / Authorised Signatory	Second Holder / Authorised Signatory	Third Holder / Authorised Signatory
Signature			

(In case of more authorised signatories, please add annexure)

ANNEXURE-A

(SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650, dated January 10, 2025)

NOMINATION FORM FOR DEMAT ACCOUNTS AND MUTUAL FUND (MF) FOLIOS

I/We hereby nominate the following persons(s) who shall receive all the assets held in my/our account /folio in the event of my/our demise, as trustee and on behalf of my/our legal heir(s)*

NOMINATION DETAILS

	Mandatory Details						Additional Details	
	Name of Nominee	Share of Nominee (%)**	Relation-ship	Postal Address	Mobile No. & E-mail	Identity Number	D.O.B. of Nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								
Nominee 4								
Nominee 5								
Nominee 6								
Nominee 7								
Nominee 8								

*Joint Accounts :

Event	Transmission of Account / Folio No.
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners
Demise of all joint holders simultaneously - having nominee	Nominee
Demise of all joint holders simultaneously - not having nominee	Legal heir(s) of the youngest holder

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

(1) I/We want the details of my/our nominee to be printed in the statement of holding or statement of account, provided to me/us by the AMC/ DP as following : (please tick, as appropriate).




Name of Nominee(s) Nomination : Yes / No.

(2) I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He/She is authorized to encash my assets up to _____ % of assets in the account/folio or Rs. _____ (Optional)

(strike off portions that are not relevant)

(3) This nomination shall supersede any prior nomination made by me/us, if any.

(4) Signature(s) - As per the mode of holding in demat account(s) / MF folio (s)

Name(s) of Holder(s)		Signature of Holder/ thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable)*
Sole / First Holder (Mr./Ms.)		13 		
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

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

Rights, Entitlement and Obligation of the investor and nominee :

- If you are opening a new demat account / MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account / folio, in case of your physical incapacitation, at any point of time and not just during opening of account / folio. This mandate can be changed any time you choose.
- The signatories for this nomination form shall be as per mode of holding in the folio(s) / demat account(s) i.e.
 - 'Either or Survivor' Folios / Accounts - any one of the holder can sign
 - 'First holder' Folios / Accounts - only First holder can sign
 - 'Jointly' Folios / Accounts - all holders have to sign

Transmission Aspects

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- In case of a joint account / folio, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.




% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% Share	Nominee	% initial share	% of A's share to be apportioned	Total % Share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

DECLARATION FOR OPTING OUT OF NOMINATION

FOR INDIVIDUAL ONLY

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

NAME AND SIGNATURE OF HOLDER(S)*

	First / Sole Holder	Second Holder	Third Holder
Name			
Sign. of Holder	14 		

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

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID [¶]			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			
<p>* To include US, where controlling person is a US citizen or green card holder</p> <p>[¶] If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.</p> <p>^{¶¶} In case Tax Identification Number is not available, kindly provide functional equivalent</p> <p>[§] Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary</p>			
DECLARATION			
<p>I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Anisha Fincap Consultants LLP for any modification to this information promptly.</p> <p>I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).</p>			
Name			
Designation			
<input type="text"/>	Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Place : <input type="text"/>		
<p>For Investor convenience, Anisha Fincap Consultants LLP collecting this mandatory information for updating across all Group Companies of Anisha Fincap whether you are already an investor or would become an investor in future.</p> <p>Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Anisha Fincap Consultants LLP branch or you can dispatch the hard copy to-</p> <p>Anisha Fincap Consultants LLP Regd. & Corp. Office : 56/33, Site IV Industrial Area, Sahibabad, Ghaziabad-201010 (U.P.)</p>			
<p>• For Detail Terms & Conditions please visit www.anishafincap.com</p>			

TARIFF SHEET

Capital Market Segment

Stock Exchange	Delivery Charges (in %age terms)	Minimum Delivery Charges per share (in Rs.)	Jobbing Charges (in %age terms)	Minimum Jobbing Charges per share (in Rs.)
NSE / BSE	_____ %	Rs. _____/-	_____ %	Rs. _____/-

Futures & Options Segment

Nature of Transaction	in %age terms	Minimum (per Unit)	Minimum (per Lot)
Futures	_____ %	Rs. _____/-	Rs. _____/-
Options	_____ %	Rs. _____/-	Rs. _____/-

Currency Derivatives Segment

Stock Exchange	in %age terms	Minimum (per Unit)	Minimum (per Lot)
NSE	_____ %	Rs. _____/-	Rs. _____/-

In addition to brokerage defined hereinabove, clients shall also be required to pay following additional charges which are subject to change from time to time:

Charges levied by Central Government, State Governments, SEBI, Stock Exchanges, Clearing Member and/or other Statutory / Legal Authorities:

- Securities Transaction Tax;
- Stamp Duty;
- GST;
- SEBI Turnover Fees;
- Stock Exchange's Transaction Charges with GST;
- Clearing charges charged by Clearing Corporation / Clearing Member with GST;

