

Client Registration Kit

INDIVIDUAL • HUF • CORPORATE • PARTNERSHIP FIRM

Application No. _____



Share India
You generate, we multiply

Share India Algo Plus Pvt. Ltd.

Trading in Equity, F&O, Currency Derivatives and Commodity Derivatives - NSE / BSE / MCX

INDEX OF DOCUMENTS

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

S.No.	Name of the Document*	Brief Significance of the Document	Page No.
1.	Account Opening Form	(a) KYC Form - Document captures the basic information about the constituent and an instruction / check list.	i - xvi
		(b) FATCA & CRS Declaration	xvii - xix
		(c) Demat Debit and Pledge Instruction	xx
		(d) Document captures the additional information about the constituent relevant to trading account and an instruction / check list.	A-1 to A-8
2.	Policies and Procedures	Document describing significant policies and procedure of the stock broker.	A-9 to A-12
3.	Tariff Sheet	Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	A-13

*The remaining mandatory documents i.e. Investor Charter, Uniform Risk Disclosure Document (RDD), Rights & Obligations of Member, Authorised Persons and Clients & Do's and Don'ts for the Investors shall be provided to the client separately in physical / electronic form as per preference indicated by the client at page no. A-4.

VOLUNTARY DOCUMENTS AS PROVIDED BY SHARE INDIA

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Running Account Authorisation	Authority to the Trading Member to maintain a running account for the Client.	A-14
2.	Declaration for Name Mismatch	Declaration for Name Mismatch	A-15
3.	Additional Rights & Obligations	Additional Rights & Obligations agreed to between the Trading Member and Client	A-16 to A-20
4.	Electronic Contract Note (ECN)	Authority to provide the Contract Note electronically via email.	A-21
5.	Open Interest Declaration	Declaration by the Client to abide the Net Open Interest Position as permissible in any Commodity.	A-22
6.	Client undertaking for Options Trading	Client undertaking for Options Trading	A-22
7.	PMLA Declaration	Declaration for PMLA	A-23
8.	Client's Defaulter Declaration	Client's Non-defaulter declaration	A-23
9.	SMS & E-mail Alerts	Authorisation for SMS & E-mail alerts to the clients given by the Exchanges.	A-24
10.	Commodity-wise Categorization	Submission of Information W.R.T. Commodity-Wise Categorization	A-25

CONTACT DETAILS FOR HANDLING INVESTOR'S GRIEVANCES

In case of any dispute / complaint, clients may communicate with the below-mentioned official of Share India Algo Plus Pvt. Ltd.:

Contact Person	Designation	Contact No.	E-mail Id
Ms. Pooja Sehgal	Compliance Officer	(0120) 4910048	pooja.sehgal@shareindiaalgotplus.com

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

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

Name of Stock Exchange	Contact No.	E-mail Id
BSE	(022) 22728097	is@bseindia.com
NSE	(022) 26598190	ignse@nse.co.in
MCX	(022) 66494070	grievance@mcxindia.com

NOTES:

- A. Kindly note that information provided in the Client Registration Kit shall not be disclosed to any person/entity except in accordance with law
- B. Kindly also note that Share India Algo Plus Pvt. Ltd. also does Proprietary (Own A/c) trading in addition to Clients' trading.
- C. In terms of Exchange circulars NSE/COMP/50610 and BSE/20211215-63 dated December 15, 2021, we wish to inform you that the Business Continuity Plan/Disaster Recovery set up guidelines outlined in the said circular is presently not applicable to us.



Share India Algo Plus Pvt. Ltd.

CIN : U51909GJ2003PTC116293

REGISTERED OFFICE :

1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

E-mail : pooja.sehgal@shareindiaalgotplus.com

Exchange	Membership No.	SEBI Registration No.	Registration Date
National Stock Exchange of India Ltd.	90273	INZ000301934	28-09-2021
BSE Limited	4097		
Multi Commodity Exchange of India Ltd	57065		

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

MS. POOJA SEHGAL

Phone : 0120-4910048

E-mail Id : pooja.sehgal@shareindiaalgotplus.com

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



Important Instructions:

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

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

Application Type* New Update

KYC Number (Mandatory for KYC update request)

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

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

Name* (Same as ID proof)

Prefix First Name Middle Name Last Name

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YY YY

Gender* M- Male F- Female T-Transgender


Marital Status* Married Unmarried Others

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

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

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

PHOTO



Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

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

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

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

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

B- Voter ID Card

C- PAN Card

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

E- UID (Aadhaar)

F- NREGA Job Card

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

S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

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

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

Address Type* Residential / Business Residential Business Registered Office Unspecified

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

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

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

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

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

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

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

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

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

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

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

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

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

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

7. REMARKS (If any)

8. APPLICANT DECLARATION

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



[Signature / Thumb Impression]

Date : -- Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

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

[Employee Signature]

INSTITUTION DETAILS

Name **SHARE INDIA ALGO PLUS PVT. LTD.**
 Code

[Institution Stamp]

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals



Important Instructions:

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

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

Application Type* New Update

KYC Number (Mandatory for KYC update request)

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

Name*

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

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

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

PAN* Form 60 furnished

TIN / GST Registration Number

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

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

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

Memorandum and Articles of Association Partnership Deed Trust Deed

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

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

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

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

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

Line 1*

Line 2

Line 3 City / Town / Village*

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

3.1 Registered Office Address / Place of Business*

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

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

Annexure A2 | Legal Entity / Other than Individuals

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



Important Instructions:

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

For office use only <i>(To be filled by financial institution)</i>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete
KYC Number	<input type="text"/> <i>(Mandatory for KYC update request)</i>

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

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

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

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

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

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

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

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

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

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

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO*

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

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

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

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

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

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

FAX - Email ID

2. APPLICANT DECLARATION

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

 [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : - - Place :

3. ATTESTATION / FOR OFFICE USE ONLY

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

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **SHARE INDIA ALGO PLUS PVT. LTD.**

Code

[Institution Stamp]

Annexure A2 | Legal Entity / Other than Individuals

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



Important Instructions:

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

For office use only <i>(To be filled by financial institution)</i>	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	
	KYC Number	<input type="text"/>			<i>(Mandatory for KYC update request)</i>

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

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

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

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

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

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

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

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

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

A- Passport Number

B- Voter ID Card

C- Driving Licence

D- NREGA Job Card

E- National Population Register Letter

F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO*

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

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

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

A- Passport Number

B- Voter ID Card

C- Driving Licence

D- NREGA Job Card

E- National Population Register Letter

F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

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

FAX - Email ID

2. APPLICANT DECLARATION

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

 [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : - - Place :

