

# Client Registration

## Individual - Resident/NRI/Minor KYC Application Form

**VERIQUS PARTNERS PRIVATE LIMITED**

CIN: U66190MH2024PTC431418

SEBI Reg. No. : INZ000329631; DP Reg. No. : IN-DP-829-2026; ARN No. : 322042

**Regd. Address:** 132, A Wing, Mittal Tower, Nariman Point, Mumbai – 400021.

**Correspondence Address:** 8, Ground Floor, Nirlon House, Dr. Annie Besant Road, Worli, Mumbai - 400030.



## INDEX

Sr No.	Name of the document	Brief Significance of the Document
<b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b>		
1	Account Opening Form	<p>A. KYC form – Document captures the basic information about the constituent and instructions/check list.</p> <p>B. Document captures the additional information about the constituent relevant to trading account and instructions/checklist.</p>
2	Rights and Obligations – Stock Broker	Document stating the Rights & Obligations of Stock Broker / trading member, Sub-Broker and client for trading on exchanges (including additional rights & obligations in case of internet / wireless technology based trading)
3	Rights & Obligations – Demat	Rights & Obligations of Beneficial Owner & Depository Participant as prescribed by SEBI & Depositories
4	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.
5	Guidance Note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.
6	Policies and Procedures	Document describing significant policies and procedures of the stock broker.
7	Tariff	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).
8	FATCA	FATCA Annexure for Individual Accounts
9	Trading Preference	Mandatory details for client preference for trading on Exchange/Segment
10	MITC	Most Important terms and condition related to trading account
11	Demat Account Opening Form	Document captures the additional information about the constituent relevant to demat account and instructions/checklist
<b>MANDATORY DISTRIBUTION RISK PROFILE</b>		
<b>VOLUNTARY DOCUMENTS AS PROVIDED BY STOCK BROKER/DEPOSITORY PARTICIPANT /DISTRIBUTOR</b>		
1	Family declaration & Authorization	Authorization for receiving Communication on Mobile No. and email address

2	Declaration & Acknowledgment	Running account, ECN, Related co. declaration and Derivative authorization
3	Power of Attorney/DDPI	The Power of Attorney is for the purposes of operating the bank and DP account and for facilitating settlement of Trades. DDPI for operating DP for settlement of trades.
4	Voluntary Authorizations	MFSS/BSE Star consent and Family access to online

Name of stock broker/trading member/clearing member	<b>Veriquis Partners Private Limited</b>
CIN	U66190MH2024PTC431418
SEBI Registration No. and date	INZ000329631 and 11th September 2025
SEBI Depository Participant No	IN-DP-829-2026
Segment	BSE – Cash; NSE – Cash and F&O
Registered Office Address	131/132, Floor 13, Plot 210 A Wing, Mittal Tower, Nariman Point, Mumbai – 400021, Maharashtra, India.
Correspondence Office Address	8, Ground Floor, Nirlon House, Dr Annie Besant Road, opposite Sasmira Road, Hanuman Nagar, Worli, Mumbai – 400030, Maharashtra, India
Compliance Officer	Ms. Jahanvi Trivedi; compliance.vppl@veriquis.com; 022-35713767
CEO/ Designated Director	Mr. Kaushik Shanghvi; contact@veriquis.com; 022- 35713767

Investment in securities market are subject to market risks. Read all the related documents carefully before investing. Registration granted by SEBI and certification from NISM is no way guarantee performance of the intermediary or provide any assurance of returns to investors. For any grievance / dispute please contact Veriquis Partners Private Limited at the above address or Email: investor.grievance@veriquis.com and Phone No. 022- 35713767.

In case not satisfied with the response, please contact BSE at is@bseindia.com and Phone no. 91-22-22728016 and NSE at ignse@nse.co.in and Phone no. 18002660058 and NSDL at relations@nsdl.co.in and Phone No. 022-24994200.

“You can also lodge your grievances with SEBI at <https://scores.gov.in>. For any queries, feedback or assistance, please contact SEBI office on Toll Free Helpline at 1800 22 7575 / 1800 266 7575”.

# Know Your Client (KYC)

## Application Form (For Individuals Only)

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

### FIRST APPLICANT



Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

Please Tick (✓)

**KYC Mode\***:  Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

## 1. Identity Details (please refer guidelines overleaf)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Mother'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\*

(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)



Cross Signature across photograph

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

**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  Unspecified

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

A — Aadhaar Card      xxxx xxxx \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

B — Passport Number      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

C — Voter ID Card      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

D — Driving License      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

E — NREGA Job Card      \_\_\_\_\_

F — NPR Letter      \_\_\_\_\_

Z — Others      \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**3. Contact Details (in CAPITAL)**

Email ID\* \_\_\_\_\_

Mobile No. \* \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

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

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

Client E-Sign

Client Wet  
Signature

Date:

Place:

**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 :

\_\_\_\_\_

Employee Signature and Stamp

Institution Name and Stamp

# Know Your Client (KYC)

## Application Form (For Individuals Only)

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

## SECOND APPLICANT



Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

Please Tick (✓)

**KYC Mode\***:  Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

### 1. Identity Details (please refer guidelines overleaf)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Mother'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\*

(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)



Cross Signature across photograph

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

**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  Unspecified

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

A — Aadhaar Card      xxxx xxxx \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

B — Passport Number      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

C — Voter ID Card      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

D — Driving License      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

E — NREGA Job Card      \_\_\_\_\_

F — NPR Letter      \_\_\_\_\_

Z — Others      \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**3. Contact Details (in CAPITAL)**

Email ID\* \_\_\_\_\_

Mobile No. \* \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

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

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

Client E-Sign

Client Wet  
Signature

Date:

Place:

**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 :

\_\_\_\_\_

Employee Signature and Stamp

Institution Name and Stamp

# Know Your Client (KYC)

## Application Form (For Individuals Only)

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

### THIRD APPLICANT



Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

Please Tick (✓)

**KYC Mode\***:  Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

## 1. Identity Details (please refer guidelines overleaf)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Mother'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†

(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)



Cross Signature across photograph

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

**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  Unspecified

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

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B — Passport Number      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

C — Voter ID Card      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

D — Driving License      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

E — NREGA Job Card      \_\_\_\_\_

F — NPR Letter      \_\_\_\_\_

Z — Others      \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**3. Contact Details (in CAPITAL)**

Email ID\* \_\_\_\_\_

Mobile No. \* \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

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

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

Client E-Sign

Client Wet  
Signature

Date:

Place:

**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 :

\_\_\_\_\_

Employee Signature and Stamp

Institution Name and Stamp

## Instructions/Guidelines for filling Individual KYC Application Form

### A. General Instructions:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per below list mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.
11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