Other Charges **

- Late pay-in / delayed payment charges - upto 24% p.a.
- Pledge charges - 0.025% (Min. Rs. 25/- and Max. Rs. 300/-) per transaction in respect of all such scrips which are tendered as collateral towards applicable margin in Futures and Options / Currency Derivatives Segment
- Internet-based trading (IBT) facility - Rs. 300/- per segment per month for application based software (Rs. 100/- for browser based IBT facility) (Optional)
- Cheque bouncing charges - Rs. 250/- per instance
- Request for additional statement / bill / contract note - Rs. 10/- per page (Min. Rs. 25/- per request) + Courier Charges, if any
- All such charges / penalties that may be levied upon Anisha Fincap Consultants LLP by stock exchanges/SEBI/any other statutory authority due to any act/omission/negligence, whether wilful or otherwise, on part of the client
- In addition to the above, appropriate charges shall also be levied for all such services/facilities that may be availed by the client in addition to services/facilities as per defined Rights and Obligations
- Penalty on Non-maintenance of minimum 50% Cash:Collateral Ratio – upto 12% p.a. on shortfall of Cash Component
- Physical contract note charges: Rs. 100 per physical contract note sent in case of email bounce/rejected of client.
- Migration charges of Rs. 500/-
- Algo Subscription charges of minimum Rs. 500/- per month.

** GST at applicable rates shall additionally be levied on all of these charges



Anisha Fincap Consultants LLP

Depository Participant with CDSL DP-ID-12093500 • SEBI Regn. No.: IN-DP-597-2021

Regd. & Corp. Office : 56/33, Site IV, Industrial Area, Sahibabad, Ghaziabad-201010 (U.P.)

Ph.: 0120-4167930, E-mail : dp@anishafincap.com, Website : www.anishafincap.com



SCHEDULE OF SERVICES CHARGES FOR DP SERVICES (Effective from 01.06.2025)

SCHEME	SCHEME - A	SCHEME - B	SCHEME - C	SCHEME - D	
1. Account Opening Charges	Nil	Nil	Nil	Nil	
2. Account Maintenance Charges	Online Mode : Zero for the first 365 days and then Rs. 2000 per annum (for individual account only) Offline Mode : Rs. 200/- per annum (for Individual A/c) Rs. 1500/- per annum (for Corporate account only)	(For Individual A/c only either offline or online) Rs. 1,000/- (Non Refundable) for first 365 days and then Nil Life Time AMC	(For Non Individual A/c only) Rs. 10,000/- (Non Refundable) for first 365 days and then Nil Life Time AMC	Value of Holdings in the Demat Account (Debt as well as other than debt securities combined) Up to Rs. 4 Lakhs More than Rs. 4 Lakhs but up to Rs. 10 Lakhs More than Rs. 10 Lakhs	Maximum Annual Maintenance Charges Nil Rs. 100/- Not a BSDA. Regular AMC may be levied
3. Stamp Paper & KRA Charges	As per applicable	As per applicable	As per applicable	As per applicable	
4. Dematerialisation Charges	Rs.100/- Per DRF plus Rs. 5/- per certificate	Rs. 100/- Per DRF plus Rs. 5/- per certificate	Rs. 100/- Per DRF plus Rs. 5/- per certificate	Rs. 100/- Per DRF plus Rs. 5/- per certificate	
5. Rematerialisation Charges	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable plus courier charges	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable plus courier charges	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable plus courier charges	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable plus courier charges	
6. Custody	Nil	Nil	Nil	Nil	
7. Transaction Charges (per transaction)					
(a) Receipt/Purchase	Nil	Nil	Nil	Nil	
(b) Delivery/Sale	0.01% (Minimum Rs.15/-)	0.01% (Minimum Rs.15/-)	0.01% (Minimum Rs.15/-)	0.01% (Minimum Rs.15/-)	
8. Pledge Charges (per transaction) Creation/Invocation/Closure	Rs. 50/-	Rs. 50/-	Rs. 50/-	Rs. 50/-	
9. Margin Pledge per transaction/ Release of Margin Pledge	Rs. 15/-	Rs. 15/-	Rs. 15/-	Rs. 15/-	
Margin Re-Pledge per transaction/ Release of Margin Re-Pledge	Rs. 10/-	Rs. 10/-	Rs. 10/-	Rs. 10/-	
10. Easiest Subscribers (Password User)	Rs. 100/- p.a.	Rs. 100/- p.a.	Rs. 100/- p.a.	Rs. 100/- p.a.	
11. Instruction Booklet (1st Book Free)	Rs. 40/- plus courier charges	Rs. 40/- plus courier charges	Rs. 40/- plus courier charges	Rs. 40/- plus courier charges	

In addition to the above, the following out of pocket expenses shall also be charged.

- Failed Instruction Intimation : Rs. 20/- per intimation per instruction
- Additional Statement of Holding/Transaction : Rs. 10/- per page + Postage as per actuals.
- Incase of demat rejection, postage charges shall be charged @ Rs. 100/- for dispatch of share certificates to the clients.
- Any Modification in client master will be charged @ Rs. 100/- per modification.
- Any Modification for NRI/Foreign National/Foreign Corporate Rs.1000/- + Courier Charges.
- Any other services not specified above shall be charged extra.
- Taxes and other government fee/charges shall be levied extra, as applicable from to time.
- Charges for DP services in respect of clients having trading account/s with Anisha Fincap Consultants LLP will be debited to their trading accounts.
- Late payment charges @ 13% p.a. shall be levied.
- Anisha Fincap Consultants LLP may suspend/freeze the depository services of the account holder in case of non-payment of outstanding bill till the time of actual clearance of debit balance.
- Above charges are subject to revision as per Anisha Fincap's sole discretion after providing 30 days' prior notice.