3. ATTESTATION / FOR OFFICE USE ONLY

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

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name SHARE INDIA ALGO PLUS PVT. LTD.
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<div style="border: 1px solid gray; padding: 20px; text-align: center;">[Institution Stamp]</div>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<div style="border: 1px solid gray; padding: 20px; text-align: center;">[Employee Signature]</div>	

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



CDSL VENTURES LIMITED
Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

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

Application Number: _____

Application Type*: New KYC Modification KYC

KYC Mode*: Please Tick (✓)

- Normal EKYC OTP EKYC Biometric Online KYC Offline KYC Digilocker

1. Identity Details (please refer guidelines overleaf)

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

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Marital Status* Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

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

Recent passport size
Applicant Photo

Cross Signature across photograph

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

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

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

B— Passport Number _____ (Expiry Date) _____

C— Voter ID Card _____ (Expiry Date) _____

D—Driving License _____

E—NREGA Job Card _____

F— NPR _____

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

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted) A—Aadhaar Card XXXX XXXX _ _ _ _ B—Passport Number _____ (Expiry Date) _____ C—Voter ID Card _____ D—Driving License _____ (Expiry Date) _____ E—NREGA Job Card _____ F—NPR Letter _____ Z— _____ (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 details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA 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.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) carried out by*

Intermediary Details*

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

 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 Non- Individuals Only)

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



CDSL VENTURES LIMITED
....Exploring New Horizons



Application Number :

Application Type*: New KYC Modification KYC

1. Entity Details (please refer guidelines)

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

Name* (same as ID proof)

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type*

Please Tick (✓)

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

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

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

3. Address Details* (please refer the guidelines)

A. Registered Address*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Applicant Digital Signature (DSC)

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

- Certificate of Incorporation/Formation Registration Certificate Other document _____
 Latest Telephone Bill# (Landline only) Latest Electricity Bill# Latest Bank Account Statement#
 Registered Lease/ Sale Agreement of Office Premises Validity/Expiry Date of POA (Expiry Date) ____ ____ ____ ____ ____
 Any other proof of address document (as listed overleaf) _____

4. Contact Details

Email ID _____ Mobile No. _____
 Email ID _____ Mobile No. _____
 Tel (Off) _____ Fax _____

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information

7. Applicant Declaration

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

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

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant Digital Signature (DSC)

Applicant Wet Signature

7 **8. For Office Use Only****KYC carried out by***

KYC Date ____ ____ ____ ____ ____
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____

Employee Signature and Stamp

Intermediary Details*

- Self certified document copies received (Originals Verified)
 True Copies of documents received (Attested)
 AMC / Intermediary Name OR Code:

Employee Signature and Stamp

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



CDSL VENTURES LIMITED
....Exploring New Horizons



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

Application Number :

Application Type*: New KYC Modification KYC

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

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

Name* (same as ID proof) _____

Maiden Name+ (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Nationality* Indian Other _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed Official Proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

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

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

A — Aadhaar Card XXXX XXXX _____

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

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

Identification Number _____



2. Address Details* (please refer guidelines overleaf)

A. Correspondence/Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-Sign

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

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

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

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res.) _____

4. Applicant Declaration

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

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

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-Sign

Applicant Wet Signature



5. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp

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



CDSL VENTURES LIMITED
....Exploring New Horizons



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

Application Number :

Application Type*: New KYC Modification KYC

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

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

Name* (same as ID proof) _____

Maiden Name+ (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Nationality* Indian Other _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed Official Proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

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

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

A — Aadhaar Card XXXX XXXX _____

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

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

Identification Number _____



2. Address Details* (please refer guidelines overleaf)

A. Correspondence/Local Address*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-Sign

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

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

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

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res.) _____

4. Applicant Declaration

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

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

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-Sign

Applicant Wet Signature



5. For Office Use Only

KYC carried out by*

KYC Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Employee Signature and Stamp

Intermediary Details*

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

Institution Name and Stamp

FATCA & CRS Declaration (Individual)

PAN Trading Code DP BO ID

Name

Place of Birth Country of Birth

Nationality

Annual Income Below Rs. 1 Lac Rs. 1 Lac to 5 Lac Rs. 5 Lac to 10 Lac
 Rs. 10 Lac to 25 Lac Rs. 25 Lac to 1 Crore > 1 Crore

Net Worth **Amount Rs.**..... Net Worth as on

(Net worth should not be older than 1 year)

Occupational Business Private Sector Professional Government Service Public Sector
 Detail Agriculturist Housewife Student Retired Forex Dealer Others Pl. Specify

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

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

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

Sr. No.	Country	Tax Identification Number	Identification Type <i>(TIN or Other, please specify)</i>
1.			
2.			
3.			

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Share India Algo Plus Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).



Date :

Place :

For Investor convenience, Share India Algo Plus Pvt. Ltd. (SIAPL) collecting this mandatory information for updating across all Group Companies of SIAPL whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest SIAPL or you can dispatch the hard copy to-

Share India Algo Plus Pvt. Ltd.

**Registered Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
 Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India**

• For Detail Terms & Conditions please visit www.shareindiaalgotplus.com

FATCA & CRS Declaration (Non-Individual)

PAN Trading Code DP BO ID

Name

Please tick the applicable tax resident declaration -

I. 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.)

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other ^o , please specify)
1.			
2.			
3.			

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

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

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input style="width: 400px;" type="text"/> 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 _____ _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width: 50px;" type="text"/> (Refer 1 A of Part C)
--	--

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 (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input style="width: 50px;" type="text"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):


<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust
<input type="checkbox"/> Private Trust	<input type="checkbox"/> 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). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID [¶]			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder
[¶] If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.
^{¶¶} In case Tax Identification Number is not available, kindly provide functional equivalent
[§] Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION	
<p>I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Share India Algo Plus Pvt. Ltd. for any modification to this information promptly.</p> <p>I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).</p>	
Name	
Designation	
	Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place : <input type="text"/>

For Investor convenience, Share India Algo Plus Pvt. Ltd. (SIAPL) collecting this mandatory information for updating across all Group Companies of SIAPL whether you are already an investor or would become an investor in future.
Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest SIAPL branch or you can dispatch the hard copy to-

Share India Algo Plus Pvt. Ltd.
Registered Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

• For Detail Terms & Conditions please visit www.shareindiaalgo.com

DEMAT DEBIT AND PLEDGE INSTRUCTION

S. No.	Purpose	Signature of Client
1.	Transfer of securities held in the beneficial owner account 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	

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

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

Beneficial Owner (BO) ID: _____

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

To Whomsoever It may Concern

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

- a) Duly completed copies of all KYC documents including mandatory documents as well non-mandatory documents executed by me/us for the purpose of Limited my/our Client Registration with M/s Share India Algo Plus Pvt. Ltd.
- b) Copies of Rights & Obligations of stock broker, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/ wireless technology based trading); Uniform Risk Disclosure Documents (for all segments/ exchanges); Guidance Note detailing Do's and Don'ts for trading on stock exchanges, Additional Risk Disclosure documents for Option Trading and Investor Charter for Stock Broker.