### B. Proof of Identity (POI):

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
5. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

### C. Proof of Address (POA):

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. Others includes – Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card/document with address issued by any of the following: Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members.
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. For FII/Sub account, Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apostilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy / Ration card / Latest Property tax
8. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card

## **D. Exemptions/Clarifications to PAN (\*Sufficient documentary evidence in support of such claims to be collected)**

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of institutional clients, namely FII, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card de-tails with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

## **E. List of people authorized to attest the documents:**

1. Authorized officials of Asset Management Companies (AMCs).
2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.

## **F. Online Mode Processing of KYC:**

1. EKYC BIOMETRIC
  - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
  - The documents should be e-signed.
  - Applicant details are verified using UIDAI Biometric details.
  - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
  - Intermediary attestation on documents is exempted.
2. EKYC OTP
  - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
  - The documents should be e-signed.
  - Applicant details are verified using UIDAI details using OTP.
  - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
  - Intermediary attestation on documents is exempted.
3. ONLINE KYC
  - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
  - The documents should be e-signed.
  - Virtual In Person Verification (VIPV) is mandatory as per SEBI guidelines.
  - Intermediary attestation on documents (OSV) is exempted.
4. OFFLINE EKYC
  - Applicant may directly upload their document (PAN copy) as scanned images on intermediary's portal.
  - The documents should be e-signed.
  - Digital KYC performed through Offline Aadhaar e-KYC. OVD sourced from Offline Aadhaar e-KYC.
  - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
5. DIGILOCKER
  - Digital KYC performed through the documents (OVD) sourced from Digilocker.
  - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
  - Intermediary attestation on documents is exempted.

## CENTRAL KYC REGISTRY | Instructions/Check list/Guidelines for filling Individual KYC Application Form

### A Clarification/Guidelines on filling 'Personal Details' section

- 1 Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory: Mother's name, Spouse's name, Father's name.

### B Clarification/Guidelines on filling 'Current Address details' section

- 1 In case of deemed PoA such as utility bill, etc. or self declaration, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- 3 State/U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 4 In Section 2, one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- 6 List of documents for 'Deemed Proof of Address':

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
7	Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
8	"Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
9	'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
10	REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository

### C Clarification/ Guidelines on filling 'Contact details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

### D Clarification/ Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person, if available.

### E Clarification on Minor

- 1 Guardian details are optional for minors above 10 years of age for opening of bank account only
- 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

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

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

## List of ISO 3166 two digit Country Code

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

# Client Registration

Individual - Resident/NRI/Minor  
**TRADING / DEMAT & DISTRIBUTION**

**VERIQUS PARTNERS PRIVATE LIMITED**

CIN: U66190MH2024PTC431418

SEBI Reg. No. : INZ000329631; DP Reg. No. : IN-DP-829-2026; ARN No. : 322042

**Regd. Address:** 132, A Wing, Mittal Tower, Nariman Point, Mumbai – 400021.

**Correspondence Address:** 8, Ground Floor, Nirlon House, Dr. Annie Besant Road, Worli, Mumbai - 400030.



Additional KYC Details					
I wish to avail					
<input type="checkbox"/> Distribution		<input type="checkbox"/> Broking		<input type="checkbox"/> Demat	
<b>FIRST HOLDER -</b>					
CKYC No. _____					
Gross Annual Income					
<input type="checkbox"/> Below Rs.1,00,000		<input type="checkbox"/> Rs.1,00,001 to Rs.5,00,000		<input type="checkbox"/> Rs.5,00,001 to Rs.10,00,000	
<input type="checkbox"/> Rs.10,00,001 to Rs.25,00,000		<input type="checkbox"/> Rs.25,00,001 to Rs.1,00,00,000		<input type="checkbox"/> More than Rs.1,00,00,000	
Net Worth _____		As on date (Not older than One year)      /      /			
Occupation					
<input type="checkbox"/> Business		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Self Employed	
<input type="checkbox"/> Professional		<input type="checkbox"/> Public Sector		<input type="checkbox"/> Govt. Sector	
		<input type="checkbox"/> Retired		<input type="checkbox"/> Housewife	
		<input type="checkbox"/> Student		<input type="checkbox"/> Others	
Nature of Business					
Politically Exposed Person (PEP)		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
				<input type="checkbox"/> Related to PEP	

ADDITIONAL DETAILS					
Bank Details (Distribution, Broking, Demat)	Bank name		_____		
	Branch Address		_____		
	Account no.		_____		
	IFSC		_____		
	MICR		_____		
Bank Type		<input type="checkbox"/> Current		<input type="checkbox"/> Savings	
		<input type="checkbox"/> NRE		<input type="checkbox"/> NRO	
Depository Account Details	Depository Participant Name		_____		
	Depository Name (NSDL/CDSL)		_____		
	Beneficiary Name		_____		
	DP ID		_____		
	Beneficiary ID		_____		
Mode of Operations of MF/DP		<input type="checkbox"/> Single		<input type="checkbox"/> Anyone or Survivor	
				<input type="checkbox"/> Joint (NA for Minor)	

SECOND HOLDER/ GUARDIAN DETAILS -					
CKYC No. _____					
Gross Annual Income					
<input type="checkbox"/> Below Rs.1,00,000		<input type="checkbox"/> Rs.1,00,001 to Rs.5,00,000		<input type="checkbox"/> Rs.5,00,001 to Rs.10,00,000	
<input type="checkbox"/> Rs.10,00,001 to Rs.25,00,000		<input type="checkbox"/> Rs.25,00,001 to Rs.1,00,00,000		<input type="checkbox"/> More than Rs.1,00,00,000	
Net Worth _____		As on date (Not older than One year)      /      /			
Occupation					
<input type="checkbox"/> Business		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Self Employed	
<input type="checkbox"/> Professional		<input type="checkbox"/> Public Sector		<input type="checkbox"/> Govt. Sector	
		<input type="checkbox"/> Govt. Sector		<input type="checkbox"/> Housewife	
		<input type="checkbox"/> Others			
Nature of Business					
Politically Exposed Person (PEP)		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
				<input type="checkbox"/> Related to PEP	
Relationship with Minor		<input type="checkbox"/> Father		<input type="checkbox"/> Mother	
				<input type="checkbox"/> Legal Guardian	

