



## CLIENT REGISTRATION FORM

**Client Code** :  
**Client Name** :  
**A/c Opening Date** :  
**Branch** :

**Integrated Master Securities (P) Ltd.**

NSE, BSE, MCX & Mutual Funds

INDEX OF DOCUMENTS			
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		B. Document captures the additional information about the constituent relevant to trading account and an instruction/check list.	
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4.	Undertaking for Common Mobile No./Email	Undertaking	15
6.	Rights and Obligation	Document stating the Rights & Obligations of stock broker/commodity/broker/trading member and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology base tariff).	Given to the Client as Physical Kit 16
7.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities/commodities market.	
8.	Guidance Note	Document detailing do's and don'ts for trading on exchange for the education of the investors.	
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**General Instructions:-**

1. Fields marked with ‘.’ are mandatory fields.
2. Tick ‘.....’ wherever applicable.
3. Self-Certification of documents is mandatory.
4. Please fill the form in English and in BLOCK Letters.
5. Please fill all dates In DD-MM-YYYY format.
6. Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
7. KYC number of applicant is mandatory for updation of KYC details.
8. For particular section update, please tick (./] in the box available before the section number and strike off the sections not required to be updated.
9. In case of ‘Small Account type’ only personal details at section number 1 and 2, photograph, signature and self-certification required.

**A. Clarification / Guidelines on filling ‘Personal Details’ section**

1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Either mother’s/father’s name or spouse’s name is to be mandatorily furnished. In case PAN is not available, the name is mandatory.

**B. Clarification / Guidelines on filling details If applicant residence for tax purposes In jurisdiction(s) outside India**

1. Tax Identification Number (TIN): TIN need not be reported if it has not been Issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a “Functional equivalent”), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, Citizen/personal identification/services code/number, and resident registration number)

**C. Clarification / Guidelines on filling ‘Proof of Identity [PoI], section**

1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if ‘Z- Others (any document notified by the central government)’ is ticked.
3. In case of Simplified Measures Accounts for verifying the identity of the applicant, anyone of the following documents can also be submitted and underlined relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant’s photograph issued by Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

**D. Clarification / Guidelines on filling ‘Proof of Address [PoA] - Current / Permanent / Overseas Address details’ section**

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 for “e.
2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
3. In case of Simplified Measures Accounts for verifying the address of the applicant, anyone of the following documents can also be submitted and underlined relevant code may be mentioned in point 4.1.

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	Bank account or Post Office savings bank account statement
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

**E. Clarification / Guidelines on filling ‘Proof of Address [PoA] - Correspondence / Local Address details’ section**

1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
2. In case of multiple correspondence / local addresses, Please fill ‘Annexure A1’

**F. 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.

**G. Clarification / Guidelines on filling ‘Related Person details section**

1. Provide KYC number of related person if available.

**H. Clarification / Guidelines on filling ‘Related Person details - Proof of Identity [PoI] of Related Person’ section**

1. Mention identification / reference number if ‘Z- Others (any document notified by the central government)’ is ticked.

**INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM**

**A. IMPORTANT POINTS:**

- Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorised to deal in securities on behalf of company/firm/others.
- Copies of all the documents submitted by the applicant should be self-attested 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 authorised for attesting the documents, as per the below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 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.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

**B. Proof of Identity (POI):- List of documents admissible as Proof of Identity:**

- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- PAN card with photograph.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its 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) :- List of documents admissible as Proof of Address:**

(\*Documents having an expiry date should be valid on the date of submission.)

- Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.

- Bank Account Statement/Passbook -- Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
- The proof of address in the name of the spouse may be accepted.

**D. Exemptions/clarifications to PAN**

(\*Sufficient documentary evidence in support of such claims to be collected.)

- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50, 000/- p.a.
- In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

**E. List of people authorised to attest the documents:**

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorised 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. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
<b>Corporate</b>	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). <input type="checkbox"/> Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. <input type="checkbox"/> Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. <input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation. <input type="checkbox"/> Copy of the Board Resolution for investment in securities market. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Partnership firm</b>	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered partnership firms only). <input type="checkbox"/> Copy of partnership deed. <input type="checkbox"/> Authorised signatories list with specimen signatures. <input type="checkbox"/> Photograph, POI, POA, PAN of Partners.
<b>Trust</b>	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered trust only). <input type="checkbox"/> Copy of Trust deed. <input type="checkbox"/> List of trustees certified by managing trustees/CA. <input type="checkbox"/> Photograph, POI, POA, PAN of Trustees.
<b>HUF</b>	<input type="checkbox"/> PAN of HUF. <input type="checkbox"/> Deed of declaration of HUF/ List of coparceners. <input type="checkbox"/> Bank pass-book/bank statement in the name of HUF. <input type="checkbox"/> Photograph, POI, POA, PAN of Karta.
<b>Unincorporated association or a body of individuals</b>	<input type="checkbox"/> Proof of Existence/Constitution document. <input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on its behalf. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Banks/ Institutional Investors</b>	<input type="checkbox"/> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Foreign Institutional Investors (FII)</b>	<input type="checkbox"/> Copy of SEBI registration certificate. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Army/ Government Bodies</b>	<input type="checkbox"/> Self-certification on letterhead. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Registered Society</b>	<input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act. <input type="checkbox"/> List of Managing Committee members. <input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures. <input type="checkbox"/> True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.