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

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

E-mail-Id _____

(to be used by M/s. Share India Algo Plus Pvt. Ltd. for the purpose of sending electronic contract notes)

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Client Name: _____ Client Code: _____

INFORMATION REGARDING SEBI COMPLAINT REDRESS SYSTEM (SCORES)

Filing of complaints on SEBI SCORES - Easy & Quick

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

PART 3 - TRADING ACCOUNT RELATED DETAILS - MANDATORY FOR ALL**A. BANK ACCOUNT(S) DETAILS** (Through which transactions shall generally be routed)






Bank Name	Branch Address	Account Number	Account Type Saving/Current/Others	MICR Number	IFSC Code
			in case of NRI/NRE/NRO		

B. DEPOSITORY ACCOUNT(S) DETAILS (Through which transactions shall generally be routed)

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

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 & MSEI				MCX, NCDEX BSE & NSE
All Segments	Cash/Mutual Fund	F&O	Currency	Debt	Commodity Derivatives
					

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

OTHER DETAILS

1. **Gross Annual Income Details** (Please tick (✓) : Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac
 > 25 Lacs > 1 Crore **OR**

Net-worth in ₹. (*Net worth should not be older than 1 year) as on (date)

2. **Occupation** (Please tick (✓) any one and give brief details) :

Private Sector Service Public Sector Government Service Business Professional Agriculturist
 Retired Housewife Student Forex Dealer Others (Pl. specify) _____

3. **Please tick, if applicable** : Related to a Politically Exposed Person Politically Exposed Person N.A.

4. **If Mobile No./Email Id proposed to be used by the client belongs to a different person, then please provide these additional details**
- | | |
|---|--|
| Name of the user of Mobile No.
_____ | Relation with Mobile No. user :
<input type="checkbox"/> Self <input type="checkbox"/> Spouse
<input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent |
| | Relation with Email Id user :
<input type="checkbox"/> Self <input type="checkbox"/> Spouse
<input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent |
| Name of the user of Email Id :
_____ | |

5. **Is the entity involved/providing any of the following services** YES NO

– For Foreign Exchange / Money Changer Services YES NO
– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO
– Money Lending / Pawning YES NO

6. **Any other information** : _____

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:
.....

E. GST DETAILS (As applicable, State wise)

Legal Name			
Trade Name			
GSTIN		Registration Date	
Name of the State		State Code	
Other State GSTIN		Registration Date	
Name of the State		State Code	

F. DEALINGS THROUGH AUTHORISED PERSON AND OTHER STOCK BROKERS

If case client has dealt through any other broker / auth. person, please provide the following details:
(if case dealing with multiple stock brokers/auth. person, provide details of all. Separate sheets may be used if required)

Name of the Broker : _____

Client Code : _____ Exchange : _____

Details of disputes/dues pending from/to such stock broker/auth. person, if any: _____

Please provide following additional in case clients had been introduced by a Authorised Person:

Auth. Person's Name: _____ SEBI Registration number: _____

Registered office address: _____

Ph: _____ Fax: _____ Website: _____

G. ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify) :

Specify your Email id, if applicable : _____

Whether you wish to avail of the facility of internet trading/ wireless technology (please specify) :

Number of years of Investment/Trading Experience along with relevant details: _____

Details of persons authorized to deal on behalf of Non-Individual Clients (Separate annexure may be used if required).

PHOTOGRAPH
Sign across the Photograph

PHOTOGRAPH
Sign across the Photograph

Name.....

Designation.....

PAN.....

UID/Aadhaar.....

Residential Address.....

.....

.....

Signature.....

Any other information :

.....

Name.....

Designation.....

PAN.....

UID/Aadhaar.....

Residential Address.....

.....

.....

Signature.....

Any other information :

.....

H. DETAILS OF INTRODUCER (Optional)

Signature	
Name	
Address	
Phone/Mobile No.	
Status of Introducer	<input type="checkbox"/> Remisier <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others (Pl. Specify.....)

I/we request that I/we may be provided with the copies of Rights & Obligations of stock broker, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/ wireless technology based trading); Uniform Risk Disclosure Documents (for all segments/ exchanges); and Guidance Note detailing Do's and Don'ts for trading on stock exchanges in the following form: *(Please tick the applicable box)*

Physical Form Electronic Form (through E-mail)

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.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. 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 have been displayed for Information on company's Website.

Place _____

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Date

Signature of Client / All Authorized Signatory (ies)

NOMINATION FORM - FOR TRADING ACCOUNT*(To be filled in by individual applying singly or jointly)***Share India Algo Plus Pvt. Ltd.**Regd. Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

DATE	D	D	M	M	Y	Y	Y	Y	UCC/DP ID							Client ID						
------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	-----------	--	--	--	--	--	--

I/We wish to make a nomination. [As per details given below]

NOMINATION DETAILS




I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our 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
1.	Name of the nominee(s) Mr./Ms.)			
2.	Share of each Nominee Equally <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>				
3.	Relationship with the Applicant (if any)			
4.	Address of Nominee(s) City / Place State / Country PIN Code			
5.	Mobile/Telephone No. of Nominee(s)			
6.	Email ID of nominee(s)			
7.	Nominee Identification details - [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 A/c 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 :

8.	Date of Birth {in case of minor nominee(s)}			
9.	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
10.	Address of Guardian(s) City / Place State / Country PIN Code			
11.	Mobile/Telephone No. of Guardian			
12.	Email ID of nominee(s)			

13.	Relationship of Guardian with nominee			
14.	Guardian Identification details - [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 A/c 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.)		17 
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

Note : This nomination shall supersede any prior nomination made by the account holder(s), if any.

ACKNOWLEDGEMENT RECEIPT

DATE _____

We hereby acknowledge the receipt of the Nomination Form :

Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

DP Sign & Stamp

DECLARATION FORM FOR OPTING OUT OF NOMINATION

To,

Share India Algo Plus Pvt. Ltd.

Regd. Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India



DATE	D	D	M	M	Y	Y	Y	Y	UCC/DP ID												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.