THIRD HOLDER -					
CKYC No. _____					
Gross Annual Income					
<input type="checkbox"/> Below Rs.1,00,000		<input type="checkbox"/> Rs.1,00,001 to Rs.5,00,000		<input type="checkbox"/> Rs.5,00,001 to Rs.10,00,000	
<input type="checkbox"/> Rs.10,00,001 to Rs.25,00,000		<input type="checkbox"/> Rs.25,00,001 to Rs.1,00,00,000		<input type="checkbox"/> More than Rs.1,00,00,000	
Net Worth _____		As on date (Not older than One year)      /      /			
Occupation					
<input type="checkbox"/> Business		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Self Employed	
<input type="checkbox"/> Professional		<input type="checkbox"/> Public Sector		<input type="checkbox"/> Govt. Sector	
		<input type="checkbox"/> Govt. Sector		<input type="checkbox"/> Housewife	
		<input type="checkbox"/> Others			
Nature of Business					
Politically Exposed Person (PEP)		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
				<input type="checkbox"/> Related to PEP	

**FATCA/CRS****FIRST HOLDER –**

PAN		Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Citizenship	
Place of Birth		Country of Birth	
Is your Country of Tax Residency other than India			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Nationality/ Country of Birth/ Citizen / Resident / Green Card Holder / Tax Resident in USA			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify the details of all countries where you hold tax residency.			
Address in the jurisdiction where applicant is resident outside India for tax purpose			
Line 1			
Line 2			
Line 3		District	Zip Code
State/Province		Country	Country Code
Address Type: <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office			
Sr No.	Country of Tax residency#	Tax Identification No/Equivalent**	Identification Type
1.			
2.			
3.			
4.			
# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA.			

**Self-Certification**

**I am not entitled to have TIN because of the following reasons: Please share appropriate visa	
<input type="checkbox"/> Student <input type="checkbox"/> Dependent parents <input type="checkbox"/> Diplomat <input type="checkbox"/> Mariner/Sea farer <input type="checkbox"/> Sportsperson/Professional	
<input type="checkbox"/> Recently shifted residence <input type="checkbox"/> Temporary Visit <input type="checkbox"/> Other, please specify _____	
**Residing Country does not issue TIN: <input type="checkbox"/> Social Security Number <input type="checkbox"/> National Insurance Number	
<input type="checkbox"/> Citizen Or Personal Identification Code or Number <input type="checkbox"/> Resident Registration Number	

**SECOND HOLDER –**

PAN		Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Citizenship	
Place of Birth		Country of Birth	
Is your Country of Tax Residency other than India			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Nationality/ Country of Birth/ Citizen / Resident / Green Card Holder / Tax Resident in USA			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify the details of all countries where you hold tax residency.			
Address in the jurisdiction where applicant is resident outside India for tax purpose			
Line 1			
Line 2			
Line 3		District	Zip Code
State/Province		Country	Country Code
Address Type: <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office			
Sr No.	Country of Tax residency#	Tax Identification No/Equivalent**	Identification Type
1.			
2.			
3.			
4.			
# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA.			

**Self-Certification**

\*\*I am not entitled to have TIN because of the following reasons: Please share appropriate visa

- Student  Dependent parents  Diplomat  Mariner/Sea farer  Sportsperson/Professional  
 Recently shifted residence  Temporary Visit  Other, please specify \_\_\_\_\_

\*\*Residing Country does not issue TIN:  Social Security Number  National Insurance Number

- Citizen Or Personal Identification Code or Number  Resident Registration Number

**THIRD HOLDER –**

PAN				Date of Birth		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others	Citizenship		
Place of Birth				Country of Birth		
Is your Country of Tax Residency other than India					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your Nationality/ Country of Birth/ Citizen / Resident / Green Card Holder / Tax Resident in USA					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please specify the details of all countries where you hold tax residency.						
Address in the jurisdiction where applicant is resident outside India for tax purpose						
Line 1						
Line 2						
Line 3				District		
State/Province				Country	Zip Code	
Address Type: <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office						
Sr No.	Country of Tax residency#	Tax Identification No/Equivalent**			Identification Type	
1.						
2.						
3.						
4.						
# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA.						
<b>Self-Certification</b>						
**I am not entitled to have TIN because of the following reasons: Please share appropriate visa						
<input type="checkbox"/> Student <input type="checkbox"/> Dependent parents <input type="checkbox"/> Diplomat <input type="checkbox"/> Mariner/Sea farer <input type="checkbox"/> Sportsperson/Professional						
<input type="checkbox"/> Recently shifted residence <input type="checkbox"/> Temporary Visit <input type="checkbox"/> Other, please specify _____						
**Residing Country does not issue TIN: <input type="checkbox"/> Social Security Number <input type="checkbox"/> National Insurance Number						
<input type="checkbox"/> Citizen Or Personal Identification Code or Number <input type="checkbox"/> Resident Registration Number						
Declaration:						
I/We certify that:						
1. The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962.						
2. The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.						
3. I/We permit/authorize Veriquis Partners Private Limited to collect, store, communicate and process information relating to the Account and all transactions therein, by Veriquis Partners Private Limited and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign subject to applicable SEBI regulations, IT laws, and data protection laws in force in India						
4. I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.						

5. I/We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and Veriquis Partners Private Limited would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India for the purpose or take any other action as may be deemed appropriate by Veriquis Partners Private Limited if the deficiency is not remedied by us within the stipulated period.
6. I/We hereby accept and acknowledge that Veriquis Partners Private Limited shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to Veriquis Partners Private Limited.
7. It shall be my/our responsibilities to educate myself/ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
8. I/We also agree to furnish such information and/or documents as Veriquis Partners Private Limited may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
9. I/We shall indemnify Veriquis Partners Private Limited for any loss that may arise to Veriquis Partners Private Limited on account of providing incorrect or incomplete information.

**Mobile/Email Declaration and Authorization to place Instruction/ Operate/Receive/ Information from Veriquis on my/behalf**

With reference to my account with Veriquis, I/we in addition to me/us, hereby authorize the following person(s) as per the below table who's specimen signature(s) is/are appended here under. For the purpose as mentioned in the below table for my/our above mentioned account with Veriquis.

