Choice
The Joy of Earning

Name :	UCC Code :	Branch Code :	Form No.: E
Family Code :	AP / Employee :	BO ID : 12066900 BO ID : IN301895	FINX ID:
RM Email ID :			
Dealer 1 Employee Code :		Dealer 2 Employee Code :	

CLIENT REGISTRATION FORM

INDIVIDUAL / NON - INDIVIDUAL

Choice Equity Broking Pvt. Ltd.

Regd. & Corp. Office :
Sunil Patodia Tower, J. B. Nagar, Andheri (East), Mumbai - 400 099.
Tel.: (022) 6707 9999 I Fax (022) 6707 9898
Email : customercare@choiceindia.com I Contact No.: +91 88 24 24 24 24
CIN Number : U65999MH2010PTC198714

Version : 1.25

INDEX

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES PART I

Choice does not accept subscription fee or any other fee-payments in cash.

FOR HUF A/C OPENING FOR NSDL PLEASE USE NON-INDIVIDUAL FORM ON PAGE NO 24-25

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CKYC & KYC KRA FORM

Know Your Client
Application Form (For Individuals only)
(Please fill the form in English and in BLOCK Letters)
Fields marked with '*' are mandatory fields

Application Type* ☐ New ☐ Update C KYC Number*

KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction **A** in separate booklet)

PAN

Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	M r / M s			
Maiden Name (if any*)	M r			
Father / Spouse Name*	M r			
Mother Name*	M s.			

Date of Birth* d d m m y y y y

Photo

Signature/ Thumb Impression

Gender* ☐ M- Male ☐ F- Female ☐ T-Trans gender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others – Country _____ 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

(1)

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K in separate booklet)

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

☐ A- Passport Number — Passport Expiry Date d d m m y y y y
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence — Driving Licence Expiry Date d d m m y y y y
☐ E- Aadhaar Card / Virtual ID * * * * * * * * — * Please note for Aadhar number only last 4 digit are to be written
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) — Identification Number
☐ S- Simplified Measures Account - Document Type Code — Identification Number

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D in separate booklet)

Address

Line 1*
Line 2
Line 3 — City / Town / Village*
District* — Zip / Post Code* — State/UT Code (as per Indian Motor Vehicle Act, 1988)
State/UT* — Country* — Country Code (as per ISO 3166)

Address Type* ☐ Resi dential / Business ☐ Resi dential ☐ Business ☐ Registered Office ☐ Unspecified

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

Proof of Address*

☐ Passport Number — Passport Expiry Date d d m m y y y y
☐ Voter ID Card
☐ Driving Licence — Driving Licence Expiry Date d d m m y y y y
☐ Aadhaar Card / Virtual ID * * * * * * * * — * Please note for Aadhar number only last 4 digit are to be written
☐ NREGA Job Card
☐ Others (any document notified by the central government) — Identification Number

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E in separate booklet)

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

Line 1*
Line 2
Line 3 — City / Town / Village*
District* — Zip / Post Code* — State/UT Code (as per Indian Motor Vehicle Act, 1988)
State/UT* — Country* — Country Code (as per ISO 3166)

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4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** in separate booklet)

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

5. FATCA/CRS Information PART I (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** in separate booklet)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

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

TIN issued country Date of Birth d d m m y y y y

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

US person ☐ YES OR ☑ NO Country of Birth*

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G in separate booklet) (in case of additional related persons, please fill 'Annexure B1')

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

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Prefix First Name Middle Name Last Name

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**) in separate booklet)

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

☐ A- Passport Number Passport Expiry Date d d m m y y y y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date d d m m y y y y

☐ E- Aadhaar Card / Virtual ID * * * * * * * * * Please note for Aadhar number only last 4 digit are to be written

☐ 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/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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.
- **I/ We hereby give my/our consent to CEBPL for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.**

[Signature / Thumb Impression] (2)

Signature / Thumb Impression of Applicant

Date: d d m m y y y y Place :

9. Attestation / For Office Use Only

Documents Received ☐ Certified Copies

In-Person Verification (IPV) & KYC Verification Carried Out by (Refer Instruction J&I)

Date d d m m y y y y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name **CHOICE EQUITY BROKING PRIVATE LIMITED**

Code **I N 0 9 8 4**

CHOICE EQUITY BROKING PRIVATE LIMITED

Choice
The Joy of Earning

CKYC & KYC KRA FORM

Know Your Client Application Form (For Non Individual Only)
(Please fill the form in English and in BLOCK Letters)
Fields marked with '*' are mandatory fields

Application Type* ☐ New ☐ Update C KYC Number* [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

* For important instructions, please refer to separate booklet

1. Entity Details (Please refer instruction A in separate booklet)

1. Name of Applicant

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

2. a. Date of Incorporation d d m m y y y y 2.b. Date of commencement of business: d d m m y y y y

3. PAN Form 60 Furnished ☐ TIN / GST Registration Number

4. a. Place of Incorporation / Country of Incorporation : ☐☐ TIN / Equivalent issuing Country ☐☐

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

5. Status Please tick (✓) any one ☐ Private Limited Co. ☐ Public Ltd. Co ☐ Body Corporate ☐ Partnership ☐ Trust ☐ Charities ☐ NGO's
☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organization ☐ Defense Establishment ☐ BOI ☐ Society
☐ LLP ☐ FPI - Category I ☐ FPI - Category II ☐ FPI - Category III ☐ Others (please specify)

2. PROOF OF IDENTITY (PoI)* (Please refer instruction **B** in separate booklet)

☐ Officialy valid 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 of attorney granted to its manage, officers or employees to transact on its behalf
☐ Activity Proff -1 (For Sole Proprietorship Only) ☐ Activity Proof -2 (For Sole Proprietorship Only)

3. ADDRESS)* (Please see instruction C in separate booklet)

3.1 Registered Office Address / Place of Business*

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

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

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

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

4. CONTACT DETAILS (All communications will be sent to Mobile number / Email-ID provided" may be used (Please refer instruction D in separate booklet)

Tel.(Off.)	(ISD)	(STD)		Tel.(Res)	(ISD)	(STD)
Mobile	(ISD)	(STD)		Fax	(ISD)	(STD)
E-mail ID.						

5. NUMBER OF RELATED PERSONS ☑ (Please refer instruction **E** in separate booklet)

6. Remarks (If any)

7. Other Details

1. Gross Annual Income Details (Please tick (✓)) ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ 25-1 Crore ☐ > 1 Crore

2. Net-worth in ₹. (*Net worth should not be older than 1 year) as on (date) d d / m m / y y y y Rs.

8. 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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.
- I/ We hereby give my/our consent to CEBPL for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.