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 E-mail: ho@integratedmaster.com Website: www.integratedmaster.com  
 CIN: U74899DL1995PTC070418 Phones: 43074307 (30 Lines)

**Important Instructions:**


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

**For office use only** Application Type\*  New  Update  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

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

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
Occupation Type*	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector )	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> B-Business	<input type="checkbox"/> Student		
	<input type="checkbox"/> X- Not Categorised			

**PHOTO**



Signature / Thumb Impression

**GROSS ANNUAL INCOME DETAILS:— Income Range per annual (please tick any one)**

Below Rs. 1 Lac.  Rs. 1-5 Lac  Rs. 5-10 Lac  
 Rs. 10-25 Lac  More than Rs. 25 Lac

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

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

ISO 3166 Country Code of Jurisdiction of Residence\*

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

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

**3. PROOF OF IDENTITY (PoI)\***

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

A- Passport Number  Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

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

S- Simplified Measures Account - Document Type code  Identification Number

**4. PROOF OF ADDRESS (PoA)\***

**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS**

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

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

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

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

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

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

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

Line 1\*

Line 2

Line 3

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

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

Same as Current / Permanent / Overseas Address details

Same as Correspondence / Local Address details

Line 1\*

Line 2

Line 3

State\*  ZIP / Post Code\*  City / Town / Village\*  ISO 3166 Country Code\*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off)  Tel. (Res)  Mobile

FAX  Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1')

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

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\*  Prefix  First Name  Middle Name  Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY PoI OF RELATED PERSON\*

A- Passport Number  Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

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

S- Simplified Measures Account - Document Type code  Identification Number

**Please tick, if applicable**

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

8. REMARKS (If any)

9. APPLICANT DECLARATION

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



[Signature / Thumb Impression]

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :

Place :

Signature / Thumb Impression of Applicant

10. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

IPV & KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/>	Name <b>Integrated Master Securities Private Limited</b>
Emp. Name <input type="text"/>	Code <b>IN0065</b>
Emp. Code <input type="text"/>	<input type="text"/>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/>	[Institution Stamp]
[Employee Signature]	

# KNOW YOUR CLIENT (KYC) Application Form - For Non Individual



303, 3rd Floor, New Delhi House, 27 Barakhamba Road, Connaught Place, New Delhi-110001

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**  **NEW**  **CHANGE REQUEST** (Please tick ✓ the appropriate)  
 (Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

CKYC

## A IDENTITY DETAILS

1. Name of the Applicant

2a. Date of incorporation | D | D | / | M | M | / | Y | Y | Y | Y |      2b. Place of incorporation

3. Date of commencement of business | D | D | / | M | M | / | Y | Y | Y | Y |

4a. PAN

4b. Registration No. (e.g. CIN)

5. Status (Please tick ✓ the appropriate)

<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> HUF
<input type="checkbox"/> AOP	<input type="checkbox"/> Bank	<input type="checkbox"/> Government Body	<input type="checkbox"/> Non-Government Organization	<input type="checkbox"/> Defense Establishment
<input type="checkbox"/> BOI	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> Others (Please specify) _____	

## B ADDRESS DETAILS

1. Address for Correspondence

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
City / Town / Village	Pin Code
State	Country

2. Specify the Proof of Address submitted for Correspondence Address: \_\_\_\_\_

3. Contact Details

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Tel. (Off.)	Fax
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Tel. (Res.)	Mobile No
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
E-Mail Id	
<input style="width: 100%; height: 20px;" type="text"/>	

4. Registered Address (If different from above)

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
City / Town / Village	Pin Code
State	Country

5. Specify the Proof of Address submitted for registered Address: \_\_\_\_\_

## C OTHER DETAILS

1. Gross Annual Income Details (Please Specify) Income range per annum:

Below ₹ 1 Lac     ₹ 1-5 ₹Lac     ₹ 5-10 Lac     ₹ 10-25 Lac     ₹ 25 Lacs-1crore     More than ₹ 1crore

2. Net-worth (Net worth should not be older than 1 year) Amount ₹ \_\_\_\_\_ as on (date) | D | D | / | M | M | / | Y | Y | Y | Y |

3. Please tick, if applicable, for any of your authorised signatories/ Promoters/ Partners/ Karta/ Trustees/ whole time directors:

Politically Exposed Person (PEP)     Related to a Politically Exposed Person (PEP)

## D 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.

Date: | D | D | / | M | M | / | Y | Y | Y | Y |

Name & Signature of the Authorised Signatory

## FOR OFFICE USE ONLY

**In Person Verification (IPV) Details:**

Name of the person who has done the IPV: \_\_\_\_\_

Designation: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name of the Organization: \_\_\_\_\_

Date of IPV: | D | D | / | M | M | / | Y | Y | Y | Y |

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

- (Originals Verified) True copies of Documents received
- (Self Attested) Self Certified Document copies received

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of the Authorised Signatory

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN  3b. DIN/ UID

4. Residential/ Registered Address

City / Town / Village  Pin Code

State  Country

**PHOTOGRAPH**

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN  3b. DIN/ UID

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**PHOTOGRAPH**

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State  Country

**PHOTOGRAPH**

Please affix your recent passport size photograph and sign across it



CLIENT SIGNATURE

**A. BANK ACCOUNT(S) DETAILS**

Bank Name (1) \_\_\_\_\_  
 Branch Address \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ PIN Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