Name	Mobile Email	Family Declaration	Remarks
First Holder	Mobile		<input type="checkbox"/> Day end transaction confirmation
	Email id		<input type="checkbox"/> Transaction Authorisation & Corpus confirmation <input type="checkbox"/> Statements
	Mobile		For Mutual Fund
	Email id		<input type="checkbox"/> Same as above
Second Holder -	Mobile		<input type="checkbox"/> Day end transaction confirmation
	Email id		<input type="checkbox"/> Transaction Authorisation & Corpus confirmation <input type="checkbox"/> Statements
	Mobile		For Mutual Fund
	Email id		<input type="checkbox"/> Same as above
Third Holder -	Mobile		<input type="checkbox"/> Day end transaction confirmation
	Email id		<input type="checkbox"/> Transaction Authorisation & Corpus confirmation <input type="checkbox"/> Statements
	Mobile		For Mutual Fund
	Email id		<input type="checkbox"/> Same as above
Authorised Person 1 -	Mobile		<input type="checkbox"/> Transaction Authorisation & Corpus confirmation
	Email Id		<input type="checkbox"/> Statements
Authorised Person 2 -	Mobile		<input type="checkbox"/> Transaction Authorisation & Corpus confirmation
	Email Id		<input type="checkbox"/> Statements

The above authorized person(s) are eligible to perform all such actions as may be deemed prudent, necessary and expedient for giving effect to the above mandate from time to time. The above authority shall remain in force until such time as a fresh instruction in writing is furnished to Veriquis for canceling or amending the same.

Definition of Family (as per SEBI) – Family includes self, spouse, dependent children and dependent parents. (Applicable for broking / demat accounts).

The contact details mentioned above will be updated in broking for 1<sup>st</sup> holder and in demat for respective holders. Alerts and related communication will be sent to the same id.

Definition of Family (as per AMFI) – Family includes self, spouse, dependent children, dependent parents, dependent sibling, guardian, PMS, custodian and PoA. (Applicable for Mutual Fund investments / other investments) Additionally, I/We hereby declare that the mobile numbers or E-mail addresses provided by me/us do not pertain to any participant / brokers / portfolio managers / etc. or their employees or any other person/s.

FEE/CHARGES							
<b>GST Details</b>							
GST Registration No.							
ISD GSTIN No.							
<b>Brokerage Charges</b>							
Equity	Delivery		Intraday	Buy		Sell	
Futures			Intraday	Buy		Sell	
Options	_____ bps on the premium value (Maximum 2.5%) or Rs _____ per lot (Maximum Rs 100) whichever is higher						
<b>Depository Charges</b>							
A/c Maintenance Charges*	Yearly Rs. _____ + Applicable Charges						
Credit/Debit Charges	NIL						
*The charges will be pro-rated monthly from the month in which the account is opened till the end of the financial year. For subsequent financial years, the same is payable at the beginning of the financial year **AMC and other charges will be debited to your ledger on yearly and monthly basis respectively.							
<b>Other Charges</b>							
Pledge creation						NIL	
Pledge closure						NIL	
Pledge confirmation						NIL	
Pledge closure confirmation						NIL	
Pledge Invocation						NIL	
DEMAT - Per certificate						NIL	
REMAT - Per certificate OR Per 100 Units/shares (Whichever is higher)						NIL	
Conversion of MF units/Dematerialisation Per SOA						NIL	
Reconversion of MF units in to SOA or Redemption/Rematerialisation Per SOA						NIL	
Re-issuance of (Additional) new DIS						NIL	
Rejection/Failure per entry						NIL	
Postal Charges per request shall be charged separately						NIL	
<ul style="list-style-type: none"> <li>• Delayed Payment Charges - Any amount which are overdue from the client towards trading either in cash or derivative segments or on account of any other reason, the Client will be charged delayed payment charges at the rate of 1.5% per month or such other rate as may be determined by the Stock Broker.</li> <li>• The above charges are exclusive of Applicable Taxes, Securities Transaction Tax, other charges and stamp duty. The same shall be charged to the Client's account on actual basis.</li> <li>• Charges/service standards are subject to revision at sole discretion of Veriquis Partners Private Limited and as informed by communication available on website or sent by ordinary post/E- mail. Statutory and other levies being charges related.</li> <li>• Statutory and other levies being charges related to the execution and/ or settlement of transactions shall be separately chargeable as in force from time to time.</li> <li>• Charges quoted above are for the services listed. Any service not quoted above will be charged separately.</li> <li>• In case of expiry of future contracts and exercise and assignment of option, Derivatives Settlement Charges may be levied.</li> <li>• In case of buy / sell of same security during the day, the brokerage will be levied on higher side of the transaction amount/ price for both intra- day and delivery transactions.</li> <li>• Brokerage is also applicable on Expiry / Exercise / Assignment of Options Contract.</li> </ul>							
<b>I/ We have read &amp; understood and confirm that details provided by me/us in Additional KYC Information, FATCA/CRS, Mobile/Email/Authorization Declaration, are true and correct. I/we hereby sign all of them as mentioned below.</b>							
	1 <sup>st</sup> Holder / Guardian		2 <sup>nd</sup> Holder		3 <sup>rd</sup> Holder		
Signature							

**MANDATORY TRADING PREFERENCE****TRADING PREFERENCE**

Please sign in the relevant boxes where you wish to trade.

Exchanges	NSE, BSE	NSE	NSE, BSE
All Segments	Cash	F&O	Mutual Fund
XX	XX	XX	XX

"In future, if you wish to trade on any new segment or opt out of an existing segment/s, please submit a duly signed authorization / letter to us."

**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/authorized persons in charge of dealing in securities during the last 3 years:

Number of years of Investment/Trading Experience

**DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS**

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

Sub-broker's Names		SEBI Registration number	
Registered office address	Phone Fax	Website	

Whether dealing with any other stock broker/sub-broker (if case dealing with multiple stock brokers /sub-brokers, provide details of all)

Name of stock broker	Name of Sub-broker
Client code	Exchange
Details of disputes/dues pending from/to such stock broker/sub-broker	

**INTRODUCER DETAILS**

Name of Introducer			
Status of the Introducer – Sub-broker/ Remisier/ Authorized Person/ Existing client/ Others			
Address of the Introducer			
Phone No		Signature	

## AUTHORIZATION

### A. Running Account Authorization - Cash Segment

 YES NO

For the purpose of operational convenience, I/we authorize Veriquis to maintain a running account (instead of settlement – to – settlement payout of funds or delivery of securities to us) in respect of the above referred account.

Under this arrangement, I authorize Veriquis to keep our securities/funds, received in the payout or given upfront, in your pool or beneficiary demat/bank account. I further authorize Veriquis to utilize such funds/securities, retained by Veriquis, under the above arrangement, to meet our existing and future pay- in obligations with you. I/we shall not claim any interest on the funds and securities kept in my account with Veriquis under the above arrangement.

I/We agree and authorize Veriquis to settle funds and securities as specified by us below, subject to availability of free and/ or unutilized funds/securities. However, in case of outstanding obligations/dues/payment, pursuant to my transactions, as on the date of settlement, Veriquis shall retain requisite securities / funds towards such outstanding obligations.