Signatures of Holder(s)	18		
	Sole/First Holder/Signatory's Signature	Second Holder/Signatory's Signature	Third Holder/Signatory's Signature

FOR OFFICE USE ONLY

UCC Code allotted to the Client : _____

	Document verified with Originals	Client Interviewed By	In-Person Verification Done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
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, Do's and Don'ts 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 company's website, for the information of the clients.

Signature of the Authorised Signatory

Date :

Seal / Stamp of Share India Algo Plus Pvt. Ltd.

INSTRUCTIONS / CHECK LIST

1. 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.
2. Demat master or recent holding statement issued by DP bearing name of the client.
3. For individuals:
 - a. 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.
 - 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.
4. 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.

Mandatory document dealing with Policies and Procedures pursuant to SEBI's Circular No. MIRSD/SE/Cir-19/2009 dated December 3, 2009

1. Refusal of order for Penny stocks :

SHARE INDIA ALGO PLUS PVT. LTD. (SIAPL) shall have the absolute discretion to accept, refuse or partially accept any buy or sell order for execution from a client in respect of penny stocks, illiquid stocks, stocks having low liquidity, illiquid futures/options, far month futures/options, writing of options, stocks in S, ST, X,Z,P and GSM category and any other contracts which as per the perception of SIAPL are extremely volatile or subject to Market manipulation.

SIAPL may permit restrictive acceptance of orders in such scrips/contracts in controlled environments like orders received from clients being forwarded by branches to a centralized desk at HO instead of allowing trading in such scrips/Contracts at branch level or through Online trading platform. SIAPL shall not be responsible for delay in execution of such orders and consequential opportunity loss or financial loss to the client.

SIAPL may cancel orders in such scrips/contracts received from clients before execution or after partial execution without assigning any reasons thereof. SIAPL may take appropriate declarations from the clients before accepting such orders.

SIAPL shall have the prerogative to place such restrictions, notwithstanding the fact that the client has adequate credit balance or margin available in his account and/or the client had previously purchased or sold such securities / contracts through SIAPL itself.

2. Setting up client's Exposure limits :

Purchase Limit : SIAPL may provide a exposure limit for intraday and delivery based purchases by a client which would be a multiple (varying between one to four times) of the clear ledger balance in the account of the client plus value of paid up collaterals computed after appropriate haircut. The value of the "multiple" and the "haircut" shall be decided by SIAPL based on Market Volatility and quality of collaterals.

Sell Limit : SIAPL may provide a sell limit to the client equivalent to the value of securities held by the client in his POA enabled Demat account plus the collateral held by SIAPL on behalf of the client in its Beneficiary and Margin Pool account after making appropriate adjustments for the unsettled delivery positions of the client.

Exposure for F&O : SIAPL may provide exposure for F&O based on availability of initial margin (SPAN + Exposure) in the form of cash and approved securities (with appropriate hair cut).

Client-wise differential Limits : SIAPL shall have the prerogative to allow differential purchase limits and sell limits varying from client to client, depending upon credit worthiness, integrity and past conduct of each client.

3. Applicable Brokerage Rates

Brokerage shall be applied as per the rates agreed upon with the client in the KYC at the time of registration of the client and/or subsequently through a written agreement between the client and SIAPL. The rate of Brokerage shall not exceed the maximum brokerage permissible under Exchange bye-laws.

The slab rates of brokerage fixed by SIAPL are function of the quality and cost of services provided to the client and the volume and revenue expected from an account. It shall be reviewed by the SIAPL from time to time and may be increased with prospective effect at a notice of 15 days sent to the E-mail address or postal address of the client registered with SIAPL.

The brokerage shall however be exclusive of the following :

- DP Annual maintenance charges
- DP transaction charges / Pledge / Re-pledge / Demat / Remat charges
- DP Inter settlement charges
- Account Opening charges
- Delayed Payment charges
- Penalties levied by Exchange
- Research advisory charges
- Courier charges
- Bank charges towards the cheques received unpaid,
- DP, Bank and other processing charges towards periodic settlement of Funds/ Securities on periodic basis
- Statutory charges payable to Exchange/ SEBI/Govt. Authorities etc.,
- SEBI/Exchange/Clearing Member Turnover charges
- Other out of pocket and service related charges

- 4. Imposition of Penalty / delayed payment charges by either party, specifying the rate and the period.**
- Delayed payment charges / Charges on Exposure against collaterals :**
- As a matter of policy SIAPL does not provide funding facility(ies) to any of its client.
- Pursuant to Exchange Bye-laws, the Member broker is currently required to make pay-in of funds to the Exchange by T+1 / T+2 morning and arrange delivery of securities to the Exchange latest by T+2 morning. Further Member broker is also required to maintain adequate upfront margins with the Exchange to avail exposure for trading. The Exchanges have also defined the ratios in which the cash and collaterals are to be deposited and maintained by the Member broker. In addition, the Exchange requires the member broker to deposit some of the margins like MTM, in Cash only.
- SIAPL shall therefore charge a delayed payment penalty, not exceeding 2% per month plus GST, on account of delays/failure by the client in meeting the pay-in obligations on the scheduled date and also where the clients take exposure in F&O segment by depositing collaterals in a ratio which is disproportionate to the Cash versus collaterals ratios prescribed by the Exchanges. The above-mentioned delayed payment charges shall be levied for the entire period commencing from expiry of respective pay-in deadline till the date of actual realization of relevant dues from the client.
- SIAPL may also pay interest at such rates not exceeding prevailing bank rates on the unutilized margin amount lying on behalf of the client with SIAPL to such clients, as it may deem fit in its sole discretion, from time to time.
- Penalties levied by Exchanges :**
- Further Exchanges levy various penalties on the member brokers on auction resulting from short deliveries, non adherence to client-wise exposure limits, client-wise shortfall in F&O Margin and for other reasons which may be defined by the Exchange from time to time. SIAPL shall therefore pass on any such penalty levied on it to the respective client's account.
- Interest Free Deposits :**
- SIAPL provides exposure against the upfront margin received in the form of cash / collateral from the client. The client may at anytime demand withdrawal of cash and collaterals at his discretion. Therefore SIAPL shall not pay any interest or other benefit to the client for maintaining cash balances or depositing collateral margins with SIAPL.
- 5. The right to sell clients' securities or close clients' positions, without giving notice to the client, on account of non-payment of client's dues**
- SIAPL shall have right to sell client's securities, both unpaid securities as well as collaterals deposited towards margins, or close out client's open positions, without giving notice to the client where there is a delay/ failure of the client to meet the pay-in obligations and / or there is a failure of the client to bring additional margins to cover the increase in risk in the dynamic market conditions.
- a. Unpaid Securities in Capital Market :**
- In case of unpaid obligation on T+3, SIAPL may sell the unpaid/ partially paid securities. In addition SIAPL may sell the collaterals deposited by the client towards margins and/ or paid securities purchased by the client in earlier settlements where the sale of proceeds of unpaid securities are inadequate to cover the pay-in obligations and/ where the unpaid securities appear to be comparatively illiquid and cannot be sold at reasonable rates to the extent required.
 - SIAPL may follow the LIFO method for liquidation of securities but it shall not be binding on it to follow this method in all cases.
- b. The margin shortfall in F&O:**
- Positions of the client may be closed out to the extent of margin shortfall on the T+1 basis.
 - While computing margin shortfall, value of unapproved securities shall not be considered.
 - As per the current Exchange requirements, the Member Broker is required to maintain a 50:50 ratio between cash and collaterals margin deposited with the Exchange. SIAPL shall therefore have the prerogative to insist for at least 50% of margin in cash and may not consider the value of securities over and above the cash component for the purpose of calculating margins shortfall and close out the F&O position wherever it finds the deviation. However, sales made in capital market segment shall not be considered while closing F&O positions on T+1 basis due to margin shortfall.
- c. Intra-day Positions :**
- SIAPL shall have right to close out any intra-day positions taken by the client after a defined "Cut-off" time (Presently 20 minutes before close of market).
- d. General :**
- While selling the securities/ closing the clients positions, SIAPL may take into account the sales made by the client, positions closed by the client or collections received from the client till a cut-off time (presently 12.45pm).