Bank Account No. \_\_\_\_\_  
 Account Type  Saving  Current  Others - In case of  NRI  NRE  NRO  
 MICR Number \_\_\_\_\_ IFSC Code \_\_\_\_\_

---

Bank Name (2) \_\_\_\_\_  
 Branch Address \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ PIN Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

Bank Account No. \_\_\_\_\_  
 Account Type  Saving  Current  Others - In case of  NRI  NRE  NRO  
 MICR Number \_\_\_\_\_ IFSC Code \_\_\_\_\_

**B. DEPOSITORY ACCOUNT(S) DETAILS**

Depository Participant Name (1) \_\_\_\_\_  
 Depository Name  NSDL DP ID \_\_\_\_\_ BO ID \_\_\_\_\_  
 CDSL DP ID \_\_\_\_\_ BO ID \_\_\_\_\_  
 Beneficiary Name \_\_\_\_\_

---

Depository Participant Name (2) \_\_\_\_\_  
 Depository Name  NSDL DP ID \_\_\_\_\_ BO ID \_\_\_\_\_  
 CDSL DP ID \_\_\_\_\_ BO ID \_\_\_\_\_  
 Beneficiary Name \_\_\_\_\_

**C. TRADING PREFERENCES**

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

Exchanges	NSE & BSE				MCX & NSE
All Segments	Cash/Mutual Fund	F & O	Currency	SLBM	Commodity Derivatives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you do not wish trade in any of segments / Mutual Fund etc. please mention here <input type="checkbox"/> _____					

## D. 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 :

1.
2.
3.

## E. DEALINGS THROUGH AUTHORISED PERSN (AP) / AND OTHER STOCK BROKERS

If Yes, please specify : .....

Name of AP.....

Name of Exchange..... Client Code : .....

Details of disputes/dues pending from/to such stock broker/sub-broker

Whether you are a Member / Sub-broker / AP of any Exchange  Yes  No

If yes, provide SEBI / EXCHANGES RESIGRATION NO. Ph. : Website :

## F. ADDITIONAL DETAILS

- ◆ Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)  
 Physical Contract Note  Electronic Contract Note  
Specify your Email id, if applicable
- ◆ Whether you wish to avail of the facility of internet trading/ wireless technology / Mobile Trading (please specify)  Yes  No
- ◆ Number of years of Investment/Trading Experience Years
- ◆ In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of  Company  Firm  Others
- ◆ Any other information

## G. INTRODUCER DETAILS (optional)

Name of the Introducer

Status of the Introducer  Sub-broker  Remisier  Authorized Person  Existing Client  Others, please specify

Address of Introducer

City/Town/Village  PIN Code

State  Country

Phone No.

Signature of the Introducer

## DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet & all Voluntary Document
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document and Guidance Note/ Do's/Don'ts. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for information on stock broker's designated Website : [www.integratedmaster.com](http://www.integratedmaster.com)
4. I/We, the holder of the above stated Aadhaar number, hereby give my/our consent to Integrated Master Securities Private Limited as obtain my/our Aadhaar Number for authentication with UIDAI. Integrated Master Securities (P) Limited me/us that my/our identity information would only be used for demographic authentication/validation/e-KYC purpose and also informed that my/our biometrics will not be stored/shared and will be submitted to CIDR only for the purpose of authentication.

Place

Date



Signature of Client/ Authorized Signatory (ies)

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation of the Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 and Guidance Note. 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**

**INSTRUCTIONS/ CHECK LIST**

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

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

- a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stockbroker/ sub-broker's office.
- b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person verification. Further considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

**5. For Non-Individuals**

- a. Form need to be initialized by all the authorized signatories.
- b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company / firm / others and their specimen signatures.

**CM / F&O / CD TARIFF SHEET**

Segment	Cash Segment (NSE/BSE)				Future Segment (NSE/BSE)		Option Segment (NSE/BSE)	Currency Derivatives Segment NSE/BSE		Option Segment (NSE/BSE)
	Square Up Transaction		Delivery Transaction		Percentage (%)	Minimum Paise (Per Share)	Brokerage (Per Lot)	Percentage (%)	Minimum Paise (Per Share)	Brokerage (Per Lot)
<b>Charges</b>	Percentage (%)	Minimum Paise (Per Share)	Percentage (%)	Minimum Paise (Per Share)	Percentage (%)	Minimum Paise (Per Share)	Brokerage (Per Lot)	Percentage (%)	Minimum Paise (Per Share)	Brokerage (Per Lot)
<b>Brokerage</b>										

**COMMODITY DERIVATIVES BROKERAGE SCHEDULE**

Segment	Future Segment MCX/NSE		Option MCX/NSE
<b>Charges</b>	Percentage (%)	Minimum Paise (Per Share)	Brokerage (Per Lot)
<b>Brokerage</b>			

Brokerage for Account settlement other than Quarterly Basic Brokerage will be charged as 2.5% per share on each and every leg of transactions on securities listed in cash segment and on index stock and currency futures on options contract listed in future and options and currency derivation segment brokerage will be charge as 2.5% or Rs. 100 per Rs. lot whichever is higher.


**Note:—**

1. Transaction & Clearing Charges, Stamp duty, GST, SEBI Fee, STT, CTT, and all legal levies as may applicable from time to time shall be charged separately in addition to the brokerage.
2. Late payment penalty @18% p.a. calculated on daily overdue balance shall be charged till actual realisation.
3. In case an internet trading terminal is provided, connectivity charges @Rs. \_\_\_\_\_ /- per month or \_\_\_\_\_% of turnover shall be charged separately.
4. Charges/service standards are subject to revision at sole discretion of Integrated Master Securities Private Limited.
5. Charges quoted above are for services listed. Any service not quoted above will be charged separately.