Date: d d m m y y y y Place:

[Signature / Thumb impression]
Signature / Thumb Impression of Applicant

(1)

9. Attestation / For Office Use Only ☑ Certified Copies ☑ Equivalent e-document

In-Person Verification (IPV) & KYC Verification Carried Out by (Refer Instruction J&I)

Date d d m m y y y y
Emp. Name
Emp. Code
Emp. Designation

[Employee Signature]

Institution Details

Name CHOICE EQUITY BROKING PRIVATE LIMITED
Code I N 0 9 8 4

CHOICE EQUITY BROKING PRIVATE LIMITED

Attention: Please recheck your Email ID and Mobile Number provided by you.

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FATCA-CRS Declaration - Non - Individual Entities & HUF

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

PAN* | Name

Type of address given at KYC KRA: Residential ☐ | Residential or Business ☐ | Business ☐ | Registered Office ☐

City of incorporation | Country of incorporation

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	YES ☐ NO ☑	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	YES ☐ NO ☑	Money Laundering / Pawning	YES ☐ NO ☑	Any other information [if applicable]

Entity Constitution Type *Please tick as appropriate*

☐ *Partnership Firm* ☐ *HUF* ☐ *Private Limited Company* ☐ *Public Limited Company* ☐ *Society* ☐ *AOP/BOI*
☐ *Trust* ☐ *Liquidator* ☐ *Limited Liability Partnership* ☐ *Artificial Juridical Person* ☐ *Others specify* _____

Please tick the applicable tax resident declaration -

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

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

*In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number

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

FATCA Declaration

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

1. We are a,
   Financial institution ☐
   or
   Direct reporting NFFE ☐
   (please tick as appropriate)

GIIN

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

Name of sponsoring entity

GIIN not available *(please tick as applicable)*

☐ Not required to apply for - please specify 2 digits sub-category ☐☐

☐ Not obtained – Non-participating FI ☐☐

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

1.	Is the Entity a *publicly traded company*[1] *(that is, a company whose shares are regularly traded on an established securities market)*	Yes ☐ No ☑ *(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*[2] of a publicly traded company *(a company whose shares are regularly traded on an established securities market)*	Yes ☐ No ☑ *(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: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an *active* NFE[3]	Yes ☐ No ☑ Nature of Business _____ Please specify the sub-category of Active NFE ☐☐
4.	Is the Entity a *passive* NFE[4]	Yes ☐ No ☑ Nature of Business _____

FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.Please note that you may receive more than one request for information if you have multiple relationships. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification:

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

Name

Designation

Signature

Place:

Date:

Note : For abbreviation of PEP/RPEP/NPEP/NRPEP and others details please refer to page no.10

Annexure : Legal Entity - Name of Applicant _____ **PAN**

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

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

1. DETAILS OF RELATED PERSON* - I (Please refer instruction **E** in separate booklet)

☐ 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** in separate booklet)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	Mr / Ms			
Maiden Name	Mr / Ms			
Father / Spouse Name	Mr			
Mother Name	Ms			

Date of Birth* D D M M Y Y Y Y Gender* ☐ M-Male ☐ F-Female ☐ T-Transgender

Nationality* ☐ IN-Indian ☐ Others (ISO 3166 Country Code ☐☐) PAN* _____ ☐ Form 60 furnished

Please tick, if applicable : ☐ PEP ☐ RPEP ☑ NPEP ☑ NRPEP

☑ 1.2. PROOF OF IDENTITY AND ADDRESS* (Please refer instrction **E** in separate booklet)

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

- ☐ A- Passport Number _____
- ☐ B- Voter ID Card _____
- ☐ C-Driving Licence _____
- ☐ D-NRAGA 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 _____

PHOTOGRAPH
Please affix your recent passport size photograph

Signature / Thumb impression with seal

Address

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

☑ 1.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction **D** in separate booklet)

Tel.(Off) _____ – _____ Tel.(Res.) _____ – _____ Mobile _____ – _____

Email ID _____

1.4 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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.
- I/ We hereby give my/our consent to CEBPL for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.

(2)

Signature / Thumb impression with seal

Date: d d m m y y y y Place : _____

2. DETAILS OF RELATED PERSON* - II (Please refer instruction **E** in separate booklet)

☐ 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)

☑ 2.1 PERSONAL DETAILS* (Please refer instruction **E** in separate booklet)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	M r / M s			
Maiden Name	M r / M s			
Father / Spouse Name	M r			
Mother Name	M s			

Date of Birth* D D M M Y Y Y Y Gender* ☐ M-Male ☐ F-Female ☐ T-Transgender

Nationality* ☐ IN-Indian ☐ Others (ISO 3166 Country Code ☐☐) PAN* ☐ Form 60 furnished

Please tick, if applicable : ☐ PEP ☐ RPEP ☑ NPEP ☑ NRPEP

☑ 2.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instrction **E** in separate booklet)

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

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NRAGA 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

PHOTOGRAPH
Please affix your recent passport size photograph

Signature / Thumb impression with seal

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

☑ 2.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction **D** in separate booklet)

Tel.(Off) – Tel.(Res.) – Mobile –

Email ID

2.4 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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.
- I/ We hereby give my/our consent to CEBPL for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.

(2)

Signature / Thumb impression with seal

Date: d d m m y y y y Place :

3. DETAILS OF RELATED PERSON* - III (Please refer instruction **E** in separate booklet)

☐ 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)

☑ 3.1 PERSONAL DETAILS* (Please refer instruction **E** in separate booklet)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	M r / M s			
Maiden Name	M r / M s			
Father / Spouse Name	M r			
Mother Name	M s			

Date of Birth* D D M M Y Y Y Y Gender* ☐ M-Male ☐ F-Female ☐ T-Transgender

Nationality* ☐ IN-Indian ☐ Others (ISO 3166 Country Code ☐☐) PAN* ☐ Form 60 furnished

Please tick, if applicable : ☐ PEP ☐ RPEP ☑ NPEP ☑ NRPEP

☑ 3.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instrction **E** in separate booklet)

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

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NRAGA 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

PHOTOGRAPH
Please affix your recent passport size photograph

Signature / Thumb impression with seal

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

☑ 3.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction **D** in separate booklet)

Tel.(Off) – Tel.(Res.) – Mobile –

Email ID

3.4 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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.
- I/ We hereby give my/our consent to CEBPL for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.