- ii. While selling the securities/ closing the clients positions, SIAPL may not take into consideration Cheques/Bank drafts/Pay orders deposited by the client with SIAPL until clear proceeds of such instruments are received by SIAPL in its bank account.
- iii. SIAPL shall have the right to sell client's securities or close out client's open positions but it shall not be under any obligations to undertake this exercise compulsorily. SIAPL shall therefore not be under any obligation to compensate/ or provide reasons of any delay or omission on its part to sell client's securities or close open positions of the client

6. Shortages in obligations arising out of internal netting of trades

Our company shall strive to handle all the instances involving internal shortages in terms of NSE Clearing Limited's Circular No. NCL/CMPT/46456 dated 25th November, 2020 as may be applicable from time to time.

However, in all such cases, wherein the internal shortages cannot be handled as per afore-mentioned circular, the internal shortages shall be handled in terms of policy declared on our website.

7. Conditions under which a client may not be allowed to take further position or the broker may close the existing position of a client

a. All Markets :

Where client is not having adequate margins as per conditions defined under Section 2.

b. Capital Market:

- i. Where the client has not been able to meet his pay-in obligation in cash by the schedule date of pay-in irrespective of the value of collaterals available with SIAPL.
- ii. Clear proceeds of the cheque deposited by the client to meet the pay-in obligations has not yet been received by SIAPL.
- iii. Client is trading in "illiquid" scrips and volumes in his account exceed internal cut off limit fixed by SIAPL.
- iv. SIAPL exposure at "house level" in a specific scrip / contract exceeds the internal limits fixed by SIAPL.

c. F&O:

- i. Where the client has not met Market to Market loss in cash
- ii. Where the "open" positions in a contract exceed or are close to market wide cut-off limits
- iii. Where the client's position is close to client-wise permissible "open" positions.
- iv. During the applicable delivery/tender period.

d. INTRA-DAY :

Clients will not be able to place intra-day orders after a cut-off time fixed by SIAPL. (Presently 20 minutes prior to close of market)

Event Based: Where based on happening of an event, SIAPL has the risk perception that further trading in the securities/ contracts may not be of interest of its clients and/or the market.

8. Temporarily suspending or closing a client's account at the client's request

SIAPL may carry a periodic review of the client accounts and may suspend the accounts from Trading in the following circumstances :

- Where the client is inactive for more than 12 months
- Where the client has not cleared the naked or uncovered debits which are more than 7 days' old.
- Where the account is under investigation by any regulatory body .
- Based on the recommendations made by the Branch Manager due to excessive speculations, un-cleared balances etc.
- Physical contract notes are received back undelivered due to reasons like "no such person", "addressee left", refusal to accept mails, POD's signed by the third persons, signature mismatch on POD's or other reasons which may create suspicion.
- Close out of the open positions.
- Non updation of communications details viz., email id, Mobile no, Land line details or it is found to be belonging to a third person.
- Client lodges a compliant either directly with SIAPL or through Exchange alleging unauthorized trades being executed in his account.
- On notices received from statutory, Government or Local authorities and/or Income Tax, Service Tax, Judicial or Quasi Judicial authority, etc.
- Where a client is reported to or known to have expired.
- SIAPL may also suspend the account based on the written request received from the client.

9. Deregistering a client

- SIAPL may de-register the client account based on action taken by SEBI/NSE/BSE/MCX or being part of list of debarred entities published by SEBI.
- SIAPL may also initiate action for deregistering a client on basis of the information found in sites of CIBIL, Watch out investors, world check or client having suspicious back ground, link with suspicious organization, etc.,
- SIAPL shall have right to close out the existing positions, sell the collaterals to recover its dues, if any, before de-registering the client.

10. Payment Terms

The clients' shall be required to ensure that full payment towards funds pay-in obligations are made by them latest by respective pay-in deadline. Any default on this count may lead to retention of securities received in pay-out. Such securities, if any, shall be dealt with in accordance with the contents of para "Handling of Unpaid Securities".

11. Handling of Unpaid Securities

In all such cases, wherein client is unable to fulfill his/her funds pay-in obligation by respective pay-in deadline, then the securities pay-out due to the client may be transferred to company's "Client Unpaid Securities Account" as per company's applicable Risk Management Policy. Further, in case of non-payment within 5 trading days from the date of securities pay-out, the unpaid securities may be sold from the Unique Client Code (UCC) of the respective client as per company's applicable Risk Management Policy. Profit/loss on the sale transaction, if any, in relation to sale of unpaid securities, shall be transferred to /adjusted from the respective client account. Remaining securities lying in Client Unpaid Securities Account, if any, shall be returned to the client.

TARIFF SHEET

Brokerage Charges

Capital Market Segment

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

Futures & Options - NSE/BSE

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

Currency Derivatives Segment - NSE/BSE

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

Commodity Derivatives Segment - NSE/BSE/MCX

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

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

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

- a) Securities Transaction Tax and/or Commodity Transaction Tax;
- b) Stamp Duty;
- c) GST;
- d) SEBI Turnover Fees;
- e) Stock Exchange's Transaction Charges with GST;
- f) Clearing charges charged by Clearing Corporation / Clearing Member with GST;
- g) Risk Management fee charged by MCX.