Please Tick : Scheme - A Scheme - B Scheme - C Scheme - D

Signatures

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Sole/First Holder/Signatory's Signature

Second Holder/Signatory's Signature

Third Holder/Signatory's Signature

DEBIT OF DEPOSITORY CHARGES FROM TRADING A/C

To,
Anisha Fincap Consultants LLP

Date _____

Regd. & Corp. Office : 56/33, Site IV Industrial Area,
Sahibabad, Ghaziabad - 201010 (U.P.)

Sub : Depository Charges (Client Code _____)

I/We have a trading account with Share India Securities Ltd and Depository account with Anisha Fincap Consultants LLP. Please debit the charge relevant to depository service in my/our trading account on regular basis. I/We also agree to maintain the adequate balance in my/our trading account for the said reason.

Signatures



Sole/First Holder/Signatory's Signature



Second Holder/Signatory's Signature



Third Holder/Signatory's Signature

**PLEASE DO NOT SIGN THIS CONFIRMATION UNLESS YOU HAVE BEEN
PROVIDED WITH REQUIRED DOCUMENTS / INFORMATION**

To Whomsoever It may Concern

This is to confirm that I/we have been provided with (*please tick the appropriate checkbox*):

- a) Duly completed copies of all KYC documents including mandatory documents as well non-mandatory documents executed by me/us for the purpose of Limited my/our Client Registration with M/s Anisha Fincap Consultants LLP.
- b) Copies of policies and procedures; Rights & Obligations of stock broker, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/ wireless technology based trading); Uniform Risk Disclosure Documents (for all segments/exchanges); Guidance Note detailing Do's and Don'ts for trading on stock exchanges, Additional Risk Disclosure documents for Option Trading and Investor Charter for Stock Broker and Depository Participant and policy of freezing of online access to trading account.

Further, I/we also hereby confirm that I/we have been informed about the following details relating to my/our trading account:

Unique Client Code (UCC) allotted to me/us _____

E-mail-Id _____

(to be used by M/s. Anisha Fincap Consultants LLP for the purpose of sending electronic contract notes)



Client Name: _____ Client Code: _____

INFORMATION REGARDING SEBI COMPLAINT REDRESS SYSTEM (SCORES)

Filing of complaints on SEBI SCORES - Easy & Quick

- a. Register on SCORES portal
- b. Mandatory details for filing complaints on SCORES:
 - i. Name, Pan, Address, Mobile Number, Email ID
- c. Benefits:
 - i. Effective communication
 - ii. Speedy redressal of the grievances

MOST IMPORTANT TERMS AND CONDITIONS (MTC)**(For non-custodial settled trading accounts)**

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



Client Name: _____ Client Code: _____

OPEN INTEREST DECLARATION

To,

Anisha Fincap Consultants LLP

Date : _____

Regd. & Corp. Office : 56/33, Site IV Industrial Area,
Sahibabad, Ghaziabad - 201010 (U.P.)

Dear Sir,

Subject: My / Our request for trading in commodity forward contracts / commodity derivatives.

I/We, the undersigned, have taken cognizance of circular of stock exchanges on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

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

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

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

Thanking you,

Yours truly,

Client's Signature

Name _____ Client Code _____

CLIENT UNDERTAKING FOR OPTIONS TRADING

I/We _____ do hereby undertake and give my/our consent to trade in Options Contracts on Commodity Derivatives Segment.

I/We further state that I/we have clearly understood the risks involved in options trading subject to regulatory requirements of the Exchange and SEBI, as may be in force from time to time.

Date: _____

SUBMISSION OF INFORMATION W.R.T. COMMODITY-WISE CATEGORIZATION

To,
Anisha Fincap Consultants LLP

Date : _____


Regd. & Corp. Office : 56/33, Site IV Industrial Area,
Sahibabad, Ghaziabad - 201010 (U.P.)

Sub: Submission of information w.r.t. Commodity-wise Categorization

Reference my/our existing /proposed trading account with your organization for the purpose of trading in Commodity's Futures and/or Options Contracts, I/we hereby submit details w.r.t. my/our Commodity-wise Categorization, in respect of all such commodities wherein I/we am/are presently trading or intend to trade in future, for your records. I/we undertake to keep you informed about changes, if any, in the below-mentioned information:

Category / Name of the Commodity*	Farmers/FPOs (It includes participants such as farmers, farmers' cooperatives, Farmers Producers Organisations (FPOs) and such entities of like nature)	Value chain participants (VCPs) (It includes participants such as Processors, Commercial users as Dal and Flour Millers, Importers, Exporters, Physical Market Traders, Stockists, Cash & Carry participants, Produces, SMEs/MSMEs & Wholesalers etc., but exclude farmers/FPOs.)	Domestic financial institutional investors (It includes participants such as Mutual Funds (MFs), Portfolio Managers, Alternative Investment Funds (AIFs), Banks, Insurance Companies and Pension Funds etc., which are allowed to trade in commodity derivatives)	Foreign participants (It includes participants such as Eligible Foreign Entities (EFEs), NRIs etc. which are allowed to trade in commodity derivatives markets)	Others (All other participants which cannot be classified in the above categories)

***Please insert name of all commodities to be traded in First Column. Also put a (✓) mark in relevant boxes.**

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Client Name: _____ Client Code: _____

POLICY FOR HANDLING GOOD TILL TRIGGERED ORDERS

This policy document is owned by Anisha Fincap Consultants LLP (herein after referred to as Anisha Fincap). This document provides details about the Good Till Triggered (GTT) feature and its usage.