My / Our preferences for settlement of funds and securities is:-  **Quarterly**  **Monthly**

I/We understand that the said authorization to maintain a running account may be revoked at any time by me/us, in writing, and Veriquis shall act upon such revocation upon receipt of original revocation request at the registered office of Veriquis subject to any outstanding obligations/dues/payments due from me to Veriquis.

I/we agree to bring any dispute arising from the statement of account or settlement so made to the notice of Veriquis preferably within 30 working days from the date of receipt of funds / securities or statements as the case may be.

### B. Running Account Authorization - Derivatives Segment

 YES NO

For the purpose of operational convenience, I/we authorize Veriquis to maintain a running account instead of settlement – to – settlement payout of funds to us. All funds kept to our credit by Veriquis may be treated as upfront margins and/ or security deposit, at the discretion of Veriquis, for allowing exposure to me /us. Under this arrangement made at our specific request, I/we shall not claim any interest on the funds kept in running account with Veriquis.

I/we hereby authorize Veriquis to keep and utilize the payout / margin money deposited by me/us including credits arising from Mark to Market Margin, option premium etc. and on expiry/close-out my/our open positions in derivative contracts, in our account for meeting all our future obligations and for providing limits for trading purpose on the basis of this deposit. I/we hereby authorize Veriquis to deposit the above collateral with the exchange / clearing corporation/ clearing house towards margin unless specified otherwise. These funds will be released to us as and when requested by us in writing or otherwise, subject to availability of free and unutilized balance after taking consideration all open positions and dues relating to our delivery / open positions.

I/We agree and authorize Veriquis to settle funds and securities (as per the process prescribed under the regulations) as specified by us below. In case of outstanding obligations in the F&O segment on the settlement date, Veriquis shall retain requisite securities (as per the process prescribed under the regulations) / funds towards such outstanding obligations and may also retain the funds expected to be required to meet margin obligations for next five trading days or as notified by regulatory authority from time to time.

My / Our preferences for settlement of funds and securities is:-  **Quarterly**  **Monthly**

I/We understand that the said authorization to maintain a running account may be revoked at any time and Veriquis shall act upon such revocation upon receipt of original revocation request at the registered office of Veriquis. I/we agree to bring any dispute arising from the statement of account or settlement so made to the notice of Veriquis preferably 30 working days from the date of receipt of funds / securities or statements as the case may be.

**C. Receipt of Contract Notes and other documents in Electronic Mode**  YES  NO

I/We hereby consent to receive from Veriquis Partners Private Limited the digital contract notes, bills, ledgers, transaction statements, other broking related statements, amendments and such other correspondence documents, records by whatever name called in electronic form duly authenticated by means of a digital signature as specified in the Information Technology Act 2000 and the rules made thereunder to my said mentioned email id. Email id: \_\_\_\_\_.

In case any email (containing regulatory document) sent by Veriquis to my said email address bounces back, the same shall amount to physical delivery. Veriquis will dispatch the physical regulatory documents (in lieu of the bounced mail) from the time they receive the bounced email. However, the non-receipt of the bounced mail notification by Veriquis shall amount to delivery.

I/We further hereby agree that the Veriquis Partners Private Limited shall fulfill the legal obligation, if the above documents are sent electronically to the said e-mail id and I/We am/are aware that I/we will not receive the statements / documents in paper form. In this regard, I/we further confirm and agree that:

- (i) The above is my/ our personal E-mail id. I/ We shall take all necessary steps to ensure confidentiality and the secrecy of the login and password of the abovementioned e-mail account. Veriquis shall not be liable to or responsible for any breach of secrecy. I/We am/are aware that the statements/ documents may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised. I/We will be solely responsible for the security of the information provided on my/ our aforesaid e-mail id.
- (ii) E-mails sent to any of the above mentioned e-mail account shall be deemed to be duly delivered to me/us. However, emails bounced back on account of errors/systems issue attributable to any act of Veriquis will not be considered as delivered.
- (iii) Veriquis shall not take cognizance of out of -office/ out of station auto replies and I/We shall be deemed to have received such electronic mails.
- (iv) Such Statements shall be deemed to have been delivered on the day when the e-mail is sent by Veriquis.
- (v) Veriquis shall not be liable or responsible for any Statement received from frauds or impostors or any consequences thereof.
- (vi) Veriquis shall bear no liability for any technical or network-related issues at my/our end arising from the receipt of any statement issued by Veriquis.
- (vii) I/We shall inform Veriquis by way of a letter in writing duly signed by me or communicate through registered email id if there is any change in the given Email.
- (viii) I/We undertake to check the Statement and bring the discrepancies to your notice within the time period as specified under the relevant agreements entered into with Veriquis. My/Our non-verification or not accessing the Statement on regular basis shall not be a reason for disputing the same at any time.
- (ix) I/We reinstall inform in writing in prescribed format to Veriquis to discontinue the said facilities. I/We and Veriquis shall have the right to terminate such service provided a written notice is given at least 10 days in advance to the other party.

I/We shall immediately inform Veriquis about change in email address, if any. I/We further agree that Veriquis will not be responsible for non receipt of documents sent via electronic delivery due to change in/incorrect email address/correspondence address as mentioned or any other reason which inter alia include technical reasons or malfunction of my/our computer system/server/internet connection etc. Further I/We agree and undertake to indemnify Veriquis and its affiliates, that they will not be held liable/ responsible for any losses, claims damages, cost and liabilities etc. caused to me/us due to misuse of this information or pursuant to any litigation cases, complaints, actions, etc that may arise in future on account of my/ our above authorization request.

**D. Declaration of Related Companies**

I/we declare that for the following entities as mentioned below, I/we and or my/our relatives are either Promoter/ Beneficial owner/ Director/ Designated Employee/ Key Managerial Personnel/ Connected person as defined in SEBI (Prohibition of Insider Trading) Regulations. The information furnished is true and will be updated on change.

*(Please indicate the same in Nature of Interest)*

<b>FIRST HOLDER</b>				
Sr No.	Name	Name of the Company	Nature of Interest	Remarks
<b>SECOND HOLDER</b>				
Sr No.	Name	Name of the Company	Nature of Interest	Remarks
<b>THIRD HOLDER</b>				
Sr No.	Name	Name of the Company	Nature of Interest	Remarks
<b>E. Derivatives Related Authorization</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO

- **Client Agreement and Acknowledgement**

I acknowledge that,

- I have read and understood the Risk Disclosure details displayed on your website;
- I understand and accept its contents, including the risks included therein; and
- I agree to notify you immediately of any change in my/our financial circumstances, experience needs, risk tolerance or investment objectives, or of any event that would render any of the information relating to me/us contained in the risk profile inaccurate or misleading in any way.