Other Charges**

- a) Account opening charges - Rs. 100/- per client
- b) Late pay-in / delayed payment charges - upto 24% p.a.
- c) Demat charges - Rs. 10/- per transaction for all instances involving Off-market / Inter-settlement transfers and/or pay-in of shares out of securities held on behalf of respective client
- d) Pledge charges - 0.025% (Min. Rs. 25/- and Max. Rs. 300/-) per transaction in respect of all such scrips which are tendered as collateral towards applicable margin in Futures and Options / Currency Derivatives Segment
- e) Internet-based trading (IBT) facility - Rs. 300/- per segment per month for application based software (Rs. 100/- for browser based IBT facility) (Optional)
- f) Cheque bouncing charges - Rs. 250/- per instance
- g) Request for additional statement / bill / contract note - Rs. 5/- per page (Min. Rs. 25/- per request) + Courier Charges, if any
- h) All such charges / penalties that may be levied upon Share India Algo Plus Pvt. Ltd. by stock exchanges/SEBI/any other statutory authority due to any act/omission/negligence, whether wilful or otherwise, on part of the client
- i) In addition to the above, appropriate charges shall also be levied for all such services/facilities that may be availed by the client in addition to services/facilities as per defined Rights and Obligations

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



Share India

You generate, we multiply

Non-Mandatory Documents

RUNNING ACCOUNT AUTHORISATION - ALL EXCHANGES

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

To,

Share India Algo Plus Pvt. Ltd.

Dated.....

Regd. Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

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

1. My/ our trading account w.r.t funds transactions may please be maintained on a running basis i.e. the funds pay out due to me/ us on the date of pay- out may be retained with your good selves and adjusted towards my/ our future margin obligations and/ or funds pay-in obligations.
2. While settling my/ our trading account on a periodical basis, you may retain my/ our funds only to such extent as may be allowed as per applicable directives/ guidelines issued by Stock Exchanges/. SEBI.
3. I/ we confirm that I/ we shall bring to your notice all the discrepancies/ disputes, if any, arising out of statements sent to me/ us at the time of my/ our periodical settlement, within a period of 30 working days from the date of such statements.
4. I/ we reserve my/ our right to revoke this authorization at any time without any prior notice by submitting a written request with your goodselves:
5. I/ we would prefer to get my/ our trading account actually settled as per the periodicity indicated herein after:

 Once in every 30 days

 Once in every 90 days

Thanking you,

Yours faithfully,

Signature



Name _____ Client Code: _____

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

DECLARATION FOR NAME MISMATCH

I S/o
R/o
do hereby declare that I have been known by two different names i.e.....
as per Income tax official website and as per the name
printed on PAN Card (PAN No.) and all other subsequent identity
proofs. I further declare that both and
are one and the same person.

I confirm and undertakes that for the purpose of evidencing such my determination I shall at all times
hereafter in all records deeds and writings, whatsoever use and known by the name of.....
as my name in place.

21 

Date: _____

Client Name: _____ Client Code: _____

ADDITIONAL RIGHTS & OBLIGATIONS

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

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

- a) The words "SIAPL" wherever used in this schedule shall be deemed to be referring to M/s. Share India Algo Plus Pvt. Ltd., a company incorporated under the relevant provision of the Companies Act, 1956 and having its registered office at 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited, Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India;
- b) Words denoting the singular number shall also include the plural and vice versa;
- c) The pronouns "he", "she", "it" and their cognate variations are used as interchangeable and interpreted in accordance with the context;
- d) Words denoting a person shall include an individual, corporation, company, partnership, trust or other entity; provided however that clauses specifically applicable to a company, partnership or body corporate shall not apply to any other entity;
- e) References to the words "include" or "including" shall be construed without limitation;
- f) References to recitals and clauses shall be deemed to be a reference to the recitals and clauses of this schedule; and
- g) Reference to any rule, regulation, by-laws, circulars, guidelines and / or directives shall be construed as referring also to any amendment, addition or deletion therein or re-enactment thereof.

Additional Rights & Obligations :

1. The Client agrees and acknowledges that SIAPL shall not be liable to provide him with any legal, tax, investment or accounting advice or advice regarding the suitability or profitability of a security or investment and as

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

2. The Client hereby agrees and declares that he has fully assessed and accepted the risks involved in using the services / facilities including but not limited to internet based services such as but not limited to misuse of passwords, internet frauds, technology risks etc.; and agrees not to hold SIAPL and/or services providers responsible for any damages, losses or negative consequences, which Client may suffer in any manner whatsoever.
3. The Client shall regularly review information relating to order placement, order confirmation, order modifications, order executions, trade confirmations, trade modifications and /or any other information

that may be contained in bills, transaction statements, account statements, securities statements, margin statements etc. pertaining to Client's account, communicated or sent by SIAPL either to Client himself or to any of his relatives, associates or authorized representatives in person or through telephone, SMS, e-mail, courier, ordinary post, speed post, registered post, telegram or any other means or modes that may be available with SIAPL at the relevant time to Client's Mobile / Telephone No., E-mail Id and/or Postal Address as per SIAPL's records, and to report the discrepancies in such information/ correspondence, if any, immediately within a period not exceeding 7 days after dispatch of the same from SIAPL's end by delivering a physical letter in this regard at SIAPL's corporate office.

4. The Client agrees to ensure that he shall not act as a portfolio manager / sub-broker / authorised person / intermediary without getting himself registered as such, in accordance with relevant provisions of rules, regulations, bye laws, circulars and guidelines of the respective stock exchange(s) and / or SEBI.
5. Client agrees to SIAPL tape-recording the conversations between Client/Client's representative and SIAPL's officers/ employees/agents etc. in its absolute discretion, either personally or over the telephone. Such recordings may be relied upon by SIAPL in appropriate legal /conciliatory proceedings.
6. The Client undertakes that he shall neither place nor cause to be placed any such orders (including but not restricted to such orders which are either structured, synchronized or circular in nature and/or such other orders which has or may have the potential of manipulation of order books, prices and/or volumes of the respective scrips/securities/ contracts and/or such other orders which do not have any bonafide economic rationale or are otherwise in-genuine in nature) at the trading terminals of SIAPL, which violates any of the provisions of rules, regulations, bye-laws, circulars, guidelines and/or

directives of SEBI / respective Stock Exchange/s, as may be in force from time to time. In case of any default on the part of the Client in this regard, the Client unconditionally agrees to wholly indemnify SIAPL against all such damages, losses and/or penalties, which SIAPL may be required to incur or suffer on account of Client's violation/non-compliance of the conditions contained in this clause, irrespective of the fact whether such damage/loss/penalty arises during the period of existence of Broker-Client relation of the parties hereto, or at any time thereafter.