Introduction:

GTT Order - GTT order' is a feature which allows a user to set an order in advance for future execution based on the anticipation of future price by the user. User will set a threshold or trigger price and when such trigger price condition is met with the LTP of the scrip / contract, the order of the user is placed in the exchange.

Background:

Exchanges vide it's circular NSE/INSP/62528 dated June 21, 2024 and 20240622-2 dated June 22, 2024 pertaining to 'Policy on Handling of Good Till Cancelled (GTT) Orders offered by Members to Clients' mandated trading members to formulate a policy in case they offer "Good Till Cancelled" / "Good Till Triggered" orders or orders of similar type.

Scope:

The Exchanges have stated that the policy shall include:

- Details of Good Till Cancelled/Good Till Triggered/orders of similar type provided by member including its validity.
- Manner of handling of such orders in case of corporate actions (e.g. cancellation, price reset, retaining, etc. for the unexecuted orders).
- Provide timeline within which the member shall intimate their clients about details of upcoming corporate actions applicable for such unexecuted orders of clients, which shall not be later than one day prior to the ex-date of the corporate action.

Details of GTT:

GTT order is an open pending order which remains active until the trigger price is reached, or until the GTT request is cancelled or expires.

If not executed, Good till triggered orders are automatically cancelled at the expiry of 365 days. It prevents traders from a lot of hassle of entering orders again and again and also keeping such orders open until the trigger condition is met.

The GTT orders can be specified as per requirement, which means the order will only be fulfilled if it meets the pre-set parameters (like reaching a certain price point).

Features of GTT order

- GTT order is allowed only in NSE & BSE cash segment
- Order Validity is 365 days (including holidays)
- Order is accepted by system subject to availability of client's margin.
- Such orders will be active till meeting the trigger price mentioned while placing the order/ till execution whichever earlier.

Handling of GTT orders in case of corporate actions:

Server application will auto cancel GTT orders in case of Corporate Action.

Updating Clients of upcoming Corporate Actions:

Server application will auto cancel GTT orders in case of Corporate Action and status will be updated in client's application.

Policy Review:

The said policy shall be reviewed on an annual basis.

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Client Name: _____ Client Code: _____

RUNNING ACCOUNT AUTHORISATION - ALL EXCHANGES

(Kindly note that these additional clause(s)/ documentation(s) are voluntary and at the discretion of the stock broker and the client. The same are required for maintaining the account of the Client on a running basis. The client need not execute this document if he / she does not wish to. The client has the right to terminate the document, in which eventuality; the stock broker shall maintain the account of the client on a settlement basis)

To,

Anisha Fincap Consultants LLP

Dated.....

Regd. & Corp. Office : 56/33, Site IV Industrial Area,
Sahibabad, Ghaziabad - 201010 (U.P.)

I/ we / are/ shall be maintaining a trading account with you for the purpose of doing trading transactions and in order to facilitate ease of operations. I/ we authorize you as under:

1. My/ our trading account w.r.t funds transactions may please be maintained on a running basis i.e. the funds pay out due to me/ us on the date of pay- out may be retained with your good selves and adjusted towards my/ our future margin obligations and/ or funds pay-in obligations.
2. While settling my/ our trading account on a periodical basis, you may retain my/ our funds only to such extent as may be allowed as per applicable directives/ guidelines issued by Stock Exchanges/. SEBI.
3. I/ we confirm that I/ we shall bring to your notice all the discrepancies/ disputes, if any, arising out of statements sent to me/ us at the time of my/ our periodical settlement, within a period of 7 working days from the date of such statements.
4. I/ we reserve my/ our right to revoke this authorization at any time without any prior notice by submitting a written request with your goodselves:
5. I/ we would prefer to get my/ our trading account actually settled as per the periodicity indicated herein after:

Monthly

Quarterly

Thanking you,

Yours faithfully,

Signature 

Name _____ Client Code: _____

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

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION

To,

Anisha Fincap Consultants LLPRegd. & Corp. Office : 56/33, Site IV Industrial Area,
Sahibabad, Ghaziabad - 201010 (U.P.)

Dear Sir,

I _____ a client with member
M/s. Anisha Fincap Consultants LLP undertakes 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 operation.
- My email id is _____.
This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other Indian language known to me.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. 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: _____

Unique Client Code : _____

PAN: _____

Address : _____

Date : _____ Place: _____

Verification of the client signature done by,

Name of the designated officer of the Member _____

DEMAT DEBIT AND PLEDGE INSTRUCTION

To,
Anisha Fincap Consultants LLP

Date : _____

Regd. & Corp. Office : 56/33, Site IV Industrial Area,
Sahibabad, Ghaziabad - 201010 (U.P.)