In case of Non-individual sign with stamp

Client Name: \_\_\_\_\_

Client Code: \_\_\_\_\_

 \_\_\_\_\_

Client Signature

To,

**INTEGRATED MASTER SECURITIES PRIVATE LIMITED**

303, 3rd Floor, New Delhi House,  
27 Barakhamba Road, New Delhi-110001

**Subject : My/Our request for trading in commodity forward contracts/commodity derivatives on NSE/  
MCX as your client.**

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

I/We hereby declare and undertake that we will not exceed the position limits as may be prescribed from time to time by NSE/MCX and such position limits will be calculated in accordance with the contents of above stated circular of NSE/MCX as modified from time to time.

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

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

I/We also confirm that my/our account in your company may be debited with the amount of penalty imposed by NSE/MCX for violating of norms of open position limits whenever any consequences arises.

In case of Non-individual sign with stamp

Client Name: \_\_\_\_\_

Client Code: \_\_\_\_\_






\_\_\_\_\_

Client Signature




**NOMINATION FORM - ANNEXURE - A**

NOMINATION OPTIONS			
<input type="checkbox"/> I/We wish to make a nomination [Details are provided in Nomination Form Prescribed by SEBI]		<input type="checkbox"/> I/We wish to opt of a nomination. [Details are provided in Nomination Form Prescribed by SEBI]	
<b>Nomination can be made upto three nominee(s) in the account</b>		<b>Details of 1st Nominee</b>	<b>Details of 2nd Nominee</b>
		<b>Details of 3rd Nominee</b>	
<b>1.</b>	<b>Name of the nominee(s) Mr./Ms.)</b>		
<b>2.</b>	<b>Share of each Nominee</b>	Equally [If not equally, please specify percentage]	% % %
		Any all lot after division shall be transferred to the first nominee mentioned in the form.	
<b>3.</b>	<b>Relationship With the Applicant (If Any)</b>		
<b>4..</b>	<b>Address nominee(s)</b>		
City / Place:			
State & Country:			
		Pincode	Pincode
<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		
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>			
<b>8.</b>	<b>Date of Birth</b> {in case of minor nominee(s)}		
<b>9.</b>	<b>Name of Guardian (Mr./Ms.)</b> {in case of minor nominee(s)}		
<b>10.</b>	<b>Address nominee(s)</b>		
City / Place:			
State & Country:			
		Pincode	Pincode
<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.)		
Second Holder (Mr./Ms.)		

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

OR

ANNEXURE — B											
Declaration form for opting out of Nomination											
	DATE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
UCC / TRADING CODE											
DP ID	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
Client ID (only for Demat Account)											
Sole / First Holder Name											
Second Holder Name											
Third Holder Name											
<p>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.</p> <p><b>Name and Signature of Holder(s)*</b></p> <p>1. _____ 2. _____ 3. _____</p> <p> _____  _____  _____</p>											

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

## UNDERTAKING FOR COMMON MOBILE NUMBER / EMAIL ID FOR TRADING AND DEMAT ACCOUNTS

**INTEGRATED MASTER SECURITIES (P) LTD.**

Dated : \_\_\_\_\_

303, 3rd Floor, New Delhi House, 27 Barakhamba Road, New Delhi-110001

Dear Sir,

I am your registered client having trading code as \_\_\_\_\_ and demat account number \_\_\_\_\_

The Email Id and Mobile No. associated with my Account is \_\_\_\_\_  
and \_\_\_\_\_ respectively.

Upon understanding that my mobile number/email ID is registered with some of the clients who have trading and/or demat accounts with you, I have to state that this is in my full knowledge and I have consented to the below mentioned clients who is / are members of my family, to state my mobile number/email id in their KYCs to which I have no objection:-

S.L. No.	Name	Client Code	Demant Account	Relation	Signature

You are requested to take it on your record and oblige.

Thanking you.

.....

NOTE : \* 'Family for this purpose would mean self, spouse, dependent children and dependent parents.

## ACKNOWLEDGEMENT TO IMSL FROM CLIENT

To,

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

### INTEGRATED MASTER SECURITIES PRIVATE LIMITED

Corporate Office : 303, 3rd Floor, New Delhi House,  
27 Barakhamba Road, New Delhi-110001

I/We intend to open a Trading Account with M/s. Integrated Master Securities (P) Ltd. who is Member of NSE, BSE and MCX

1. I/we have been duly made aware by the Member that client has a preference to receive the below referred documents either in electronic form or in physical form;
  - A. Right and Obligations of Stock Brokers, Sub-Brokers and Clients
  - B. internet and Wireless technology based trading facility provided by Stock Brokers to Client
  - C. Risk and Disclosure document for capital market and derivative segments
  - D. Guidance note-Do's and Don't for trading on the Exchange(s) for Investors
  - E. Policies & Procedures
  - F. Rights and obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories
  - G. Other disclosure/documents as agreed by me/us specially in voluntary segment.