7. In case Client has made any sale of securities and due to any exigencies, Client is unable to make available the delivery of the same in the designated account within the designated time and it is an inter Client delivery at broker level, Client hereby agrees that SIAPL may make purchases of the same in the market on Client's behalf to make available the delivery of the said securities to the opposite party.
8. Client agrees that his trading account/s may be debited with late payment charges as mentioned in Standard Policies and Procedures documents as SIAPL may deem fit in its absolute sole discretion, in case the Client fails to meet his pay-in obligations by such pay-in deadlines as may be prescribed by respective Stock Exchange(s) / SEBI from time to time;
9. Client agrees that his trading account/s may be debited with all such charges, damages, penalties and/or losses including cheque bouncing charge/s, charges towards depository services provided by Depository Participant division of SIAPL to the Client, all statutory charge/s as well as penalties of any kind whatsoever, which SIAPL may be required to suffer or pay from time to time, due to any of the Clients' actions, omissions, negligence and/or default of any kind whatsoever;
10. SIAPL shall be within its right to demand sums due separately for any specific segment and/or stock exchange, if it so deems fit in its absolute discretion. Further, the Client authorizes SIAPL to set-off outstanding balance/s in any of Clients' trading accounts with SIAPL against credits available or arising

in any other trading account/s maintained by the Client with SIAPL, irrespective of the fact whether such credit pertains to transactions in different segments of the same Stock Exchange or of different Stock Exchanges and/or against the value of cash margin, securities and / or any other collateral deposited by the Client with SIAPL;

11. The Client agrees that all monies or securities which SIAPL may hold on Client's account shall be held subject to a general lien for the discharge of Client's obligations towards SIAPL.
12. Client agrees that SIAPL may in its sole discretion, set-off / appropriate / adjust a part or whole of the monies / credit balances in ledger and / or securities (shares/stocks/ commodities etc) and / or Margin lying as credit in Client's account against any dues / debit balances in ledger including but not limited to dues by way of shortfall in Margin in any of Client's account.
13. The Client understands and agrees that in no case SIAPL shall be able to give to the Client, credit against Third Party Payments/Deliveries tendered/transferred by the Client to the respective Bank and/or Demat Accounts of the SIAPL. However, in case due to any error or omission, whether bonafide or otherwise on the part of any of the employees/agents etc. of SIAPL, the Client gets credit towards any Third Party Payments/Deliveries, then in such a case.
 - a) where the Client has received credit towards any third party payments, the Client unconditionally agrees to arrange for refund of the entire amount for which undue credit has been received by the Client from SIAPL, forthwith on receipt of intimation / request in this regard from SIAPL, and in a case, where the Client has failed to refund the entire amount within 7 days from the date of receipt of intimation / request as aforesaid, then he shall be liable to refund the said amount along with interest @ 18% p.a. plus GST payable for the entire period falling between date of receipt of intimation / request as aforesaid and the date of receipt of actual refund by SIAPL from the Client; and
14. The Client understands and agrees that in case due to any error or omission, whether bonafide or otherwise, on the part of any of the employees/agents etc. of SIAPL, SIAPL pays / transfers / credits to the Client any funds / securities to which the Client was not entitled, then in such a case.
 - a) where the Client has received any payment/credit from SIAPL for an amount to which he was not entitled, the Client unconditionally agrees to arrange for refund of the entire amount unduly received by him, forthwith on receipt of intimation / request in this regard from SIAPL, and in a case, where the Client has failed to refund the entire amount within 7 days from the date of receipt of intimation / request as aforesaid, then he shall be liable to refund the said amount along with interest @ 18% p.a. plus GST payable for

the entire period falling between date of receipt of intimation / request as aforesaid and the date of actual receipt of refund by SIAPL from the Client; and

- b) where the Client has received any securities from SIAPL to which he was not entitled, the Client unconditionally agrees to arrange for returning all such securities along with all the Corporate Benefits thereon, if any, received by the Client on such securities unduly received by him, forthwith on receipt of intimation / request in this regard from SIAPL, and in case, where the Client fails to return the Securities / Corporate Benefits as aforesaid, the Client shall be liable to pay to SIAPL, the money equivalent to market value of the Securities / Corporate Benefits not so returned, calculated in accordance with market rates of the relevant securities, prevailing on the date of such payment.

Irrespective of the fact whether such a payment/transfer takes place during the period of existence of Broker-Client relation of the parties hereto, or at any time commencing thereafter.

15. The Client agrees to accept the responsibility of himself knowing the status of all corporate action(s) including but not limited to Rights Issues, Bonus Issues, Dividends, Stock Splits, Consolidation of Shares, Buy Backs, Open Offers, Reduction / Reorganization of Capital, Merger, Demerger or Amalgamation of Companies and/or Delisting of Companies/ Securities etc. announced or intimated by Issuer Company from time to time, which may or may not have an impact on prices, volumes, lot sizes and/or tradability of respective securities and/or contracts. It is the Clients' responsibility to keep track of all such corporate action/s in respect of all such securities / contracts in which Client intends to trade and / or those which are kept by Client with SIAPL for ease of dealing / margin / collateral / security etc. and to make appropriate trading / dealing decisions by appropriately considering the impact of any such corporate action(s). SIAPL shall not be able to act as an advisor to Client in any of these matters/ aspects.

The Client also agrees that in respect all such securities which are kept by Client with SIAPL for ease of dealing / margin / collateral / security etc., SIAPL shall not be responsible in any manner to provide any benefits arising out of various Corporate Actions including benefits arising out of Right Issues, Open Offers and Delisting Offers unless benefits, if any, under such Corporate Actions automatically gets credited to the respective Bank/Demat Accounts of SIAPL, without requiring any action whatsoever on the part of SIAPL. However, in case of dividend / bonus / stock splits, the benefit thereof shall be passed on to the respective Clients by the SIAPL, within one month after receipt thereof.


Further, for availing the benefits arising out of Corporate Actions requiring some action e.g. Right Issues, Open Offers and Delisting Offers etc., in respect all such securities which are kept by Client with SIAPL for any reason whatsoever, the Client shall be solely responsible for applying for such corporate benefits after himself taking initiative for getting such securities transferred into his own beneficiary account well in advance before applicable record date / cut-off date / book closure, if any. In exceptional circumstances only, SIAPL may, upon written request of the Client given well in advance, take actions for and on behalf of the Client, to apply for and / or to receive such corporate benefits in respect of securities held by SIAPL on behalf of the Client (subject to Client making available free funds etc. for the same well in advance). However, SIAPL shall not be liable for any loss / claim whatsoever, in the event such application is rejected by Registrar / Company / Manager to the Issue, for any reason whatsoever.

