



**Know your Client (KYC)**

**Annexure (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

**Corporate / HUF / LLP / Trust / Partnership / Details KYC**

CKYC No.



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\*

- Private Ltd. Co.     Public Ltd. Co.     Body Corporate     Partnership
- Trust/Charity/NGO     HUF     FPI Category I     FPI Category II
- AOP     Bank     Government Body     Defence Establishment
- Body of Individuals     Society     LLP
- Non-Government Organization
- 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
- Activity Proof - 1+ (For Sole Proprietorship Only)

**3. Address Details\* (please refer the guidelines)**

**A. Registered Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ country\* \_\_\_\_\_

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

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ country\* \_\_\_\_\_

Applicant SIGN



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

- Certificate of Incorporation/Fromation       Registration Certificate       Other document  
 Latest Telephone Bill\* (Landline only)       Latest Electricity bill\*       Latest Bank Account Statment\*  
 Registered Lease/Sale Agreement of Office Premises      **Validity/Expiry Date of POA (Expiry Dat)** \_\_\_\_ \_\_\_\_ \_\_\_\_  
 Any other proof of address document (as listed overleaf) \_\_\_\_\_

#### 4. Contact Details

Email ID \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Email ID \_\_\_\_\_ Mobile NO. \_\_\_\_\_  
Tel (off) \_\_\_\_\_ Fax \_\_\_\_\_

#### 5. Annexure Submitted

Number of Related Persons-

#### 6. Remarks / Additional Information

#### 7. 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 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.

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

Date \_\_\_\_\_ (DD-MM-YYYY)

PLACE :



Applicant Signature

#### 8. FOR Office Use Only

##### In Person Verification (IPV) Carried Out By\*

##### Intermediary Details\*

IPV Date \_\_\_\_ \_\_\_\_ \_\_\_\_  
Emp. Name \_\_\_\_\_  
Emp. Code \_\_\_\_\_  
Emp. Designation \_\_\_\_\_

- Self certified document copies received (OVD)  
 True Copies of documents received (Attested)  
AMC/ Intermediary Name :

**ARIHANT CAPITAL MARKETS LTD**

Employee Signature and Stamp



Institution Name and Stamp

**Know your Client (KYC)****Annexure (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

CKYC No.

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  TransgenderNationality\*  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 case (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 \_\_\_\_\_

Applicant Photo

**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 SIGN



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

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/ Business  Residential  Business  Registered office

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

Unspecified

 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      \_\_\_\_\_

**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 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.

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

Date \_\_\_\_\_ (DD-MM-YYYY)

PLACE :

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 \_\_\_\_\_

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

AMC/ Intermediary Name :

**ARIHANT CAPITAL MARKETS LTD****Employee Signature and Stamp****Institution Name and Stamp**

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



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Fields marked\* are pertaining to CKYC and mandatory only if  
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CKYC No.

Application Type\* :  New KYC  Modification KYC

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

Please enclose a duly attested copy of your PAN Card

PAN\* \_\_\_\_\_

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 case (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 \_\_\_\_\_

Applicant Photo

**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 SIGN



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

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/ Business  Residential  Business  Registered office

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

Unspecified

 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 \_\_\_\_\_

**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 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.

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

Date \_\_\_\_\_ (DD-MM-YYYY)

PLACE :

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 \_\_\_\_\_

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

AMC/ Intermediary Name :

**ARIHANT CAPITAL MARKETS LTD****Employee Signature and Stamp****Institution Name and Stamp**

**G) GROSS ANNUAL INCOME DETAILS**

Income Range per annum (Please tick (✓)any one :  Below ₹ 1 Lac  ₹ 1 - 5 Lacs  ₹ 5 - 10 Lacs  ₹ 10 - 25 Lacs  More than ₹ 10 - 25 Lacs

**H) IN CASE OF NRIS / FOREIGN NATIONALS**

RBI Approval Reference Number \_\_\_\_\_ RBI Approval Date 

D	D	M	M	Y	Y	Y	Y
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**I) BANK DETAILS**

1.	Bank Account Type	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Other (Please specify) _____
2.	Bank Account Number			
3.	Bank Name			
4.	Branch Address			
	City/Town/Village	PIN Code		
	State	Country		
5.	MICR Code	6. IFSC		

**J) ADDITIONAL DETAILS**

(Please tick (✓)any one :  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

I/We want to receive transaction alerts in SMS/E-mail from ACML   
 I/We want to receive research call/alerts in SMS/E-mail from ACML

Request for updation of same mobile number / email id [Please tick (✓) wherever applicable]