S.No.	PURPOSE	Signature of Client
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker.	
2.	Pledging / re-pledging of securities in favor of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	
4.	Tendering shares in open offers through Stock Exchange platforms.	

**SCHEDULE I: Demat accounts where securities can be transferred/pledged
(includes any other account as may be opened from time to time)**

PARTICULARS	DP ID	CLIENT ID
NSE Pool Account-CDSL		
NSE Pool Account-NSDL		
NSE Early Payin Account		
BSE Early Payin Account		
Client Securities Margin Pledge Account		
Client Unpaid Securities Pledge Account		
Client Securities under Margin Funding Account		

*The same may be signed physically against each purpose of DDPI. The same may also be signed. In case of sign, client shall be given an option for choosing the specific purpose(s) of DDPI.

"DDPI Authorization will continue to remain valid until revoked in writing by me/us, such revocation or termination shall in no way affect the validity of DDPI with reference to any transactions initiated by me/us prior to the actual receipt by the DP of the notice of such revocation or termination as above."

Beneficial Owner (BO) ID _____



OPTION FORM FOR ISSUE OF DIS BOOKLET

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

DP ID	1	2	0	9	3	5	0	0	Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

To,
Anisha Fincap Consultants LLP

Regd. & Corp. Office : 56/33, Site IV Industrial Area,
 Sahibabad, Ghaziabad - 201010 (U.P.)

Dear Sir / Madam,

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

OPTION 1 :

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

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	28		

OR

OPTION 2 :

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

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	29		

DECLARATION FOR COMMON MOBILE NO. & E-MAIL ID

To,

Anisha Fincap Consultants LLP

Regd. & Corp. Office : 56/33, Site IV Industrial Area,
Sahibabad, Ghaziabad - 201010 (U.P.)

Date : _____

Sub: Common Mobile No. / Email ID for Trading / Demat Accounts

Dear Sir,

I, _____ request you to kindly use the below mentioned Mobile No. & E-mail id for respective accounts as the said accounts belongs to my family members.

Mobile No. : _____

E-mail id : _____

I understand that it has been mandate by SEBI that separate Mobile No. and E-mail id is to be uploaded for each client. Further to this, under exceptional circumstances, the Trading Member / DP may, at the specific written request, upload the same Mobile No. / E-mail id for more than one trading / demat account provided such accounts belong to one family.

For definition of 'Family' for this purpose, please refer SEBI Circular No. SEBI/HO/MIRSD/MIRSD-PoD1/P/CIR/2024/169 dated 03.12.2024

DECLARATION

I do hereby declare that the below mentioned name belongs to my immediate family and any discrepancies noted in this regard I shall be held responsible for the same.

Family Member's Code / Demat A/c No.	Family Member's Name	Relationship with Client	Signature of Family Member

Thanking you,
Yours faithfully,

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Client Name: _____ Client Code: _____

Client DP ID : _____

DECLARATION BY HUF

To,

Anisha Fincap Consultants LLP

Regd. & Corp. Office : 56/33, Site IV Industrial Area,
Sahibabad, Ghaziabad - 201010 (U.P.)

Date :

Dear Sir/s,

As our HUF Firm (Joint Hindu Family) wishes to open a trading and demat account with you for the purpose of trading in the name of we beg to say that the first signatory to this letter i.e., is the Karta of our family and other signatories are the adult co-parceners of the said family is authorized to sell, buy, transfer, endorse, negotiate and/or otherwise deal through you on behalf of the HUF. He is also authorized to sign, execute and submit such application, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF towards you and agree and confirm that any claim due to the you from the HUF shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parceners of the said joint family and the share of the minor co-parceners, if any.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got our said firm registered under the said Act. We hereby undertake to inform you about the death or birth of a co-parceners or of any other change occurring at any time in the membership of our joint family, during the currency of the said trading account.

Name & signature of Karta

Name _____



Name & Signature of Adult Co-parceners

1 _____

2 _____

3 _____

4 _____

Name & Date of Birth of Minor Co-parceners

1 _____

2 _____

3 _____

ADDITIONAL RIGHTS & OBLIGATIONS

(Kindly note that these additional clause(s) are voluntary and at the discretion of the stock broker and the client. The same are required for clarifying the scope and exact nature of authorities and responsibilities of the Stock Broker and the client vis-à-vis each other. The client need not execute this document if he / she does not wish to. The client has the right to terminate the document. The Client also has the right to struck off all such clauses, if any, to which he/she doesn't agree. The Client is also expected to put his/her signatures against all such struck off clauses).

For the purpose of this document, unless the context otherwise requires:

- a) The words "Anisha Fincap" wherever used in this schedule shall be deemed to be referring to M/s. Anisha Fincap Securities Limited, a company incorporated under the relevant provision of the Companies Act, 1956 and having its Regd. & Corp. Office : 56/33, Site IV Industrial Area, Sahibabad, Ghaziabad - 201010 (U.P.);
- b) Words denoting the singular number shall also include the plural and vice versa;
- c) The pronouns "he", "she", "it" and their cognate variations are used as interchangeable and interpreted in accordance with the context;
- d) Words denoting a person shall include an individual, corporation, company, partnership, trust or other entity; provided however that clauses specifically applicable to a company, partnership or body corporate shall not apply to any other entity;
- e) References to the words "include" or "including" shall be construed without limitation;
- f) References to recitals and clauses shall be deemed to be a reference to the recitals and clauses of this schedule; and
- g) Reference to any rule, regulation, by-laws, circulars, guidelines and / or directives shall be construed as referring also to any amendment, addition or deletion therein or re-enactment thereof.