16. The Client agrees to accept full responsibility of himself knowing all the applicable rules, regulations, byelaws and directives, if any, in relation to delivery transactions on Commodity Derivatives Segment/s. SIAPL shall not be able to act as advisor to Client in any of these matters. The client agrees to assume complete and unconditional responsibility in respect of all the compliances, taxes, costs, charges, fee,

levies and/or penalties etc., if any, relevant to delivery transactions on Commodity Derivatives Segment/s. The client also unconditionally agrees to reimburse all the costs, expenses and/penalties etc., if any, which SIAPL may be required to incur and/or suffer on account of client's delivery transactions on Commodity Derivatives Segment/s.

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

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

Signed by or on behalf of Client	
26 	
Signed by:	
Title:	
Name of the client	
Place	Date

Signed on behalf of Share India Algo Plus Pvt. Ltd.	
Signed by:	
Title:	
Name of the Stock Broker : SHARE INDIA ALGO PLUS PVT. LTD.	
Place	Date



Share India

You generate, we multiply

**Non-Mandatory Documents
(Only for Trading in Commodity Futures
& Commodity Options)**

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION

APPENDIX - A

To,

Share India Algo Plus Pvt. Ltd.

Regd. Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Dear Sir,

I _____ a client with member
M/s. Share India Algo Plus Pvt. Ltd. undertakes as follows:

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

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

Client Name: _____

Unique Client Code : _____

PAN: _____

Address : _____



Date : _____ Place: _____

Verification of the client signature done by,

Name of the designated officer of the Member _____

Signature _____

OPEN INTEREST DECLARATION

To,

Share India Algo Plus Pvt. Ltd.

Date : _____

Regd. Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Dear Sir,

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

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

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

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

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

Thanking you,

Yours truly,

Client's Signature

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Name _____ Client Code _____

CLIENT UNDERTAKING FOR OPTIONS TRADING

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

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

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Date: _____

PMLA DECLARATION

To,

Date : _____

Share India Algo Plus Pvt. Ltd.

Regd. Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Dear Sir/s,

This has reference with the trading account bearing Client Code _____, already opened / proposed to be opened by me/us with you for the purpose of doing trading transactions in Commodity Derivative Contracts on stock exchanges.

With regard to the same, I/we wish to inform you that I/we propose to undertake high value transactions bearing value of more than Rs. 5,00,000/- (Rupees five lacs only) per day in the said trading account. The purpose of my/our trading shall be as follows:

- Speculation
 Hedging
 Arbitrage

(Please tick appropriate entry/ies)

I/we do hereby confirm that I/we shall abide by all the provisions as are contained in Prevention of Money Laundering Act, 2002 as well as all the rules, regulations and notifications issued pursuant thereto.

Further, I/we also do hereby confirm that I/we shall route all the receipts / payments in respect of my/our dealings in said trading account, only through such bank account/s that has/have been registered by me/us with you.

Kindly take the above on record and do the needful.

Thanking you,

Yours' truly,

Signature

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Name _____ Client Code _____

CLIENT DEFAULTER DECLARATION

I, _____ having PAN no. _____ do hereby declare that I have not been involved in any terrorist activity and I have not been declared as defaulter or my name is not appearing in defaulter database as per SEBI/Various Stock Exchanges/ Regulatory bodies/CIBIL (Credit Information Bureau of India Ltd.) etc.

I further declare that the above mentioned declaration/statement is true and correct.

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Date: _____

Client Name: _____ Client Code: _____

FOR REGISTRATION AND VERIFICATION OF MOBILE NUMBER AND E-MAIL ADDRESS

To,
The Compliance Officer

Date : _____

Share India Algo Plus Pvt. Ltd.

Regd. Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
 Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

I/We am/are aware that stock exchanges provide SMS/email alerts to the constituents (clients) of its member for trades executed on its platform. I/We hereby provide and confirm my/our mobile number and/or email address as stated below for the purpose of receipt of SMS/email alerts.

- I want to receive transaction alerts in SMS as well as email from Exchanges.
 - I want to receive transaction alerts only in SMS from Exchanges.
 - I want to receive transaction alerts only in Email from Exchanges.
 - I do not want to receive any transaction alerts from Exchanges, specify reason
-

The alerts should be sent on :

Mobile number (enter 10 digit mobile no.)

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

E-mail Id.....

I/We agree to the terms and conditions specified by the Stock Exchanges. I/We am/are aware that the receipt of SMS/E-mail alerts on the above mobile number and/or email address can be stopped only on my/our written request.

Name of the Client.....

Client Id



Notes : The authorities provided hereinabove may be revoked at any time. Further, this authorisation must be signed by the client himself/herself.

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

To,

Date : _____

Share India Algo Plus Pvt. Ltd.

Regd. Office : 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

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

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

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

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



Client Name: _____ Client Code: _____

SPECIMEN OF BOARD RESOLUTION*(To be provided on Pre-printed letter head of the company)*

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

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

RESOLVED FURTHER THAT a Corporate Beneficiary Account for depository purposes as well as Trading Account/s for the purpose of trading on NSE/BSE/MCX be opened with M/s. **Share India Algo Plus Pvt. Ltd.** having their Regd. Office at 1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited, Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India. M/s. **Share India Algo Plus Pvt. Ltd.** be and is hereby authorized to honor instructions, oral or written, given on behalf of the company by any of the under noted authorized signatories:

Sl. No.	Name	Designation
1.
2.

who are authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through **Share India Algo Plus Pvt. Ltd.** on behalf of the Company.

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

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

For

Chairman/Company Secretary

Specimen Signature of the Authorized Persons

Sl. No.	Name	Specimen Signature
1.
2.

Client Name : _____
Client Code : _____
Branch Code : _____
Branch Name : _____
Recommended by : _____



Share India Algo Plus Pvt. Ltd.

CIN : U51909GJ2003PTC116293

Member : NSE (Capital Market, F&O and Currency Derivatives Segment)

Membership No.: 90273

Member : BSE (Capital Market, F&O and Currency Derivatives Segment)

Clearing No.: 4097

Member : MCX (Commodity Derivatives Segment)

Membership No.: 57065

SEBI Regn. No.: INZ000301934

REGISTERED OFFICE :

1715, 17th Floor, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

E-mail : pooja.sehgal@shareindiaalgotplus.com