	Mobile	I hereby declare that below mobile number belongs to	Relation
1 <sup>st</sup> Holder		<input type="checkbox"/> Me <input type="checkbox"/> My Family- <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Dependent Children	
2 <sup>nd</sup> Holder		<input type="checkbox"/> Me <input type="checkbox"/> My Family- <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Dependent Children	
3 <sup>rd</sup> Holder		<input type="checkbox"/> Me <input type="checkbox"/> My Family- <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Dependent Children	
	Email Id	I hereby declare that below Email Id belongs to	Relation
1 <sup>st</sup> Holder		<input type="checkbox"/> Me <input type="checkbox"/> My Family- <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Dependent Children	
2 <sup>nd</sup> Holder		<input type="checkbox"/> Me <input type="checkbox"/> My Family- <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Dependent Children	
3 <sup>rd</sup> Holder		<input type="checkbox"/> Me <input type="checkbox"/> My Family- <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Dependent Children	

**FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUAL**

Client Name				
	First / Sole Holder	Second Holder (if any)	Third Holder (if any)	
1.	Are you U.S Person? (Refer KYC Handout - Customer Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Specify country of residence for tax purpose (Tax Residency)	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
3.	Specify country of citizenship	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other

**Note:** If you are a U.S. person and / or if your tax residency / nationality / citizenship is other than India, then please provide declaration / self certification under FATCA / CRS. This declaration form can be downloaded from <http://www.arihantcapital.com> or call at centralized nearest Arihant office or write to us at [feedback@arihantcapital.com](mailto:feedback@arihantcapital.com)

**DECLARATION**

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

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

Date : 

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

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



**G) OPTION FORM FOR ISSUE OF DIS BOOKLET**Date 

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

DP ID										Client ID									
First Holder Name																			
Second Holder Name																			
Third Holder Name																			




(Select one of the options given below)

I / We hereby state that:

**OPTION 01** 

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




Yours faithfully

DP ID	First/Sole Holder	Second Jiont Holder	Third Jiont Holder
Name			
Signature			

**OR****OPTION 02** 

I / We do not require the Delivery Instruction Slip (DIS) booklet fir the time being, since I / We have issued a POA/ DDPI registered for eDIS /executed PMS agreement in favour of / with Arihant Capital Markets Ltd. (name of the Attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet to me/ us immediately on my / our request at any later date.

Yours faithfully

DP ID	First/Sole Holder	Second Jiont Holder	Third Jiont Holder
Name			
Signature			

**Additional Information for Demat Account Opening form in case Joint Account Holder**

Sole / First Holder Name	
Second Holder Name	
Third Holder Name	
For Joint account, communication to be sent to (see Note)	<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holder
Mode of Operations for Joint Accounts	<input type="checkbox"/> Jointly <input type="checkbox"/> 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.

Name(s) holder(s)	Signature(s) of holder(s)
Sole/First Holder / Guardian (in case sole holder is minor) (Mr./Ms.)	
Second Holder (Mr./Ms.)	
Third Holder (Mr./Ms.)	

Note:-

- In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
- In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at above. In case 'All joint account holder's is opted, communication to first holder will be sent as per the preference mentioned at above and communication to other holders will be in electronic mode. The default will be communication to 'first holder', if no option selected.
- Strike off whichever is not applicable.

## ADDITIONAL INFORMATION

**Type of Account** (Please tick whichever is applicable)

Status	Sub - Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Directors Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/c (MANTRA)	<input type="checkbox"/> Individual Director <input type="checkbox"/> Individual HUF/AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National Depository Receipts <input type="checkbox"/> Others (Specify) _____	

### STANDING INSTRUCTIONS

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Statement Required	<input type="checkbox"/> As per SEBI Regulation	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I/We request you to send Electronic Transaction cum-Holding statement at the email id	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We would like to share the email id with the RTA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We Would like to receive the Annual Report (Tick the applicable box, if not marked the default option would be in Electronics)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We wish to receive dividend / Interest directly in my bank account as per bank details through ECS (if not marked, the default option would be Yes ) [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We instruct the DP to receive each and every credit in my / our account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We wish to receive debit/credit information in my / our demat account directly form depository at my Email ID & Mobile number as mentioned in the KYC Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/>
I/We wish to receive Consolidated Account Statement (CAS) from the Depository	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation to opt this demat account for BSDA (Basic Services Demat Account)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account to be operated through Demat Debit and Pledge Instruction (DDPI) Contract note	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contract note	<input type="checkbox"/> Electronics <input type="checkbox"/> Physical <small>In case of Physical please check Tariff sheet</small>	

### Nomination Option:-

- I/We wish to make a nomination. (Details are provided in Nomination Form Prescribed by SEBI)  
 I/We wish to Opt out a nomination. (Declaration Form opting out of nomination as prescribed by SEBI)

<b>SMS Alert Facility</b> Refer Terms & Condition given as <b>Annexure 2.4</b>	MOBILE NO. +91 [(Mandatory, if you are giving DDPI (If POA is not granted & you do not wish to avail of this facility, cancel this option).]
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I have read and understood the Terms and Conditions for SMS Alert and TRUST Facility as prescribed by CDSL.  
**Refer - <https://www.cdslindia.com/downloads/Operating%20Instruction/DP%20Annexures-as-of-June-2019.pdf>**

Easi	To register for easi, please Visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . Easi allows a BO to view his ISIN balances, trans actions and value of the portfolio online.
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### 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 under take 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 any information will render my account liable for termination and suitable action.