Additional Rights & Obligations :

1. The Client agrees and acknowledges that Anisha Fincap shall not be liable to provide him with any legal, tax, investment or accounting advice or advice regarding the suitability or profitability of a security or investment and as such all investment and disinvestment decisions shall be based on the Client's own evaluation of financial circumstances and investment objectives. This extends to any decision made by the Client on the basis of any information that may be made available by Anisha Fincap including that on the website/trading

platform/through SMS etc. The Client will not hold nor seek to hold Anisha Fincap or any of its officers, directors, employees, agents, subsidiaries, affiliates or business associates liable for any trading losses or other losses, costs or damage incurred by the Client consequent upon relying on information, research opinions or advice or any other information whatsoever including that on the website whether put up by Anisha Fincap or any other agency. Anisha Fincap does not represent and shall not be deemed to have represented that the investment information is accurate or complete. The Client is aware that any information based on the research of Anisha Fincap or other external sources is merely an estimation of the viability or otherwise of certain investments, and Anisha Fincap shall not be deemed to have assumed any responsibility for such information. The Client should seek independent professional advice regarding the suitability of any investment decision. The Client also acknowledges that Anisha Fincap's employees/agents are not authorized to give any such advice and that the Client will not solicit or rely upon any such advice from Anisha Fincap or any of its employees/agents.

2. The Client hereby agrees and declares that he has fully assessed and accepted the risks involved in using the services / facilities including but not limited to internet based services such as but not limited to misuse of passwords, internet frauds, technology risks etc.; and agrees not to hold Anisha Fincap and/or services providers responsible for any damages, losses or negative consequences, which Client may suffer in any manner whatsoever.
3. The Client shall regularly review information relating to order placement, order confirmation, order modifications, order executions, trade confirmations, trade modifications and /or any other information that may be contained in bills, transaction statements, account statements, securities statements, margin statements etc. pertaining to Client's account, communicated or sent by Anisha Fincap either to Client himself or to any of his relatives, associates or authorized representatives in person or through telephone, SMS, e-mail, courier, ordinary post, speed post, registered post, telegram or any other means or modes that may be available with Anisha Fincap at the relevant time to Client's Mobile /

- No., E-mail Id and/or Postal Address as per Anisha Fincap's records, and to report the discrepancies in such information/correspondence, if any, immediately within a period not exceeding 7 days after dispatch of the same from Anisha Fincap's end by delivering a physical letter in this regard at Anisha Fincap's corporate office.
4. The Client agrees to ensure that he shall not act as a portfolio manager / sub-broker / authorised person / intermediary without getting himself registered as such, in accordance with relevant provisions of rules, regulations, bye laws, circulars and guidelines of the respective stock exchange(s) and / or SEBI.
 5. Client agrees to Anisha Fincap tape-recording the conversations between Client/Client's representative and Anisha Fincap's officers/ employees/agents etc. in its absolute discretion, either personally or over the telephone. Such recordings may be relied upon by Anisha Fincap in appropriate legal /conciliatory proceedings.
 6. The Client undertakes that he shall neither place nor cause to be placed any such orders (including but not restricted to such orders which are either structured, synchronized or circular in nature and/or such other orders which has or may have the potential of manipulation of order books, prices and/or volumes of the respective scrips/securities/ contracts and/or such other orders which do not have any bonafide economic rationale or are otherwise in-genuine in nature) at the trading terminals of Anisha Fincap, which violates any of the provisions of rules, regulations, bye-laws, circulars, guidelines and/or directives of SEBI / respective Stock Exchange/s, as may be in force from time to time. In case of any default on the part of the Client in this regard, the Client unconditionally agrees to wholly indemnify Anisha Fincap against all such damages, losses and/or penalties, which Anisha Fincap may be required to incur or suffer on account of Client's violation/non-compliance of the conditions contained in this clause, irrespective of the fact whether such damage/loss/penalty arises during the period of existence of Broker-Client relation of the parties hereto, or at any time thereafter.
 7. In case Client has made any sale of securities and due to any exigencies, Client is unable to make available the delivery of the same in the designated account within the designated time and it is an inter Client delivery at broker level, Client hereby agrees that Anisha Fincap may make purchases of the same in the market on Client's behalf to make available the delivery of
 8. Client agrees that his trading account/s may be debited with late payment charges as mentioned in Standard Policies and Procedures documents as Anisha Fincap may deem fit in its absolute sole discretion, in case the Client fails to meet his pay-in obligations by such pay-in deadlines as may be prescribed by respective Stock Exchange(s) / SEBI from time to time;
 9. Client agrees that his trading account/s may be debited with all such charges, damages, penalties and/or losses including cheque bouncing charge/s, charges towards depository services provided by Depository Participant division of Anisha Fincap to the Client, all statutory charge/s as well as penalties of any kind whatsoever, which Anisha Fincap may be required to suffer or pay from time to time, due to any of the Clients' actions, omissions, negligence and/or default of any kind whatsoever;
 10. Client agrees that all such securities that have been deposited by the Client with Anisha Fincap towards collateral / margin and/or such other securities that may be lying with Anisha Fincap from time to time due to maintenance of running account by the Client with Anisha Fincap, may be deposited / pledged by Share corporation / clearing house / clearing member / any other person or entity, as Anisha Fincap may deem fit in its absolute discretion;
 11. Anisha Fincap shall be within its right to demand sums due separately for any specific segment and/or stock exchange, if it so deems fit in its absolute discretion. Further, the Client authorizes Anisha Fincap to set-off outstanding balance/s in any of Clients' trading accounts with Anisha Fincap against credits available or arising in any other trading account/s maintained by the Client with Anisha Fincap, irrespective of the fact whether such credit pertains to transactions in different segments of the same Stock Exchange or of different Stock Exchanges and/or against the value of cash margin, securities and / or any other collateral deposited by the Client with Anisha Fincap;
 12. The Client agrees that all monies or securities which Anisha Fincap may hold on Client's account shall be held subject to a general lien for the discharge of Client's obligations towards Anisha Fincap.
 13. Client agrees that Anisha Fincap may in its sole discretion, set-off / appropriate / adjust a part or whole of the monies / credit balances in ledger and / or securities (shares/stocks/ commodities etc) and / or Margin lying as credit in Client's account against any dues / debit balances in ledger including but not limited to dues by way of