- **Transfer of credits in the Derivatives/F&O segment**

I/we authorize Veriquis to utilize my/our credits arising from Mark to Market Margin, Option Premium, etc. on my/ our open positions and on expiry/close-out on my/our positions in derivative contracts on the stock exchanges towards margin requirement for entering into fresh derivative contracts unless specified otherwise.

- **Adjustment of cash margins in the Derivatives/F&O segment**

I/we authorize Veriquis to utilize my/our cash margin deposit interchangeably as required towards Initial Margin (SPAN), Mark to Market and any other margins as applicable to meet my/our open position obligations on either/ both stock exchanges.

## DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above

information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

- I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
- I/We hereby confirm that I/we am/are Fit and Proper in terms of Regulation 19(1) and Regulation 20 of Securities Contracts (Regulation) (Stock Exchanges and Clearing Corporations) Regulations, 2012 (SECC Regulations) & criteria defined in Schedule II of the SEBI (Intermediaries) Regulations, 2008.
- I/We confirm that whenever there is any change in my/our KYC information, I/we shall immediately inform Veriquis.
- **I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), Risk Management policy, Risk Disclosure Document, Do's and Don'ts and Authorizations. 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 your designated website.**

**SIGNATURE**

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

Signature of the Authorised Signatory  
Date

Seal/Stamp of the stock broker

**Notes related to Broking**

1. Additional documents in case of trading in derivatives segments - illustrative list:

Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets	Self-declaration with relevant supporting documents

\*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.

2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
5. In case of non-resident clients, employees at the stock broker's local office, overseas can do in person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

## MOST IMPORTANT TERMS AND CONDITIONS (MITC)

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.

<b>SIGNATURE</b>	
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## DEMAT MANDATORY DETAILS

I/We request you to open a depository account in my/our name as per the following details.

**Type of Account** -  Ordinary Resident  Qualified Foreign Investor  NRI-Repatriable  NRI-Non Repatriable  Promoter  Margin  Foreign National  Others \_\_\_\_\_

### Details of Account Holder(s)

Name of Account Holders

PAN

First Holder

Second Holder

Third Holder

For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

Name

PAN

In case of NRI / Foreign Nationals  
RBI Approval Reference No.

RBI Approval  
Date

I/We wish to open Basic Services Demat Account (BSDA)  
Refer to guidelines in voluntary declaration point no.7

Yes  No

### Service Request and Standing Instruction

I/We authorise you to receive credits automatically into my/our account.

Yes  No

Account to be operated through Power of Attorney (PoA)

Yes  No

Account to be operated through Demat Debit and Pledge Instruction (DDPI)

Yes  No

SMS Alert facility (Mandatory if you are giving Power of Attorney (PoA/DDPI). *(Ensure that the mobile number is provided in the KYC Application Form)*

First Holder

Yes  No

Second Holder

Yes  No

Third Holder

Yes  No

Mode of receiving Statement of Account\*

\*Read Note 3\* and ensure that email id is provided in KYC Application form

Physical

Electronic

For Joint accounts, communication to be sent to

*(In case if 'first holder' is selected, the communication will be sent as per the preference mentioned. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected)*

First Holder

All Joint  
Holders

I wish to receive Rights and Obligations of beneficial owner and depository participant as prescribed by SEBI and depositories

Physical

Electronic

Mention one Option for Issue of Delivery Instruction Slip (DIS) Booklet

I/We wish to receive the DIS booklet with account opening.

I/We do not wish to receive the DIS booklet with account opening. The DIS booklet should be issued to me/us immediately on my/our request at any later date.

Mode of Operation of accounts (Applicable in case of Joint Holders)

*(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.)*

Jointly

Anyone of  
the holders  
or survivor

## Declaration

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

Name of all Holders	1 <sup>st</sup> Holder / Guardian	2 <sup>nd</sup> Holder	3 <sup>rd</sup> Holder
Signature			

### Notes:

1. All communication shall be sent at the address of the First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
  - Client must ensure the confidentiality of the password of the email account.
  - Client must promptly inform the Participant if the email address has changed.
  - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Signature of one of the demat account holders as per the mandate of operation given by the joint account holders shall discharge the Participant in full vis-a-vis all demat account holders.
5. 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 for deletion of name of the deceased account holder(s) in the demat account.
6. Each demat account holder in the demat account is jointly and severally liable towards the Participant for all the commitments entered into by himself/ herself or by any other Client account holder or authorised representative (within the limits of the power).
7. Basic Service Demat Account (BSDA)-

I / We am / are aware of the BSDA scheme that may be applicable to my demat account as and when value of my demat holdings is within the cut off value as specified by SEBI / Regulators and as per other conditions as applicable from time to time.

If opted No- I / We acknowledge we do not wish to opt for BSDA scheme although my / our demat account may be eligible for the same in future and I / We request Veriquis to continue my / our demat account in normal scheme as availed by me / us at the time of account opening / modified (if any) to avail regular DP Services.

If opted yes- I / we acknowledge to opt for BSDA scheme in case my / our demat account is eligible for BSDA scheme anytime in future as per then prevailing regulatory guidelines. I / we are further aware that such BSDA scheme will be made applicable to our demat account from next billing cycle. I/We understand that if the value of my/our holdings exceeds the BSDA cut-off limit, or if any BSDA eligibility condition is not met, normal DP charges as per the applicable scheme will be levied on me/us.

## Acknowledgement

### Veriquis Partners Private Limited

Address - 8, Ground Floor, Nirlon House, Dr Annie Besant Road, Worli, Mumbai – 400030, Maharashtra, India  
DP ID – **IN304908**

Received the application from Mr/Ms \_\_\_\_\_ as the first holder alongwith \_\_\_\_\_ and \_\_\_\_\_ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

**For Veriquis Partners Private Limited**

**Date**

## Demat Debit Pledge Instruction (DDPI)

<b>Sr No.</b>	<b>Purpose</b>	<b>Signature of Client</b>
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 favour 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	

## Distribution Related Risk Profile

1) What is your investment objective?	<input type="checkbox"/> A. Capital Preservation	<input type="checkbox"/> B. Regular Income	<input type="checkbox"/> C. Growth and Wealth Creation
2) What is your investment time horizon?	<input type="checkbox"/> A. Less than 1 Year	<input type="checkbox"/> B. 1 year to 3 year	<input type="checkbox"/> C. More than 3 years
3) Your Age Group	<input type="checkbox"/> A. 50+ years	<input type="checkbox"/> B. 30-50 years	<input type="checkbox"/> C. Upto 30 years
4) What is your risk tolerance?	<input type="checkbox"/> A. I cannot consider any Loss	<input type="checkbox"/> B. I can consider loss upto 10%	<input type="checkbox"/> C. I can consider loss more than 10%
5) In which of the following have you made the highest investment till date?	<input type="checkbox"/> A. Debt Mutual Funds	<input type="checkbox"/> B. Balanced Mutual Funds	<input type="checkbox"/> C. Equity Mutual Funds
Client Categorization based on above questionnaire	No of A		X 10 points
<input type="checkbox"/> Conservatives (score <=60)	No of B		X 20 points
<input type="checkbox"/> Moderate (score 61 – 100)	No of C		X 30 points
<input type="checkbox"/> Aggressive (score 100+)			<b>Total Score</b>

I / We hereby agree and confirm that I/we have read, reviewed and understood above risk assessment and agree with my categorization.  I am not comfortable with the outcome of above risk assessment, and I would like to change my risk profile to \_\_\_\_\_.