(2)

Signature / Thumb impression with seal

Date: d d m m y y y y Place :

4. DETAILS OF RELATED PERSON* - IV (Please refer instruction **E** in separate booklet)

☐ 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)

☑ 4.1 PERSONAL DETAILS* (Please refer instruction **E** in separate booklet)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	M r / M s			
Maiden Name	M r / M s			
Father / Spouse Name	M r			
Mother Name	M s			

Date of Birth* (D D M M Y Y Y Y) Gender* ☐ M-Male ☐ F-Female ☐ T-Transgender

Nationality* ☐ IN-Indian ☐ Others (ISO 3166 Country Code ☐☐) PAN* ☐ Form 60 furnished

Please tick, if applicable : ☐ PEP ☐ RPEP ☑ NPEP ☑ NRPEP

☑ 4.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instrction **E** in separate booklet)

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

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NRAGA 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

PHOTOGRAPH
Please affix your recent passport size photograph

Signature / Thumb impression with seal

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

☑ 4.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction **D** in separate booklet)

Tel.(Off) – Tel.(Res.) – Mobile –

Email ID

4.4 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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.
- I/ We hereby give my/our consent to CEBPL for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.

(2)

Signature / Thumb impression with seal

Date: d d m m y y y y Place :

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CONSTITUENT PROFILE

(A). BANK ACCOUNT DETAILS (THOROUGH WHICH TRANSACTIONS WILL GENERALLY BE ROUTED)

1. BANK NAME

ACCOUNT NO :

BRANCH :

ADDRESS:

PIN CODE:

9DIGIT MICR CODE:

IFSC CODE:

ACCOUNT TYPE: ☐ SAVINGS ☐ CURRENT ☐ NRI
☐ NRE ☐ NRO ☐OTHERS: _____

2. BANK NAME

ACCOUNT NO :

BRANCH :

ADDRESS:

PIN CODE:

9DIGIT MICR CODE:

IFSC CODE:

ACCOUNT TYPE: ☐ SAVINGS ☐ CURRENT ☐ NRI
☐ NRE ☐ NRO ☐OTHERS: _____

For Demat Operations only one Bank Account is acceptable hence please fill in bank details for DP Operation in A-1 above only and also fill the same details on Page No. 21/25

(B). DEPOSITORY ACCOUNT DETAILS

	DP Name	DP ID	BENEFICIARY ID	DEFAULT ID
1.	Choice Equity Broking Private Limited	12066900	0	☐
2.	Choice Equity Broking Private Limited	IN301895		☐
3.				☐

(C). NRI (Applicable for NRI/FN Clients only):

RBI Ref. No.

RBI Approval Date d d / m m / y y y y

*Please attach copy of permission for dealing in Securities from Authorised Dealer (Bank) /RBI Approval.

(D). PAST ACTIONS

- Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchanges / Commodity exchanges 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: ..... NIL .....

(E). DEALINGS THROUGH ANY MEMBER / AUTHORISED PERSONS / OTHER STOCK BROKERS

- If client is dealing through the any member / authorised person, provide the following details:
  Authorised Person's Name:
  SEBI Registration No.:
  Registered office address:
  Ph: Fax: Website:
- Whether dealing with any other stock broker/ authorised person's (if case dealing with multiple stock brokers / authorised person's provide details of all)
  Name of stock broker
  Name of Authorised person, if any:
  Client Code: Exchange:
  Details of disputes/dues pending from/to such stock broker / authorised person

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(F). ACCOUNT SETTLEMENT (as per SEBI requirement)

once a quarter ☑ once a month ☐

Whether you wish to receive trade confirmation, holding and transaction statement margin call, passwords and ECN. through Email / SMS ☑ Yes ☐ No **If yes (E-mail ID and Mobile No. mentioned in KRA will be used) and fill Appendix A & B**

Please Tick (✓) SMS Services : By Choice : ☑ **YES** ☐ **NO** **By Exchange :** ☑ **YES** ☐ **NO**

If not marked, the default option would be 'Yes' for series F to I

(G) SALES TAX REGISTRATION DETAILS (As applicable, State wise)

Registration No		Validity Date	Name of the State
GSTIN No.:			

(I) INCOME AND OTHER DETAILS (Mandatory)

1. Gross Annual Income Details (Please tick (✓):
   ☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ 25 Lacs - 1 Crore ☐ >1 Crore
2. Net-worth in `. (*Net worth should not be older than 1 year) as on (date) d d / m m / y y y y
3. 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 (Please specify) ______________
4. Qualification (Please tick (✓) any one and give brief details):
   ☐ Under Highschool ☐ Highschool ☐ Graduate ☐ Doctorate ☐ Professional ☐ Illiterate
   ☐ Others (Please specify)____
5. Please tick, if applicable : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (RPEP)
   ☑ Not a Politically Exposed Person (NPEP) ☑ Not Related to a Politically Exposed Person (NRPEP)

Note : * PEP are defined as Individuals who are or have been entrusted with prominent public functions in a Foreign Country, e.g., Heads of States or of Governments, Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State Owned Corporations, Important Political Party Officials, etc.

(J) INTERNET TRADING

Whether you wish to avail of facility of Internet Trading/Wireless Technology (please specify) ☑ Yes ☐ No

(K) INVESTMENT / TRADING EXPERIENCE

☐ NO PRIOR INVESTMENT EXPERIENCE | | | YEARS IN EQUITIES /COMMODITIES

| | | YEARS IN DERIVATIVES | | | YEARS IN OTHER INVESTMENT RELATED ACTIVITIES

(L) INTRODUCER DETAILS : (Optional)

Introduced by another Client / Employee / Director / Authorised Person / Any Other Person Please Specify__________

NAME OF THE INTRODUCER:

ADDRESS :

PROOF OF IDENTITY : PROOF OF ADDRESS :

CONTACT NO. SIGNATURE OF INTRODUCER

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TRADING PREFERENCES IN CASE YOU WISH TO TRADE IN SELECTED EXCHANGE OR SEGMENTS

*** Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.**

EXCHANGES			
BSE / NSE			MCX/ NCDEX / NSE
CASH	FUTURE AND OPTIONS	CURRENCY	COMMODITY DERIVATIVES
(3)	(3)	(3)	(3)
SLBM	MTF	MUTUAL FUND	
(3)	(3)	(3)	

If you do not wish to trade in any of the said Segments / Mutual Funds, please mention here:_____

OR

TRADING PREFERENCES IN CASE YOU WISH TO TRADE IN ALL EXCHANGES

EXCHANGES	BSE / NSE / MCX/ NCDEX ALL SEGMENTS
	(3)

TARIFF SHEET

Cash Market/ Capital Market / SLBM

	TRADING			DELIVERY		SLBM
Brokerage	Min (P)	(%)	Slab No.	Min (P)	(%)	Slab No.
1st Side	3	0.03 %		3	0.30 %	
2nd Side (Same Day 2nd Side)	3	0.03 %		3	0.30 %	