14. The Client understands and agrees that in no case Anisha Fincap shall be able to give to the Client, credit against Third Party Payments/ Deliveries tendered/transferred by the Client to the respective Bank and/or Demat Accounts of the Anisha Fincap. However, in case due to any error or omission, whether bonafide or otherwise on the part of any of the employees/agents etc. of Anisha Fincap, the Client gets credit towards any Third Party Payments/ Deliveries, then in such a case
- a) where the Client has received credit towards any third party payments, the Client unconditionally agrees to arrange for refund of the entire amount for which undue credit has been received by the Client from Anisha Fincap, forthwith on receipt of intimation / request in this regard from Anisha Fincap, and in a case, where the Client has failed to refund the entire amount within 7 days from the date of receipt of intimation / request as aforesaid, then he shall be liable to refund the said amount along with interest @ 18% p.a. plus GST payable for the entire period falling between date of receipt of intimation / request as aforesaid and the date of receipt of actual refund by Anisha Fincap from the Client; and
- b) where the Client has received credit towards any third party deliveries, the Client unconditionally agrees to arrange for returning all such securities along with all the Corporate Benefits thereon, if any, received by the Client on such securities for which undue credit has been received by him, forthwith on receipt of intimation / request in this regard from Anisha Fincap, and in case, where the Client fails to return the Securities / Corporate Benefits as aforesaid, the Client shall be liable to pay to Anisha Fincap, the money equivalent to market value of the Securities / Corporate Benefits not so returned, calculated in accordance with market rates of the relevant securities, prevailing on the date of such payment.
15. The Client understands and agrees that in case due to any error or omission, whether bonafide or otherwise, on the part of any of the employees/agents etc. of Anisha Fincap, Anisha Fincap pays / transfers / credits to the Client any funds / securities to which the Client was not
- a) where the Client has received any payment/ credit from Anisha Fincap for an amount to which he was not entitled, the Client unconditionally agrees to arrange for refund of the entire amount unduly received by him, forthwith on receipt of intimation / request in this regard from Anisha Fincap, and in a case, where the Client has failed to refund the entire amount within 7 days from the date of receipt of intimation / request as aforesaid, then he shall be liable to refund the said amount along with interest @ 18% p.a. plus GST payable for the entire period falling between date of receipt of intimation / request as aforesaid and the date of actual receipt of refund by Anisha Fincap from the Client; and
- b) where the Client has received any securities from Anisha Fincap to which he was not entitled, the Client unconditionally agrees to arrange for returning all such securities along with all the Corporate Benefits thereon, if any, received by the Client on such securities unduly received by him, forthwith on receipt of intimation / request in this regard from Anisha Fincap, and in case, where the Client fails to return the Securities / Corporate Benefits as aforesaid, the Client shall be liable to pay to Anisha Fincap, the money equivalent to market value of the Securities / Corporate Benefits not so returned, calculated in accordance with market rates of the relevant securities, prevailing on the date of such payment.
- Irrespective of the fact whether such a payment/transfer takes place during the period of existence of Broker-Client relation of the parties hereto, or at any time commencing thereafter.
16. The Client agrees to accept the responsibility of himself knowing the status of all corporate action(s) including but not limited to Rights Issues, Bonus Issues, Dividends, Stock Splits, Consolidation of Shares, Buy Backs, Open Offers, Reduction / Reorganization of Capital, Merger, Demerger or Amalgamation of Companies and/or Delisting of Companies/ Securities etc. announced or intimated by Issuer Company from time to time, which may or may not have an impact on prices, volumes, lot sizes and/or tradability of respective securities and/or contracts. It is the Clients' responsibility to keep track of all such corporate action/s in respect of all such securities / contracts in which Client intends to trade and / or those which are kept by Client with Anisha Fincap for ease of dealing / margin / collateral / security etc. and to make appropriate trading / dealing decisions by appropriately considering the impact of any such corporate action(s). Anisha Fincap shall not be able to act as an advisor to

The Client also agrees that in respect all such securities which are kept by Client with Anisha Fincap for ease of dealing / margin / collateral / security etc., Anisha Fincap shall not be responsible in any manner to provide any benefits arising out of various Corporate Actions including benefits arising out of Right Issues, Open Offers and Delisting Offers unless benefits, if any, under such

Corporate Actions automatically gets credited to the respective Bank/Demat Accounts of Anisha Fincap, without requiring any action whatsoever on the part of Anisha Fincap. However, in case of dividend / bonus / stock splits, the benefit thereof shall be passed on to the respective Clients by the Anisha Fincap, within one month after receipt thereof.