\_\_\_\_\_  
Client Signature



\_\_\_\_\_  
Client Signature

## RECEIPT OF PHYSICAL KIT

To,

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

### INTEGRATED MASTER SECURITIES PRIVATE LIMITED

Corporate Office : 303, 3rd Floor, New Delhi House,  
27 Barakhamba Road, New Delhi-110001

I/We hereby confirm that I/We have received a copy of following documents:-

- A. Rights and Obligations of Stock Broker, Sub-Broker and Client.
- B. Internet and Wireless technology based trading facility provided by Stock Brokers to Clients.
- C. Risk and Disclosure document for Capital Market and derivative segments.
- D. Guidance note - Do's and Dont's for trading on the Exchange(s) for Investors.
- E. Policies & Procedures.
- F. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.
- G. Other disclosure/documents as agreed by me/us specifically in voluntary segment.

## CATEGORIZATION IN COMMODITIES DERIVATIVES SEGMENTS

**Note :** According to the SEBI circular No. SEB/HO/CDMRD/DNPMP/CIR/P/2019/08 and the circular of Recognized Stock Exchange having commodity Derivative Segment.

For More Information please visit to website of SEBI and Exchange.

<b>Client Name:</b>	
<b>Trading Code:</b>	
<b>PAN No.:</b>	

**Please Select Exchange:**

MCX / NSE

**Please select categories and product type:**

Categories	Product types				
<input type="checkbox"/> Farmer/FP Os	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Value Chain Participants (VCPs)	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Foreign Participant	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Domestic Financial Institutions I Investor	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All

### DECLARATION

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

<b>Client Name :</b>	
<b>Client Signature :</b>	

## DECLARATION, INDEMNITY CUM UNDERTAKING DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS

To,

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

### INTEGRATED MASTER SECURITIES PRIVATES LIMITED

Corporate Office : 303, 3rd Floor, New Delhi House,  
27 Barakhamba Road, New Delhi-110001

I/We \_\_\_\_\_ S/o., W/o., D/o. \_\_\_\_\_

\_\_\_\_\_ refer to  
my/our Trading Account

\_\_\_\_\_ Integrated Master Securities Private Limited do  
hereby affirm, declare.

and undertake that:

1. My/our name as it appears on my/our PAN Card is \_\_\_\_\_
2. My/our name as it appears on the Income Tax website is \_\_\_\_\_
3. Additional ID Proof \_\_\_\_\_
4. My/our name as it appears on the Address proof is \_\_\_\_\_
5. My/our name as it appears on the Bank Proof is \_\_\_\_\_
6. Above mentioned names on Trading Account, Tax Website, Address Proof, PAN Card No. \_\_\_\_\_ and Bank Account No. \_\_\_\_\_ are mine alone.
7. I/We hereby request IMSPL to maintain my/our name in Demat and Trading Account as per the name appearing on the website / PAN Card.
8. That I/We promise and undertake to get my/our PAN Card altered in accordance with my/our name as appearing on the Income Tax within 45 days from the date of signing this undertaking / Integrated Master Securities Private Limited may, at its sole discretion, terminate my/our trading and demat account in the event of me/us not getting my/our name altered within 45 days of signing this undertaking.
9. I/We further undertake to open a bank account in accordance with the name as appearing on the Income Tax website within a week from the date of signing this undertaking.
10. I/We further undertake that in case my/our name has been changed after approval from Government Authorities and notified in the gazette. I/ We shall get the name change effected in PAN, Bank Account etc. and furnish immediately to Integrated Master Securities Private Limited.
11. I/We further declare that I/We am/are responsible and I/We shall indemnify and keep indemnified Integrated Master Securities Private Limited its directors, officers, employees, agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, action proceedings arising out or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA) transfer, dematerialization of securities, rematerialization of securities, dividends, interest etc. that may arise out of or as a consequence and this declaration and/or acting on this basis.

That the contents of this declaration, indemnity-cum-Undertaking have been explained to me/us in vernacular language and I/We have understood before signing it. That this indemnity-cum-Undertaking given by me/us to IMSPL is by my/our absolute free will and not under any coercion, undue influence, pressure etc. with a stable mind and in sound health.

In case of Non-individual sign with stamp

Client Name: \_\_\_\_\_



\_\_\_\_\_  
Client Signature

**AUTHORITY TO PLACE INSTURCTIONS**

To,

Date :

**INTEGRATED MASTER SECURITIES PRIVIATE LIMITED**

303, 3rd Floor, New Delhi House,  
27 Barakhamba Road, New Delhi-110001

Dear Sir/Madam,

**Ref. : My Client Code No. : .....**

I have opened the client/constituent account with Integrated Master Securities Private Limited (herein referred to us "IMSPL") for trading/dealing in securities on BSE Limited (BSE) and/or National Stock Exchange of India limited and/or Multi Commodity Exchange of India Ltd. (MCX) and/or ..... (hereinafter referred to as "the Exchanges").

In this regard, please note that I have appointed Mr. / Ms. \_\_\_\_\_

having 

PAN :											
-------	--	--	--	--	--	--	--	--	--	--	--

 and

"Authorised Person" on my behalf for placing/giving executing orders in my above client account with you. The buying/selling/execution of order or other instruction given on my behalf by the above said Authorised Person shall be binding on me. He/She can communicate with IMSPL through telephone, email, fax, mobile, Short Messaging Service (SMS), messenger chat or any other mode/means of communication.

Please note that contract note, margin statement etc. shall be sent to me only and fund/securities will be received paid to/through my designated account with you only.

This Authorization shall remain in force till cancellation of the same by me or by "Authorised Person" whichever is earlier & intimation of the same in writing is submitted to IMSPL at its above mentioned office address. I understand that the IMSPL may decline to accept instruction of the above authorised person without assigning any reason.