### Investment risk profile

- Conservative - Preservation of Capital is the single most important concern. Adjusted for inflation, investment returns may be very low, or some years, negative, in exchange for high liquidity and reduced risk of principal loss.
- Moderate - Accept possible loss as a natural function of investment risk incurred in the pursuit of higher total return. The degree of risk is normally reduced through diversification, asset allocation and periodic revisions to rebalance any over/underweight situations that develop.
- Aggressive - Willing to sustain more risk of potential losses on individual transaction in expectation that overall portfolio results will produce above-average returns. Concentrated positions and frequent portfolio changes typify this type of investor. More speculative investment choices also require careful and continuous oversight. Investors in this category may experience a wide variance in results from one year to the next in their pursuit of longer-term goals.

## Authorizations

### A. MFSS/BSE Star Facility for MF transactions through exchange platform

- I/We am/are interested in availing the trading facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE STAR MF and MFSS on the Exchange.
- For the purpose of availing this BSE STAR MF & MFSS facility, I/We state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE STAR MF & MFSS and I/We further confirm that the details contained in same remain unchanged as on date.
- I/We am/are willing to abide by the terms and conditions as mentioned in the circular 20091202-3 dated December 2, 2009 by BSE and circular No. NSE/cmtr/13533 dated November 24, 2009 by NSE and such

other Notices/Circulars as may be specified by the BSE/NSE/Clearing Corporation from time to time in this regard.

- I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).
- I/We shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/We choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.
- I/We therefore request you to register me/us as your client for participating in BSE STAR MF and MFSS.

**B. Family access for Online Portfolio**

**YES**

**No**

I/We authorize you to give online view access to Mr/Ms/M/s. \_\_\_\_\_ having account code \_\_\_\_\_ for my/our accounts as we belong to the same family or group.

## Privacy Notice and Consent

In accordance with the requirements of the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 ("Information Security Rules 2011"), this document includes information about:

What personal information we collect; Purposes for which we use personal information; Sharing personal information.

The term "you" refers to the client with which we propose to enter a relationship or with which we have a current or former relationship, and "we" or "us" refers to Veriquis Partners Private Limited (Veriquis) and as applicable its affiliates and related group companies.

We may provide other material regarding the collection, use, processing and sharing of personal information in account documents. If there is any conflict between this document and the account documents, the terms of the specific account documents will prevail.

### 1. What personal information we collect

We collect, use and process various types of personal information about you and your accounts to the extent appropriate for your relationship with us. The personal information that we collect about you may include, but is not limited to, name, address, email address, telephone number, date of birth, personal identifiers such as passport number, Permanent account Number, driver licence, other personally identifiable information, and sensitive personal data or information as defined in the Information Security Rules 2011. If you provide us with information about third parties (including your relatives, beneficiaries and guardians or your authorised representatives, employees, officers, directors, shareholders, authorised signatories and other related individuals), you agree to inform such third parties and obtain their consent to the processing of that information in accordance with this document and any other applicable laws and regulations.

### 2. Purposes for which we use personal information

We use and process personal information for a range of purposes, which may include but is not limited to: to provide you with products and services; to facilitate transactions; to provide you with advice and guidance; to respond to client requests; to detect, prevent and investigate fraud; to provide security for our customers, employees and the general public; to verify your identity (or the identity of your representative or agent); to perform risk management;

to comply with applicable laws, rules and regulations, including anti-terrorism, anti-money laundering and tax reporting rules and regulations to comply with legal process, to respond to requests from public, regulatory or government authorities (including authorities outside your country of residency), and to allow us to pursue remedies and limit damages; to perform internal business processes such as data analysis, audits, developing and improving new products and services; as part of the sale, merger or similar change of the business of Veriquis or its affiliates and related group companies.

### 3. Sharing personal information

Personal information may be shared for all of the purposes described in this document. We may share personal information with our affiliates. Our affiliates and related group companies are committed to protecting personal information and to using it only for legitimate purposes.

We may share personal information with service providers that work for us in India or in any of the countries in which we operate. We supervise our service providers and require them to appropriately protect personal information. Service providers may include:

customer service, payment or transaction processing; companies; printing companies; order fulfillment or professional services organisations (such as legal, audit, accounting services, technology, and data processing companies); technology hosting (such as webhosting, cloud computing, infrastructure provision, application service providers, data centre services and technology service providers)

We may also share personal information with other third parties subject to applicable SEBI regulations, IT laws, and data protection laws in force in India. Third parties may include public, regulatory and government authorities, intermediaries, other nonaffiliated third parties, self-regulatory organisations, or judicial or law enforcement authorities. Additionally, where you have or propose to have a relationship with a third party (contractual or otherwise) in connection with a product or service, we may share information with such third party as authorized by you, and the handling of information by that party will be subject to your agreement(s) with that party. Transfers of personal information to other countries Your personal information may be transferred around the world to countries in which we do business, including to our affiliates and related group companies, service providers or third parties, which may be located in jurisdictions that may not have the same data protection laws as those in your home country. In such circumstances we are responsible for making sure that your information continues to be protected.

#### 4. Other

When you communicate with Veriquis, your telephone conversations and electronic communications, including emails, text messages and instant messages, may be monitored or recorded to the extent permitted by applicable law.

#### CONSENT

You have the right to not provide (or to withdraw by written notice at any time) your consent to the collection, use, processing and sharing of your personal information. If you choose to not provide (or to withdraw) your consent, we may not be able to provide you with certain products and services. We may make changes to this document at any time and will inform you of changes or take other steps as required by applicable law. If you have any questions regarding the collection, use, processing and sharing of your personal information (including specific details about entities with which we share personal information), please contact the Grievance Officer

for Veriquis at: 8, Ground Floor, Nirlon House, Dr Annie Besant Rd, opposite Sasmira Road, Hanuman Nagar, Worli, Mumbai – 400030, Maharashtra, India.