F & O / Derivative Market / Currency Derivative / Commodity Market

	EQUITY DERIVATIVES			EQUITY OPTION		CURRENCY DERIVATIVES			CURRENCYOPTION	
Brokerage	Min (P)	(%)	Slab No.	Per Lot	Slab No.	Min (P)	(%)	Slab No.	Per Lot	Slab No.
1st Side	3	0.03 %		Rs.50/-		3	0.03 %		Rs.50/-	
2nd Side	3	0.03 %		Rs.50/-		3	0.03 %		Rs.50/-	

NIFTY			BANK NIFTY		
Min (P)	(%)	Options	Min (P)	(%)	Options
3	0.03 %	Rs.50/-	3	0.03 %	Rs.50/-
3	0.03 %	Rs.50/-	3	0.03 %	Rs.50/-

COMMODITY DERIVATIVES / OPTIONS		
Min (P)	(%)	Options
3	0.03 %	Rs.50/-
3	0.03 %	Rs.50/-

Other Charges Stamp Duty ☑ Yes ☐ No
Turnover Tax ☑ Yes ☐ No
GST ☑ Yes ☐ No

Other Charges STATUTORY COST ☑ Yes ☐ No
SALES TAX ☑ Yes ☐ No
STT / CTT ☑ Yes ☐ No

Note :• GST/ Turnover Tax / Sales Tax / Statutory Cost / Stamp Duty / CTT will be applicable as per Government Norms & the above charges are subject to change as per regulatories authorities. • Clearing Charges Levied on us by clearing member / clearing house would be collected on actuals.

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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 has been displayed for Information on stock broker's designated website
4. I / We have noted that you trade in OWN/PRO account as per SEBI/MRD/SE/CIR.- 42/2003 dated November 19, 2003 as mandated by the SEBI and on the Exchange(s).
5. I/We hereby confirm that I/We are aware of the Delayed Payment Charges of the Stock Broker.
6. I/We hereby confirm that in case brokerage per exchange per day is less than Rs.10/- then difference will be levied as minimum contract generation charges provided not exceeding 2.5% and also I / We hereby confirm that I/We are aware of the brokerage charges levied to me / us by the broker.

Place ----------

Date | | | | | | | | |

(4)

Signature of Client

FOR OFFICE USE ONLY

UCC Code allotted to the Client _____

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation			
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 and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

FOR Choice Equity Broking Pvt.Ltd.

Signature of the Authorised Signatory

Date | | | | | | | | |

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RUNNING ACCOUNT AUTHORISATION (VOLUNTARY)

To,

Choice Equity Broking Pvt. Ltd.

Date : | | | | | | | | |

I/We are dealing through you as a client in Security Market and/or Future & Option segment and/or Currency segment and/or Interest Rate future Segment or Commodity Derivative Market & in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under:

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.
2. I/We request you to retain securities/ funds with you for my/our margin/pay-in/other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation, unless I/We instruct you to transfer the same to my/our account.
3. I/We request you to settle my fund account, once in every calendar Quarter or once in a calendar Month as given in my/our preferences in KYC form.
4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite collateral /funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.
5. I/We confirm you that I/We will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 30 days from the date of receipt of funds or statement of account or statement related to it, as the case may be at your registered office.
6. I/We am/are aware that in terms of SEBI Circular CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 any excess securities available in your client collateral / collateral account will be release to me / us along with funds settlements after making necessary retention as may be permitted by regulators.
7. I/We confirm you that I/We can revoke the above mentioned authority in writing at any time.
8. I/We understand that there will be no inter client adjustments while settling my accounts even if the other client is related to me.

☑ **Once in a Calendar Quarter** ☐ **Once in a Calendar Month**

Note: The authorization shall be signed by the client only and not by any authorised person on his behalf or any holder of the Power of Attorney.

APPENDIX B FOR UNDERTAKING FOR SERVICES BY WAY OF SMS / EMAIL ID / WHATSAAP ALERTS BY TRADING MEMBER ON MOBILE PHONES / EMAIL ID / WHATSAAP

I/We are having a trading account with yourself for the purpose of trading on NSE /BSE / MCX / NCDEX.

I/We have registered the mobile number | | | | | | | | | | | and email id _____ for receiving SMS alerts/ EMAIL alerts / Whatsapp alerts in respect of various services being offered by the above respective exchanges mentioned above and Trading Member. Further, I /We are aware that the above exchange also provides trade alerts through SMS /EMAIL alerts / Whatsapp alerts and I / We agree to receive the same through above mentioned Email and Mobile number, which is an additional facility provided by them and I / We won't held liable for the same to the respective exchanges and trading member.

A. In respect of trades executed by me/us for investment/trading advisory services received from the trading member. I/ We undertake to the trading member and confirm to use my/our own judgement in taking a call on the said investment(s).

   I/We also undertake to the trading member and confirm that I/We execute trades in the identified security(s) and derivative(s) according to my/our financial strength/capability.

   I/We declare and agree that the trading member shall not be responsible for any loss suffered by me/us or account of executing or omitting to execute any trades in pursuance of the SMS alerts or EMAIL alerts / Whatsapp alerts and/or investment advises sent by the trading member. I/We shall not have any claim whatsoever against the trading member in respect of the above mentioned acts or omissions.

   I/We authorize to send consolidated summary of my/our scrip-wise and derivatives-wise details of buy and sell positions taken with average rates to me / us by way of SMS / EMAIL / Whatsapp alerts on a daily basis. I/we hereby state that my/our number is not under Do not disturb directory and I / we am/are availing this services on my/our own will and there will be no financial obligations of CHOICE in case if legal disputes. I/We further confirm that if my / our mobile number is under DND then also I/We hereby state that sending any information related to my / our trading or demat account any promotional offers / marketing offers / greetings like birthday / anniversary / etc. shall not be construed as violation under DND by me/us.

B. In respect of all other intimation services offered by the trading member, I/We undertake to indemnify the trading member and absolve the trading member of any claims on account of various services rendered to me/us in respect of servicing my/ our trading account with them.

I/We agree to the Running Account Facility and SMS Alert / EMAIL Alert / Whatsapp alerts facility as per the terms given above.

UCC Code:_____

Mr./ Ms./ Mrs._____

(5)

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FORMAT FOR APPENDIX A
ELECTRONIC CONTRACT NOTE [ECN] - DECLARATION (VOLUNTARY)

To,
Choice Equity Broking Pvt. Ltd.
Sunil Patodia Tower, J.B. Nagar, Andheri E, Mumbai-400099.

Dear sir,

I/We _____
a client with Member **M/s.Choice Equity Broking Private Limited** of NCDEX / MCX / BSE / NSE Exchange undertake as follows:

- I/We am/are aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I/ We myself want the same in the electronic form.
- I/We am/are 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/We find that it is inconvenient for me/us to receive physical contract notes. Therefore, I/We am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me/us.
- I/We have access to a computer and am/are a regular internet user, having sufficient knowledge of handling the email operations.
- I/We undertake to check the information so forwarded, regularly and bring the discrepancies if any to CEBPL notice within reasonable time frame of issuance / receipt for the same.
- My/Our email id is _____.