Thanking you.


 \_\_\_\_\_

Client Signature

I hereby confirm that I have accepted the said authority given by the above mentioned client. I state I shall not carry out unregistered PMS activity and I shall comply with all the rules governing the Securities Market.

Client Name: \_\_\_\_\_

Client Code: \_\_\_\_\_

 \_\_\_\_\_

Authorised Person Signature

**Enclosure** : Self certified copy of PAN of Authorised Person.

**LETTER OF AUTHORITY / REQUEST**

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

**INTEGRATED MASTER SECURITIES PVT. LTD.**  
303, 3rd Floor, New Delhi House,  
27 Barakhamba Road, New Delhi-110001

Dear Sir,

I, the undersigned, have opened the client / constituent account with Integrated Master Securities Pvt. Ltd. (herein referred to as IMSPL for trading / dealing in securities on the Bombay Stock Exchange Limited (BSE). In respect of my dealing / account with you, I hereby request / instruct and authorize IMSPL to do the followings:-

1. To accept verbal instructions for placement / modification / cancellation of orders.
2. To maintain a running account instead of settlement of my trade related dues and/or delivery of securities or commodities on a bill-to-bill / settlement-to-settlement basis.
3. To retain the securities received by IMSPL on my behalf from Exchange(s) on pay-out or otherwise against my debit balance / trade related dues/ exposure/trading limits/ open interest/various margins or as per any regulations of BSE and / or NSE and / or MCX and / or IMSP. Such retaining / holding of securities shall be construed as due compliance of the requirement of exchange(s) and SEBI. Further, IMSPL has the sole discretion and authority (i) to use / Transfer the above securities to the clearing corporation / clearing member/ exchange(s) for the purpose of early pay-in / margin, Additional Base Capital; (ii) to dispose / sell the above securities to meet any monetary / other trade related dues/obligation(s) not fulfilled by me towards IMSPL / the exchange(s).
4. To hold payout of funds / credit in my account and pay to me only to the extent demanded by me. To use/ adjust the credit balance available from time to time in my account(s) for my exposure / trading limits/ margin requirements / other dues.
5. However, I prefer to settle the account on following basis (Please tick in Appropriate Box):-

Quarterly		Monthly	
-----------	--	---------	--

6. To debit / credi transfer of amounts, either on same Exchange and / or between various segments of the same exchange and / or between the exchanges across various segment and / or depository / demat charges to meet my debit balance or various dues payable to IMSPL / Exchanges in relation to my trades IMSPL.
7. To transfer credit / debit balance from mark to mark to market and/or premium account to margin account and vice versa.
8. All the instructions / requests placed by me on IMSPL website by using login and Password shall be always binding upon me.
9. I hereby agree to receive through telephone calls / SMS on my mobile number / email ID as registered by me with IMSPL, the messages / communications relating to transactions, PIN, passwords, stock ideas, real time news pertaining to market, updates on stock prices and any other messages (including products and services) as sent by IMSPL from time to time.

Further, I reserve my right to withdraw the above instructions at any time. In such event, I undertake to inform you in writing and such communication shall be addressed to the above address.

In case of Non-individual sign with stamp

Client Name: \_\_\_\_\_

 \_\_\_\_\_

Client Signature

**INTEGRATED MASTER SECURITIES (P) LTD.**

303, 3rd Floor, New Delhi House,  
27 Barakhamba Road, New Delhi-110001

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

**SUB. : DIGITALLY SIGNED ELECTRONIC CONTRACT NOTES / ACCOUNT / LEDGER STATEMENTS.**

This is to inform you that I/we am/are desirous of receiving contract notes for the dealings carried out by me/us through electronic mode of delivery and accordingly request you to provide me/us Digitally Signed Contract Notes through email on my/our email address provided below.

I/we further hereby irrevocably authorize and give consent to you to send the following information at my/our designated email address as mentioned below and the delivery of information so made shall be effective and deemed delivery to meet the requirement providing the said information such as the following

- Copy of my/our executed KYC kit
- Digitally signed contract notes / bills,
- Statement of Accounts / Ledgers
- Statement of Funds and Securities
- Margin statement relating to my account
- Any other important notice, Circular or communications including changes in the terms and conditions of service.

My/Our email ID for above purpose is as follows

My/Our Email ID is \_\_\_\_\_

(please write clearly)

I declare that the aforesaid email-id belongs to :

me or  my family (spouse, dependent children and dependent parents)

I/We understand that any change in the above email ID can be made by you only against a physical letter personally signed by me/us, or alternatively if the request is made through the password protected secured access as provided on your website.

I/We undertake to check the electronic contract notes regularly and bring the discrepancies, if any to Integrated Master Securities (P) Ltd. notice within 24 hours of issuance of such digital contract notes.

I/We also understand that Non-Bouncing of the Electronic Contract Notes (ECN) shall be construed as a valid deemed delivery of digital contract notes and other electronic documents sent to me/us, and you shall send physical contract notes to me/us only in case any ECN's bounced back to you from my email ID. Failure on my/our part to check/verify the contract notes on regular basis shall no a reason for disputing the digital contract note at any time and the payment obligations and transactions and trades shall be adhere and cleared by me/us.