By signing this document, you acknowledge and consent to the collection, use, processing and sharing of your personal information in accordance with the above, as provided in account documents, as permitted by local law, or as otherwise agreed between us.

### Declaration

- I/We confirm that details provided by me/us are true and correct. Veriquis Partners Pvt Ltd has disclosed to me/us all the commission (In the form of trail commission or otherwise), payable to them for the different competing Schemes of various Mutual Funds amongst which the scheme is being recommended to me/us.
- Based on my/our written or electronic mode (including email communication or physically signed instruction), I/We authorize Veriquis Partners Pvt Ltd to fetch and utilize my/our KYC information from KRA/CKYC including documentary proofs for the purpose of validation and to comply with the legal and regulatory requirements from time to time.
- I/we, agree to abide by terms, conditions, rules, regulations & other statutory requirements of SEBI, Prevention of Money Laundering Act 2002 & such other regulations as may be applicable from time to time. I/we, declare that the amount being invested is through legitimate sources only & is not designed for the purposes of contravention or evasion of any act, regulation, rule, notification, directions or any other applicable laws enacted by the Government of India or any statutory authority.
- By signing this document, I/we acknowledge and consent to the collection, use, processing and sharing of my/our personal information in accordance with the above, as provided in account documents, as permitted by local law, or as otherwise agreed between me/us and Veriquis.
- I/We confirm that whenever there is any change in my/our KYC information, I/we shall immediately inform Veriquis.
- I/We hereby consent to Veriquis Partners Private Limited for downloading my/our KYC information and documents from Central KYC Registry.
- I/We acknowledge that Veriquis will send Regulatory and other communications to the e-mail address of the first holder as updated in the account.

**I/ We have read & understood and confirm that details provided by me/us in Risk Profile, Authorizations are true and correct. I/we hereby read and understood the privacy consent, Terms & Conditions and sign all of them as mentioned below.**

Signature	1 <sup>st</sup> Holder / Guardian	2 <sup>nd</sup> Holder	3 <sup>rd</sup> Holder
Date		Place	

## NOMINATION FORM – DEMAT/ BROKING

Date: \_\_\_\_\_ UCC: \_\_\_\_\_ DP ID: **IN304908** Client ID: \_\_\_\_\_

### Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
<b>1</b>	<b>Name of the nominee(s) (Mr./Ms.)</b>			
<b>2</b>	<b>Share of each Nominee</b> Equally <input type="checkbox"/> <small>[If not equally, please specify percentage]</small>	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>				
<b>3</b>	<b>Relationship With the Applicant ( If Any)</b>			
<b>4</b>	<b>Address of Nominee(s)</b>			
	PIN Code			
<b>5</b>	<b>Mobile/Telephone No. of nominee(s)</b>			
<b>6</b>	<b>Email ID of nominee(s)</b>			
<b>7</b>	<b>Nominee Identification details</b> – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

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

<b>8</b>	<b>Date of Birth {in case of minor nominee(s)}</b>			
<b>9</b>	<b>Name of Guardian (Mr./Ms.) (in case of minor nominee(s) }</b>			
<b>10</b>	<b>Address of Guardian(s)</b>			
	PIN Code			
<b>11</b>	<b>Mobile/Telephone no. of Guardian</b>			
<b>12</b>	<b>Email ID of Guardian</b>			
<b>13</b>	<b>Relationship of Guardian with nominee</b>			
<b>14</b>	<b>Guardian Identification details</b> – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

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

### Signature of Witness for Nomination

Name of the Witness	Address	Signature of witness
		Date    D    D    M    M    Y    Y    Y    Y



**DECLARATION FORM FOR OPTING OUT OF NOMINATION – DEMAT/ BROKING**

Date:	UCC:	DP ID: <b>IN304908</b>	Client ID:
Sole/First Holder Name			
Second Holder Name			
Third Holder Name			

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

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

1. Instructions related to nomination, are as below:
  - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
  - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
  - III. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
  - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
  - V. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
  - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
  - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
  - VIII. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
  - IX. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
  - X. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents.
  - XI. Savings bank account details shall only be considered if the account is maintained with the same participant.
  - XII. DP ID and client ID shall be provided where demat details is required to be provided.

## NOMINATION - MUTUAL FUND

- I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our mutual fund folio/ our trading/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio/ trading / demat account
- OR
- I/We, hereby nominate the following person(s) who shall receive all the assets held in All my / our Folios in The event of my / our demise, as trustee and on behalf of my / our legal heir(s).

### Details of Nominee

Nomination	Details of 1 <sup>st</sup> Nominee	Details of 2 <sup>nd</sup> Nominee	Details of 3 <sup>rd</sup> Nominee
<b>Mandatory information</b>			
Name of the nominee(s)	Mr./Ms.	Mr./Ms.	Mr./Ms.
Share of each Nominee#	%	%	%
Date of Birth (for Minor)	%	%	%
Relationship with the Applicant (select one)	<ul style="list-style-type: none"> <li>• Spouse</li> <li>• Father</li> <li>• Mother</li> <li>• Daughter</li> <li>• Son</li> <li>• Others (please specify)</li> </ul>	<ul style="list-style-type: none"> <li>• Spouse</li> <li>• Father</li> <li>• Mother</li> <li>• Daughter</li> <li>• Son</li> <li>• Others (please specify)</li> </ul>	<ul style="list-style-type: none"> <li>• Spouse</li> <li>• Father</li> <li>• Mother</li> <li>• Daughter</li> <li>• Son</li> <li>• Others (please specify)</li> </ul>
Nominee/ Guardian (in case of Minor) Identification details	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____
Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country	Pincode:	Pincode:	Pincode:
Mobile of nominee(s)/ Guardian in case of Minor			
Email ID of nominee(s)/ Guardian in case of Minor			

Nominee Guardian Name (in case Nominee is Minor)			
<p>I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)</p> <p><input type="radio"/> Name of nominee(s) with %      <input type="radio"/> Nomination: Yes / No (Default)</p>			
<p>This nomination shall supersede any prior nomination made by the account holder(s), if any</p>			
<p>Signature(s) – As per mode of holding in demat accounts / MF Folio(s).</p>			
<b>Name(s) of holder(s)</b>			<b>Signature(s) of holder</b>
Sole/ First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			
<b>Signature of Witness for Nomination</b>			
<b>Name of the Witness</b>	<b>Address</b>	<b>Signature of witness</b>	
		<b>Date</b>	

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

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.