  (The said Email ID must be written in own handwriting.) This has been created by me/us and not by someone else.
- I/We am/are aware that this declaration form should be in English or in any other Indian language known to me/us.
- I/We am/are aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above Email ID.

The above declaration and the guidelines on ECN given in the annexure have been read understood by me/us. I/We, am/are aware of the risk involved in dispensing with the Physical Contract Note and do hereby take full responsibility for the same.

1. Client Name _____

2. Unique Client Code _____ **3. PAN** _____

I/We also understand that the above instruction will remain valid from the date of signing of this authorization until it is revoked by me/us in writing.

Verification of the client signature done by:
Authorised signatory of Member

Signature of Client

(6)

Name : _____

Designation : _____

Date: | | | | | | | | |

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FORMAT OF NOC LETTER TO BE SUBMITTED BY BROKER'S/EXCHANGE'S EMPLOYEE

VOLUNTARY DOCUMENT

To,
Choice Equity Broking Pvt. Ltd.

Date : | | | | | | | | |

This is to state that I _____ S/oD/o._____

R/o_____ is employee with the

following Stock Broker / Authorised Person / Remiser/Stock or Commodity Exchange / _____
(please strike out which is not applicable).

Further, I / We hereby declare that I am / We are a Stock Broker / Authorised Person / Remiser of the _____(name of the Stock or Commodity Exchange where client is a Stock Broker / Authorised Person / Remiser) and in this regard pursuant to SEBI circular SEBI/MIRSD/CIR-06/2004 dated January 13, 2004.

Further, I / We states that I/We have intimated the said Exchange of my/our intention to open a trading account with Choice Equities Broking Pvt Ltd only for the purpose of my / our proprietary trades (acknowledged the copy of Intimation Letter / Approval Letter / NOC Letter is attached herewith).

INDEMNITY CUM UNDERTAKING

1. That I further undertake to open a bank account in accordance with the name as appearing on the Income Tax website within one week from the date of signing this undertaking.
2. I further undertake that in case my name has been changed after approval from government authorities and notified in official gazette, I shall get the name change effected in PAN, Bank account etc. and furnish immediately to CHOICE.
3. I undertake the signature done in the application form is my own and as per the requirement as of now is not matching with the proofs. I here confirm both the signature is my own and kindly accept the signature done on the application form.
4. That I further declare that I am responsible and I shall indemnify & keep indemnified CHOICE, its directors, officers, employees and agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, actions, suits, proceedings arising out of or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA), share transfer, dematerialization of securities, rematerialization of securities, dividends, interest, etc., that may arise due to name or signature discrepancy or due to non compliance or any liability suffered or incurred or fastened on to CHOICE due to CHOICE accepting this Declaration-cum-undertaking and/or acting on this basis.

   That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood the same before signing it. That this declaration, Indemnity-cum-undertaking given by me to CHOICE is by my absolute free will and without any coercion, undue influence, pressure, etc., and at present I am having sound health and mind.

VERBAL ORDER ACCEPTANCE AUTHORISATION

I/We have been / shall be dealing through you as my/ our broker on the Capital Market / Mutual Fund / Futures & Options Segments/Currency Derivative Segments / Commodity Derivative Segments. As my/our broker, I/We direct and authorize you to carry out trading/dealings in my / our account on my/our behalf. Further, as placing any order for buying or selling in writing is a cumbersome process and in practical, hence I / We request you accept verbal / telephonic trade orders placed by me /us.

I / We shall call on your universal number 8899 200200 or any number provided by you or your AP, for placing any order for buying or selling. In case I / We wish to place orders In-Person then I / We shall submit latest format of order instruction hard copy which will be provided to me / us at your branch or at A.P. office.

Further I/We also authorise you to accept our trade request on SMS / Email Id / Whatsapp or any other mode which is feasible or approved by the regulators. I / We understand that Choice Equity Broking Pvt Ltd may place temporary or permanent restriction on one or more methods of order placement as per their risk analysis and technical constraints.

I /We understand the risk associated with verbal orders and I/We shall be liable for all risks, losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above. Further, please note that we shall maintain the records of the trades executed by you whether over the telephone or In-Person or any other mode chosen by you at our premises, as per applicable laws, rules and regulations of SEBI / Exchanges for reasonable time frame. These records may be produced on demand before any Statutory Authority or SEBI or any Regulator Body or Exchanges.

I/We agree to the terms and conditions of the above mentioned declarations.

Thanking you,

Yours Faithfully

(7)

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FORMAT OF DECLARATION FOR JOINT FAMILY ACCOUNT

To,
Choice Equity Broking Pvt. Ltd.
Sunil Patodia Tower, J.B. Nagar, Andheri (East), Mumbai - 400 099.

Demat Account No.: | 1 | 2 | 0 | 6 | 6 | 9 | 0 | 0 | 0 | | | | | | | |
| I | N | 3 | 0 | 1 | 8 | 9 | 5 | | | | | | | | |

UCC Code _____

1. WHEREAS the Hindu Undivided Family of _____

_____(hereinafter referred to as 'the said joint family' and / or 'the said HUF) have or desire to have Broking A/c. with M/s **Choice Equity Broking Pvt.Ltd.** (hereinafter to as 'Member') we, the undersigned, hereby declare

a) that we are the present adult co-parceners of the said joint family;
b) that Mr._____is the present **Karta** or Manager of the said Joint Family.
c) that we are entitled to trade in shares / commodity derivatives and open Share Broking / Commodity Account of the said Joint Family.
d) that each one of us has full and unrestricted authority to act on behalf of, and bind, the said HUF & all the present as well as future members, both adults and minors, of the said joint family, howsoever constituted from time to time.

2. We confirm that the affairs of the said joint family and the business of the said HUF are carried on mainly by the Karta/Manager, on behalf and in the interest and for the benefit of all the co-parceners of the said joint family. We hereby authorize the Karta/ Manager on behalf of the HUF to deal on Cash/Capital market segment (CM) and/or Derivatives/Futures and Options segment (F&O) (commodity derivatives) and the said Trading Member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. The Said Karta is authorized to sell, purchase, transfer endorse, negotiate documents and / or otherwise deal through on behalf of the HUF. He is also 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 account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF. to the Member and agree and confirm that any claim due to the Member from the said HUF shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parcener of the said joint family, including the share of the minor coparceners, if any.