Thanking you,

Yours faithfully,



In case of Non-individual sign with stamp

Client Name : \_\_\_\_\_ Client Code : \_\_\_\_\_

## UNDERTAKING FOR HIGH VALUE TRANSACTIONS IN MCX

To,

**INTEGRATED MASTER SECURITIES (P) LTD.**

303, 3rd Floor, New Delhi House,  
27 Barakhamba Road, New Delhi-110001

Dear Sir/Madam,

Please note that I hereby wish to inform you that I intend to transact for Rs. 5 lacs or more in a day in MCX based on various reasons for which I am liable.

I hereby inform you that the purpose and intended nature of business relationship is as mentioned below:

Purpose : \_\_\_\_\_

Intended nature of business relationship : \_\_\_\_\_

This undertaking is as per the requirement of the Exchange and SEBI relating to Anti Money Laundering (AML) and Know Your Client (KYC) norms.

Thanking you.

Yours faithfully



\_\_\_\_\_  
Client Signature

## PMLA DECLARATION (VOLUNTARY)

To,

**INTEGRATED MASTER SECURITIES (P) LTD.**  
303, New Delhi House, 27 Barakhamba Road,  
New Delhi-110001

Dear Sir/Madam,

I/We, declare that I have read & understood the contents and the provisions of the PML Act, 2002. Which were explained to me by IMSPL officials. I further undertake and confirm that;

- (1) I do not have any links with any unknown unlawful personal institutions
- (2) I am genuine person and do not involved or indulge knowingly or assisted directly and indirectly, in any process or activity connected with the proceeds of crime nor

I am a party to it, The investment money is derived from proper means and does not involve any black or howala money in any manner.

Thanking you

Yours faithfully,

In case of Non-individual sign with stamp



Client Code : \_\_\_\_\_

## RUNNING ACCOUNT AUTHORISATION

To,

**INTEGRATED MASTER SECURITIES PRIVATE LIMITED**

303, 3rd Floor, New Delhi House,  
27 Barakhamba Road, New Delhi-110001

Ref. : Authorization to maintain running accounts for transactions for my/our client code \_\_\_\_\_

Dear Sir/Madam,

I/we, as a client have been dealing through you as my/our broker in Capital Market and/or Futures & Options Segments/Currency Derivatives and/or Commodity Segment and/or Mutual Fund Segment. In order to facilitate ease of operations and upfront requirement of margin for trade, I/we authorize you as under:

1. I/We request you to maintain running balance in my/our account and retain the credit balance in my/our account and to use the unutilized funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any/all the exchanges/clearing corporation unless I/we instruct you otherwise.
2. I/we request you to settle my fund once in 30 days or in 90 days or such other higher period as may be allowed by SEBI/Stock Exchanges from time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.
3. I/we confirm that I/we will bring to your notice any deviation observed in the statement of account or settlement so made in writing within 30 working days from the date of receipt of funds/securities or statement of accounts at your registered office.

This running account authorization provided by me/us shall continue and remain valid until it is revoked at any time by me/us in writing.

In case of Non-individual sign with stamp



\_\_\_\_\_  
Client Signature

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

**INTEGRATED MASTER SECURITIES (P) LTD.**

303, 3rd Floor, New Delhi House, 27 Barakhamba Road, New Delhi-110001

Dear Sir,

With respect to the member client Agreement executed between us, we authorise you as under:

**Right to exercise Set-Off / Lien and sharing of information**

Mr./Ms./M/s. \_\_\_\_\_ an Individual / a sole proprietary concern / HUF / a partnership firm / a body corporate, registered / incorporated, under the provisions of the Indian Partnership Act, 1932 / the Companies Act, 1956/2013, having his / her / its residence / registered office at \_\_\_\_\_ (hereinafter called "the client")

That I/We, am/are a Client of Integrated Master Securities (P) Ltd. and have executed a Member - Client Agreement with the aforesaid company for investing / trading in securities / permitted for dealing on the respective Exchanges and also for investing/trading in those contracts admitted/permitted for dealing on the Derivatives Market segment of the respective Exchanges.

That in respect to the aforesaid agreements, I/We hereby authorise IMSPL to exercise the right to set off the balances In my/our accounts with IMSPL in any segment/exchange with respect to monies and commodities, securities or other property, which IMSPL may hold on my/our account, shall be held subject to a general lien for the discharge of my/our obligations to IMSPL under these agreements. The right of lien and set-off conferred to IMSPL by me/us are as follows:

1. All securities in the demat account opened (if any) with the depository Participant (namely IMSPL), and in beneficiary Alc. shall be subject to lien for the discharge of any or all payments due to IMSPL from me/us or any other obligations to IMSPL and may be held by IMSPL as a security against default by me/us in respect of the services already availed of by me/us from IMSPL.
2. The enforcement of the lien aforementioned shall be at the sole and complete discretion of IMSPL.
3. I/We agree that IMSPL shall have the right of set-off amongst all trading account/(s) maintained by me/us with IMSPL.
4. The right of set-off as aforesaid shall extend to my/our trading accounts with respect to all broking transactions with associated concerns, affiliates or sister concerns of IMSPL as though such accounts are maintained with IMSPL.
5. In case of debit balance in my account, it is not paid by me as per the settlement schedules you are authorized to sell/pledge at any point of time the securities purchased by me in previous settlements. If Loss/Profit occurs on this transaction it will be treated as normal sale or purchase, and I am agreeing to pay the balance amount if any. S
6. I/We agree that IMSPL may share the information provided by me/us pertaining to my trading and demat account to its sister concerns/group concerns/associates as and when required.