Further, for availing the benefits arising out of Corporate Actions requiring some action e.g. Right Issues, Open Offers and Delisting Offers etc., in respect all such securities which are kept by Client with Anisha Fincap for any reason whatsoever, the Client shall be solely responsible for applying

for such corporate benefits after himself taking initiative for getting such securities transferred into his own beneficiary account well in advance before applicable record date / cut-off date / book closure, if any. In exceptional circumstances only, Anisha Fincap may, upon written request of the Client given well in advance, take actions for and on behalf of the Client, to apply for and / or to receive such corporate benefits in respect of securities held by Anisha Fincap on behalf of the Client (subject to Client making available free funds etc. for the same well in advance). However, Anisha Fincap shall not be liable for any loss / claim whatsoever, in the event such application is rejected by Registrar / Company / Manager to the Issue, for any reason whatsoever.

17. The Client agrees to accept full responsibility of himself knowing all the applicable rules, regulations, byelaws and directives, if any, in relation to delivery transactions on Commodity Derivatives Segment/s. Anisha Fincap shall not be able to act as advisor to Client in any of these matters. The client agrees to assume complete and unconditional responsibility in respect of all the compliances, taxes, costs, charges, fee, levies and/or penalties etc., if any, relevant to delivery transactions on Commodity Derivatives Segment/s. The client also unconditionally agrees to reimburse all the costs, expenses and/penalties etc., if any, which Anisha Fincap may be required to incur and/or suffer on account of client's delivery transactions on Commodity Derivatives Segment/s.

18. The parties hereto have agreed that failure of either party to enforce at any time any terms contained in this schedule, shall not be construed to be the waiver of such terms or of the right to enforce such terms, at any time thereafter.

19. If any provisions of this schedule are held invalid or unenforceable by reason of any law, rule, administrative order or judicial decision by any court, or regulatory or self-regulatory agency or body, such invalidity or unenforceability shall attach only to such provisions held invalid. The validity of remaining provisions and terms shall not be affected thereby and these terms shall be carried out as if such invalid / unenforceable provisions or terms were not contained herein.

Signed by or on behalf of Client	
34 	
Signed by:	
Title:	
Name of the client	
Place	Date

Signed on behalf of Anisha Fincap	
Signed by:	
Title:	
Name of the Stock Broker : Anisha Fincap Consultants LLP	
Place	Date

SPECIMEN OF BOARD RESOLUTION

(To be provided on Pre-printed letter head of the company)

CERTIFIED TRUE COPY OF RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF M/S..... HAVING ITS REGISTERED OFFICE AT..... HELD ONTH DAY OF, 20.....

“RESOLVED THAT the Company is empowered to deal on Capital Market, Futures & Options & Currency Derivatives Segment of National Stock Exchange of India Ltd. (NSE) / Bombay Stock Exchange Ltd. (BSE) and/or any other Segment that may be introduced by NSE/BSE.

RESOLVED FURTHER THAT a Corporate Beneficiary Account for depository purposes as well as Trading Account/s for the purpose of trading on NSE/BSE be opened with M/s. **Anisha Fincap Consultants LLP** having their Regd. & Corp. Office : 56/33, Site IV Industrial Area, Sahibabad, Ghaziabad - 201010 (U.P.) M/s. **Anisha Fincap Consultants LLP** be and is hereby authorized to honor instructions, oral or written, given on behalf of the company by any of the under noted authorized signatories:

Sl. No.	Name	Designation
1.
2.

who are authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through Anisha Fincap Consultants LLP on behalf of the Company.

FURTHER RESOLVED THAT Shri..... and/or Mr.....Directors and/or Mr....., Authorized Signatory of the Company, be and are hereby authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds, as may be deemed necessary or expedient to open accounts and give effect to this resolution.

RESOLVED FURTHER THAT the Common Seal of the Company be affixed, wherever necessary in accordance with the relevant clauses of Articles of Association of the Company.”

For

Chairman/Company Secretary

Specimen Signature of the Authorized Persons

Sl. No.	Name	Specimen Signature
1.
2.




Anisha Fincap Consultants LLP


(LLPIN : AAH-0426)

Member : NSE & BSE (Cash, F&O and Currency Derivative Segment)

SEBI Regn. No.: INZ000102767, Dated 22-3-2017

DP : CDSL, DP ID : 12093500, DP SEBI Regn. No.: IN-DP-597-2021

 Registered & Corporate Office :
56/33, Site IV, Industrial Area, Sahibabad, Ghaziabad-201010 (U.P.)

 0120-4167930

 contact@anishafincap.com

 www.anishafincap.com