3. We undertake to inform the Member in writing of any change that may occur in the Kartaship / Managership or in the constitution of the said joint family or to the said HUF and until receipt of such notice by the Member, the Member will be entitled to regard each of us as a member of the said joint family and as a partner of the said HUF and all acts, dealings and transactions purporting to have been done on behalf of the said joint family or of the said HUF before the Member shall have received notice in the manner aforesaid, shall be binding on the said joint family and the said HUF and on our respective estates. We shall, however, continue to be liable jointly and severally to the Member for all dues and obligations of the said HUF in the Member's book on the date of the receipt of such notice by the Member and until all such dues and obligations shall have been liquidated and discharged.

4. The names and dates of birth of the present minor co-parceners of the said joint family are given below. We undertake to inform you in writing as and when each of the said members attains the age of majority and is authorized to act on behalf to, and bind, the said HUF

Name of the Minor	Father's Name	Date of Birth

5. We have received and read a copy of the member's rules and regulations for the conduct of Share Broking / Commodity Account and we agree to comply with and be bound by the said rules now in force or any changes that may be made therein from time to time.

6. List of Co-Parcerners / Karta as on date and our signatures are as follows :

Sr. No.	Name	PAN No.	Date of Birth / Age	Relation	Signature
1				Karta	
2					
3					
4					

Name of HUF _____

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Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

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

Client's Signature (8)

Declaration Cum Undertaking for Trading in Currency Segment

I / We would like to take a position in exchange traded foreign exchange derivative contracts for the purpose of hedging contracted exposure and consequently hereby certify / declare that I / We have an existing valid underlying contracted exposure which has been not hedged using any other derivative contract and would establish the same as and when required by Choice Equity Broking Pvt. Ltd. or any regulatory authority. I am / We are fully aware of various FEMA guidelines / directions issued by Reserve Bank Of India (RBI) from time to time and also the consequences of the violations of the same and undertake to keep indemnified Choice Equity Broking Pvt Ltd. and its employees against any action done by me / us for the same. So please allow me / us to take a position in exchange traded foreign exchange derivative contracts.

Client Name :_____

Client's Signature (9)

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Demat Accounts of the Stock Broker — Voluntary Document

Name of DP	Demat Account Number	Type of Accounts
Choice Equity Broking Pvt.Ltd	12066900 00000065	BSE CM Principle
Choice Equity Broking Pvt.Ltd	12066900 00000099	BSE CMPOOL
Choice Equity Broking Pvt.Ltd	12066900 00000111	NSE CMPOOL
Choice Equity Broking Pvt.Ltd	12066900 01047044	MTF Margin
Choice Equity Broking Pvt.Ltd	12066900 01057785	MTF Client Funding
Choice Equity Broking Pvt.Ltd	12066900 00010660	NSE SLBM Pool
BOISL	11000010 00020818	BSE Early Payin
Choice Equity Broking Pvt.Ltd	IN301895 11195925	MTF Margin
Choice Equity Broking Pvt.Ltd	IN301895 11195984	MTF Client Funding
Choice Equity Broking Pvt.Ltd	IN301895 11193171	NSE Pool Account
Choice Equity Broking Pvt.Ltd	IN301895 11193180	BSE Pool Account
Choice Equity Broking Pvt.Ltd	12066900 01047059	Client Margin Pledge Account
Choice Equity Broking Pvt.Ltd	IN301895 11195933	Client Margin Pledge Account
Choice Equity Broking Pvt.Ltd	IN301895 11196223	Client Margin Pledge Account
Choice Equity Broking Pvt.Ltd	12066900 06172453	Client Unpaid Securities Account
Choice Equity Broking Pvt.Ltd	IN301895 11200776	Client Unpaid Securities Account
NSCCL	11000011 00018178	NSE Early Payin
Choice Equity Broking Pvt.Ltd	12066900 01142051	Client Margin Pledge Account

BOID _____ PAN No. _____

Demat Debit and Pledge Instruction (DDPI)

S. No.	Purpose	Signature of 1st holder / Karta	Signature of 2nd holder / 1st Co-parcenrs	Signature of 3rd holder / 2nd Co-parcenrs
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker through CEBPL	(10)	(10)	(10)
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.	(11)	(11)	(11)
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	(12)	(12)	(12)
4.	Tendering shares in open offers/take over/ buy back / delisting / OFS / Right offers respectively through Stock Exchange platforms.	(13)	(13)	(13)

I/We further agree and confirm that DDPI shall continue valid, until it is revoked in writing by me /us at any time and the said revocation shall be effective from the date it is received by the stock broker in his office

I/We accept the said DDPI of the client and Sign for on behalf of Choice Equity Broking Private Limited dated on _____

Signature of Authorised Signatory of
Choice Equity Broking Pvt. Ltd.

CHOICE EQUITY BROKING PRIVATE LIMITED

Choice KYC Office: 3rd floor,153 CSC Building, South West Road, T Nagar, Chennai - 600017

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SELF DECLARATION FOR COMMODITY WISE CATEGORIZATION

To,

Choice Equity Broking Pvt. Ltd.,

Dear Sir,

I/ We _____

having PAN no._____ **do hereby declare as under.**

I/We declare that I/We have acquired and are having sufficient knowledge about the Commodity Market and are being well acquainted with its procedures / risks. I/We am / are desirous of entering into the Commodity Market for dealings in commodities. I/We wish to trade in Commodity Market of NCDEX/MCX/NSE Exchanges respectively. Further I/We declare that I/We come in the following category mentioned below and selected:

CATEGORY CODE	CATEGORY	SELECTION
1	FPOs / Farmers	
2	VCPs / Hedgers	
3	Proprietary Traders	
4	Domestic Financial Institutional Investors	
5	Foreign participants	
6	Others (Trader)	(14)

For others please specify the reason for others _____

Further, I / We take full responsibility of the trades executed by me / us on commodity market and I / We confirm you that all the liabilities or any compliance issue or any legal implications in this regard will be solely borne by me / us.

List of commodities are given below:

MCX - SYMBOL	CATEGORY CODE
ALUMINIUM	6
BRASSPHY	6
CARDAMOM	6
CASTORSEED	6
COPPER	6
COTTON	6
CRUPALMOIL	6
CRUDEOIL	6
GOLD	6
LEAD	6
MENTHAOIL	6
NATURALGAS	6
NICKEL	6
PEPPER	6
RBDPALM	6
SILVER	6
ZINC	6

NCDEX SYMBOL	CATEGORY CODE
NKRISHI	6
BARLEY	6
CASTOR	6
CHANA	6
COCUDAKL	6
COTTON	6
CPO	6
DHANIYA	6
MAIZERABI	6
MOONG	6
PADDY_PB1121	6
RMSEED	6
SUGARM	6
GUARGUM 5	6
GUARSEED 10	6
SYBEANIDR	6
SYOREF	6

NCDEX SYMBOL	CATEGORY CODE
TMCFGRNZM	6
WHEATFAQ	6
JEERAAUNJHA	6
KAPAS	6
MAIZEKHRIF	6

NSE SYMBOL	CATEGORY CODE
BRENT CRUDE OIL	6
WIT CRUDE OIL	6
NATURAL GAS	6
COPPER	6
DEGUMMED SOY OIL	6
GOLD	6
SILVER	6

***Any other, commodity other than above mentioned in MCX/NCDEX/NSE exchanges respectively, kindly specify & I/We authorise you to add all other commodities under category OTHERS if I/We did not specify or select from the above list or any new commodity if comes in future.**

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CDSL
Your Depository

Choice Equity Broking Pvt. Ltd.