Furthermore, the aforesaid lien / set-off conferred on IMSPL shall subsist even after the termination of the aforesaid Member- Client Agreements with IMSPL until all obligations under the said agreements are satisfied fully by me/us.

Thanking you

Yours faithfully,

In case of Non-individual sign with stamp 

Client Code : \_\_\_\_\_



**Annexure for Individual Accounts**

*(Including Sole Proprietor) (Refer to instructions)*

*(Please consult your professional tax advisor for further guidance on your tax residency, if required)*

**First / Sole Applicant / Guardian**

Name																											
Gender	M	F	O		PAN					Occupation Type	Service	Business	Others														
Father's Name																											
Client ID or Client Code:																											
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																											
Type of address given at KYC	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																			
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																										
Date of Birth																											
Country of Birth																											
Nationality																											

Are you a tax resident of any country other than India? Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

**Second applicant**

Name																											
Gender	M	F	O		PAN					Occupation Type	Service	Business	Others														
Father's Name																											
Cust ID / Folio No.																											
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																											
Type of address given at KYC	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																			
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																										
Date of Birth																											
Country of Birth																											
Nationality																											

Are you a tax resident of any country other than India? Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### Third applicant

Name																	
Gender	M	F	O		PAN									Occupation Type	Service	Business	Others
Father's Name																	
Cust ID / Folio No.																	

*Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes*

Type of address given at KYC	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office
Permissible documents are	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> PAN Card <input type="radio"/> Govt. ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA Job Card <input type="radio"/> Others							
Date of Birth				Place of Birth				
Country of Birth								
Nationality								

Are you a tax resident of any country other than India? Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country*	Tax Identification Number%	Identification Type <i>(TIN or Other, please specify)</i>

\*To also include USA, where the individual is a citizen / green card holder of The USA  
 %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

**Signatures**

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	Place <input style="width: 100%;" type="text"/>	

### FATCA & CRS Terms & Conditions

**Details under FATCA & CRS:** The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Integrated Master Securities Private Limited or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.



## Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity																
Type of address given at KYC	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office								
"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"																
Client ID or Client Code																
PAN						Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y
City of incorporation																
Country of incorporation																
Entity Constitution Type	<input type="checkbox"/> a Partnership Firm	<input type="checkbox"/> b HUF	<input type="checkbox"/> c Private Limited Company	<input type="checkbox"/> d Public Limited Company	<input type="checkbox"/> e Society	<input type="checkbox"/> f AOP/BOI										
Please tick as appropriate	<input type="checkbox"/> g Trust	<input type="checkbox"/> h Liquidator	<input type="checkbox"/> i Limited Liability Partnership	<input type="checkbox"/> j Artificial Juridical Person	<input type="checkbox"/> k Others specify											

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India  Yes  No  
*(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)*

Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)

\*In case Tax Identification Number is not available, kindly provide its functional equivalent\*.  
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

### FATCA & CRS Declaration

*(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)*

#### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,  
 Financial institution<sup>6</sup>   
 or  
 Direct reporting NFE<sup>7</sup>   
*(please tick as appropriate)*

**GIIN**

**Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

**GIIN not available** (please tick as applicable)  **Applied for**  
 If the entity is a financial institution,  Not required to apply for - please specify 2 digits sub-category<sup>10</sup>   
 Not obtained - Non-participating FI

#### PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i> Name of stock exchange _____
2. Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i> Name of listed company _____ Nature of relation: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active <sup>3</sup> NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <i>(Mention code - refer 2c of Part D)</i>
4. Is the Entity a passive <sup>4</sup> NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>4</sup>Refer 3(ii) of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 1A of Part D

## UBO Declaration

**Category** (Please tick applicable category):  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  
 Unincorporated association / body of individuals  Public Charitable Trust  Religious Trust  Private Trust  
 Others (please specify \_\_\_\_\_)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's<sup>5</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country <sup>6</sup>	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code <sup>11</sup> - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name _____ Country _____ Tax ID No. <sup>3</sup> _____	Tax ID Type _____ Type Code _____ AddressType _____ <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address _____ ZIP _____ State: _____ Country: _____
2. Name _____ Country _____ Tax ID No. <sup>3</sup> _____	Tax ID Type _____ Type Code _____ AddressType _____ <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address _____ ZIP _____ State: _____ Country: _____
3. Name _____ Country _____ Tax ID No. <sup>3</sup> _____	Tax ID Type _____ Type Code _____ AddressType _____ <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address _____ ZIP _____ State: _____ Country: _____

# If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence/NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

\* To include US, where controlling person is a US citizen or green card holder

<sup>6</sup>In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>4</sup>Refer 3(iii) of Part D | <sup>5</sup>Refer 3(vi) of Part D | <sup>11</sup>Refer 3(iv) (A) of Part D

### FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Integrated Master Securities Private Limited or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

<sup>11</sup>It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and

#### Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name			
Designation			
Signature	Signature	Signature	Place _____ Date __/__/____

### **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.

**Client Name**

**Client Signature**

MEMBER



DP



REGD. OFFICE:

303, 3rd Floor, New Delhi House, 27, Barakhamba Road, New Delhi - 110001

Phones : 011 - 43074307 (30 Lines)

E-mail : [ceo@integratedmaster.com](mailto:ceo@integratedmaster.com) Website : [www.integratedmaster.com](http://www.integratedmaster.com)