Name(s) of the holder(s)	Signature(s) of the holder(s)
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)	
Second Holder (Mr./Ms.)	
Third Holder (Mr./Ms.)	



DP ID **NSDL – IN301983** **CDSL - 12043000**

Client ID 

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**DEPOSITORY CHARGES – SCHEDULE. ‘A’**

<b>Scheme Name: Corporate Foreign Bodies</b>	
<b>Charges Description</b>	<b>Charges Details</b>
Account Opening Charges	NIL
Annual Maintenance Charge	1 <sup>ST</sup> Year 1000\$ <b>US dollars</b> and next year 500\$ <b>US dollars</b> + <b>GST</b>
Dematerialization Charges	50\$/- per certificate (Subjected to minimum 100\$ / per request)
Off-Market/IDT transfer charges	Subject to minimum 50 \$/ or 0.05% of value whichever is higher
Pledge creation/closer/invocation	Subject to minimum 50 \$/ or 0.05% of value whichever is higher

**Notes:**

- Interest @ 13% per annum shall be charged, if bill is not paid by due date.
- GST will be levied on the total bill amount at the rates as may be notified by the Govt. from time to time.

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

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

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

**To transfer funds by RTGS/NEFT, following are the bank details:**

**A/C Name : ARIHANT CAPITAL MARKETS LTD**  
**Bank Name : AXIS BANK LTD**  
**A/C No. : 043010200016445**  
**Branch : Indore**  
**IFSC Code : UTIB0000043**

## **Terms and Conditions-cum-Registration / Modification From for receiving SMS Alerts From CDSL [SMS Alerts will be sent by CDSL to Bos for all debits]**

### **DEFINITIONS:**

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

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

### **AVAILABILITY:**

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

### **RECEIVING ALERTS:**

1. The Depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the Mobile phone is in 'off' mode i.e. unable to receive the alerts then the BO may not get/get after delay any alerts sent during such period.
3. The BO also Acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the Depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaints@cdslindia.com](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider about any such unauthorized debit to/transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The Information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The Depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

### **FEES:**

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

### **DISCLAIMER:**

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



## Common Info

- 1) As per SEBI Circular No. SEBI/HO/MIRSD/POD-1/P/CIR/2024/4 dated January 12,2024, regarding the Framework for Trading Membersto provide the facility of voluntary freezin/blocking online access to trading accounts, we are pleased to introduce a new feature to help prevent suspicious activities.

You now have the option to temporarily freeze your Arihant Capital Trading account, allowing you to instantly block any trading-related activities in your account and prevent unauthorized transactions.

You can choose one of the following options to freeze your account

1. Login Arihant Plus App & Cliik on My Account to be redirected to My Profile Section. Go to Menu Bar & select Freeze & Block (Only individual Can use this)
2. Use the Arihant Re-KYC portal to freeze your account digitally. (Only individual canuse this)
3. Call our Support desk: 0731-4217003 (Individual & Non Individual both can use this option on)

**Note-**Your account will be frozen within 15 minutes, Use this option only inthe case of unauthorized trades. This facility is intended solely for the prevention of suspicious activities in the account.

How to freeze Your Account?

You canunfreeze your account by calling our support desk at 0731-4217003, Kindly note that the unfreezing process will take up to 24 working hours.

- 2) On line trading & demat closer facility is available at our re-KYC portal. erekyc.arihantcapital.com

## IN PERSON VERIFICATION DECLARATION

To,

**Arihant Capital Market Limited**

6, Lad Colony, Y N Road,

Indore-452001

I/We hereby declare that:-

1. Mr./Ms./M/s \_\_\_\_\_ has been Introduce as client of Arihant Capital Markets Limited by me/us.
2. I/we have meet above client personally and make IPV video of the client which is sharing via mail to you.
3. I/we have verified all the documents provided by the above client with Originals and same has been mark on the copy of all the documents of the client.
4. I hereby declare that the details furnished for above client are true and correct to the best of my knowledge and belief. 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.

Thanking You,

Name:- \_\_\_\_\_

(Signature)

Branch/AP/Employee Code:- \_\_\_\_\_

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

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



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**Ranked in Forbes Asia**  
2011 (Asia)

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 +91 - (0)22 - 42254800 / 67114800

SEBI Registration number for NSE & BSE :- INZ000180939; NSDL - IN-DP-127-2015 DP ID-IN301983; CDSL DP ID-43000; NCDEX - 01274;  
AMFI - ARN 15114; SEBI Merchant Banking Regn. No. - MB INM 000011070; SEBI Research Analyst Regn. No. - INH000002764; ISO 9001-

MCX - 56565;  
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