NSDL

SEBI Regn. No. IN-DP-84-2015, CDSL DP ID-12066900 / NSDL DP ID - IN301895
Sunil Patodia Tower, J.B. Nagar, Andheri (East), Mumbai - 400 099.
Tel.: (022) 6707 9999 E-mail : dp@choiceindia.com, customercare@choiceindia.com

☐ CDSL ☐ NSDL

Additional KYC Form for Individual Opening a Demat Account

(To be filled by the Depository Participant) (To be filled by the applicant in **BLOCK LETTERS** in English)

Application No. Date

DP Internal Reference No. UCC

DP ID 1 2 0 6 6 9 0 0 BO ID 0 BSE 3 2 9 9 X

DP ID I N 3 0 1 8 9 5 BO ID NSE 1 3 7 7 3

I/We request you to open a Demat Account in my/our name as per the following details:- **(Please fill all the details in CAPITAL LETTER Only)**

Sole / First Holder's Name		PAN
		UID * * * * * * * *
Second Holder's Name		PAN
		UID * * * * * * * *
Third Holder's Name		PAN
		UID * * * * * * * *

Name *

* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name and PAN of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Type of Account (Please tick whichever is applicable)

Status	Sub – Status
☐ Individual	☐ Individual Resident ☐ Individual-Director ☐ Individual Director's Relative ☐ Individual Promoter ☐ Individual HUF / AOP ☐ Individual Margin Trading A/C (MANTRA) ☐ Minor ☐ Others (specify) _____
☐ NRI	☐ NRI Repatriable ☐ NRI Non-Repatriable ☐ NRI Repatriable Promoter ☐ NRI – Depository Receipts ☐ NRI Non-Repatriable Promoter ☐ Others (specify) _____
☐ Foreign National	☐ Foreign National ☐ Foreign National - Depository Receipts ☐ Qualified Foreign Investor ☐ Margin ☐ Others (specify) _____

Details of Guardian **(in case the account holder is minor - two KYC application forms must be filled i.e. one for the guardian and another for the minor)**

Guardian's Name PAN

Relationship with the applicant

I / We instruct / authorise the DP to receive each and every credit in my / our account (If not marked, the default option would be `Yes')	[Automatic Credit] ☑ Yes ☐ No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	☑ Yes ☐ No
Account Statement Requirement	☑ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
I / We request you to send electronic transaction -cum- holding statement at the Email ID as specified in the KYC form (If not marked, the default option would be "YES") _____	☑ Yes ☐ No
I/ We would like to share the email ID with the RTA (If not marked, the default option would be 'No')	☑ Yes ☐ No
I / We would like to receive the Annual Report / Statement ☐ Physical ☑ Electronic ☐ Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	
I/We, wish to receive dividend / interest directly in to my bank account as given below through ECS? (If not marked, the default option would be `Yes') [ECS is mandatory for locations notified by SEBI from time to time]	☑ Yes ☐ No

(Please note that if option of Yes/No not selected, then the default option would be 'Yes')

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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR Code

IFS Code (11Character) Branch Name

Account Number

Account Type ❑ Saving ❑ Current ❑ Others (Specify)

Bank Name

Bank Branch Address

City State

Country PIN

For Gross Annual Income Details / Occupations / For PEP - RPEP / For any other information please refer to Page No.10 of the KYC Form and for NRI/FN, Please refer to page no. 9

SMS Alert Facility / CDSL SMART Facility	Mobile No. +91_____ [Mandatory, If you are giving DDPI, (If DDPI is not granted & you do not wish to avail of this facility, cancel this option) For terms and conditions for CDSL SMART facility please refer to our website : www.choiceindia.com	☑ Yes ❑ No

Account to be operated through	☑ **DDPI** **or** ☐ **EDIS**
For Joint accounts, communication to be sent to	☑ **First Holder** **or** ☐ **All Joint Holder(s)**
Mode of Operations for Joint Accounts	☐ **Jointly** **or** ☑ **Anyone of the holder or survivor(s)**

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

I/We have read and understood the SEBI guidelines for the BSDA facility. I/We are aware that if I/We are eligible to open a depository account under the BSDA scheme, the account shall be opened as a BSDA.
I/We also understand that if, at any point in time, I/We do not meet the eligibility criteria as a BSDA holder, my/our demat account is liable to be converted to a regular or normal account.
Further,I / We confirm that If the value of holdings in such BSDA exceeds the prescribed criteria at any time, the DP may levy AMC charges applicable to regular accounts from that date onwards.
Additionally, I/We acknowledge that should I/We choose to opt out of the BSDA scheme and avail the facility of a regular or normal scheme or any other scheme as mentioned in the tariff sheet of the DP at any time. Without further reference to me/us, the DP is authorized to levy the said charges as applicable and such a request will be communicated to the DP from the Sole/First Holder's registered email ID or by any other suitable mode at my/ our will.

Easi / IDeAS	To register for Easi /IDeAS, please visit our website www.cdslindia.com / eservices.nsdl.com. *Easi / IDeAS* allows a BO to view his ISIN balances, transactions and value of the portfolio online.

I/We have received and read the Rights and Obligations of the Beneficial Owner and Depository Participant document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws / Rules / Regulations of Depository and Depository Participants pertaining to an account which are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We also declare that I/We have complied and will continue to comply with FEMA regulations. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First Holder / Karta & HUF for CDSL	**Second Holder**	**Third Holder**
Name	Mr./ Ms./ Mrs.	Mr./ Ms./ Mrs.	Mr./ Ms./ Mrs.
Signature	(15)		

(Signatures should be preferably in blue ink)

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☐ CDSL *Nomination Form for Demat & Trading Account (Individual's Only) (Annexrure A) ☐ NSDL

Nomination Registration No. | | | | | | | | | | | | | | | | Dated | | | | | | | |

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

UCC Code		DP ID	I	N	3	0	1	8	9	5	BO ID								
		DP ID	1	2	0	6	6	9	0	0	BO ID								

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

Mandatory Details for - Nomination

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** [If not equally, please specify percentage]	%	%	%
			Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	**Relationship With the Applicant (If Any)**				
4	**Date of Birth**				
	Non-Mandatory Details for Nomination				
5	**Address of Nominee(s)**				
	City / Place				
	State				
	Country				
	PIN Code				
6	**Mobile / Telephone No. of nominee(s)**				
7	**Email ID of nominee(s)**				
8	**Nominee Identification details –** [Please tick any one of following and provide details of same] ☐ Photograph & Signature ☐ PAN ☐ Aadhaar ☐ Saving Bank A/c no. ☐ Proof of Identity ☐ Demat A/c ID				
	Sr. Nos. 9-15 should be filled only if nominee(s) is a minor:				
9	**Date of Birth of Minor**				
10	**Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }**				
11	**Address of Guardian(s)**				
	City / Place				
	State				
	Country				
	PIN Code				

12	**Mobile / Telephone No. of Guardian**			
13	**Email ID of Guardian**			
14	**Relationship of Guardian with Nominee**			
15	**Guardian Identification Details** [Please tick any one of following and provide details of same] ☐ Photograph & Signature ☐ PAN ☐ Aadhaar ☐ Saving Bank A/c no. ☐ Proof of Identity ☐ Demat A/c ID			

	Name(s) of holder(s)	**Signature(s) of holder***
Sole / First Holder (Mr./Ms.)		(16)
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

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

Note: Residual Securities – in case of multiple nominees, remaining after distribution of securities as per percentage of allocation shall be transferred to the first nominee. This nomination shall supersede any prior nomination made by the account holder(s), if any. The trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

☐ CDSL *Nomination Form for Demat & Trading Account (Individual's Only) (Annexrure B) ☐ NSDL

❑ **I/We do not wish to nominate any one for this Demat & Trading account.**

UCC Code															
BO ID	I	N	3	0	1	8	9	5							
BO ID	1	2	0	6	6	9	0	0							
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.

Name and Signature of Holder(s)*

Sole/First Holder Name	Second Holder Name	Third Holder Name
(16)		

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

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CDSL
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Choice Equity Broking Pvt. Ltd.

SEBI Regn. No. IN-DP-84-2015, CDSL DP ID-12066900 / NSDL DP ID - IN301895
Sunil Patodia Tower, J.B. Nagar, Andheri (East), Mumbai - 400 099.
Tel.: (022) 6707 9999 E-mail : dp@choiceindia.com, customercare@choiceindia.com

NSDL

☐ CDSL ☐ NSDL

Additional KYC Form For Non Individual Clients for Opening a Demat Account

(To be filled by the Depository Participant) (To be filled by the applicant in **BLOCK LETTERS** in English)

Application No. Date

DP Internal Reference No. UCC

DP ID 1 2 0 6 6 9 0 0 BO ID 0 BSE 3 2 9 9 X

DP ID I N 3 0 1 8 9 5 BO ID NSE 1 3 7 7 3

I/We request you to open a Demat Account in my/our name as per the following details:- **(Please fill all the details in CAPITAL LETTER Only)**

Holder Details

Sole / First Holder's Name — PAN — UID * * * * * * * *

Second Holder's Name — PAN — UID * * * * * * * *

Third Holder's Name — PAN — UID * * * * * * * *

Name *

* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name and PAN of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Type of Account (Please tick whichever is applicable)

Status								Sub-Status
☐ Body Corporate	☐ Banks Trust	☐ Mutual Fund	☐ OCB	☐ FI	☐ FII	☐ Trust		To be filled by the DP
☐ CM	☐ HUF	☐ QFI	☐ Clearing House	☐ Other (Specify) _____				

Date of Incorporation	D D M M Y Y Y Y		
SEBI Registration No. (If applicable)		SEBI Registration Date	D D M M Y Y Y Y
RBI Registration No. (If Applicable)		RBI Approval Date	D D M M Y Y Y Y
Nationality	☑ Indian ☐ Others (Specify)		

I / We instruct / authorise the DP to receive each and every credit in my / our account (If not marked, the default option would be `Yes')	[Automatic Credit] ☑ Yes ☐ No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	☑ Yes ☐ No
Account Statement Requirement	☑ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
I / We request you to send electronic transaction -cum- holding statement at the Email ID _____	☑ Yes ☐ No
I/ We would like to share the email ID with the RTA (If not marked, the default option would be 'No')	☑ Yes ☐ No
I / We would like to receive the Annual Report / Statement ☐ Physical ☑ Electronic ☐ Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

(Please note that if option of Yes/No not selected, then the default option would be 'Yes')

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Clearing Member Details (To be filled by CMS Only)

Name of Stock Exchange

Name of CC/CH

Clearing Member ID | Trading Member ID

I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] ☐ Yes ☐ No

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR Code | Branch Name

IFS Code (11Character) | Account No.

Account Type ❑ Saving ❑ Current ❑ Others (Specify)

Bank Name

Bank Branch Address

City | State | PIN

Details of Politically Exposed Persons (PEP)/Related to Politically Exposed Person (RPEP).

For the above point please refer to the Non Individual KYC Annexure Page No. 3-10

Transactions Using Secured Texting Facility (TRUST).	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST	☐ Yes ☑ No

Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)

Account to be operated through	☑ **DDPI** or ☑ **EDIS**	
For Joint accounts, communication to be sent to	☑ **First Holder** or ☐ **All Joint Holder(s)**	
Mode of Operations for Joint Accounts	☐ **Jointly** or ☑ **Anyone of the holder or survivor(s)**	
SMS Alert Facility / CDSL SMART Facility	Mobile No. +91_____ [Mandatory, If you are giving DDPI (If DDPI) is not granted & you do not wish to avail of this facility, cancel this option) For terms and conditions for CDSL SMART facility please refer to our website : www.choiceindia.com	☑ Yes ❑ No
Easi / IDeAS	To register for Easi /IDeAS, please visit our website www.cdslindia.com/eservices.nsdl.com. *Easi / IDeAS* allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

I/We have received and read the document of 'Rights and Obligation of BO-DP (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First Authorised Signatory / Karta of HUF for NSDL	Second Authorised Signatory	Third Authorised Signatory
Name	Mr./ Ms./ Mrs.	Mr./ Ms./ Mrs.	Mr./ Ms./ Mrs.
Designation			
Signatures	(17)		

(Signature should be preferably in blue ink) **(In case of more authorised signatories, plase add annexure)**

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CDSL
Your Depository

Choice Equity Broking Pvt. Ltd.

NSDL

SEBI Regn. No. IN-DP-84-2015, CDSL DP ID-12066900 / NSDL DP ID - IN301895
Sunil Patodia Tower, J.B. Nagar, Andheri (East), Mumbai - 400 099.
Tel.: (022) 6707 9999 E-mail : dp@choiceindia.com, customercare@choiceindia.com

SCHEDULE OF CHARGES FOR CDSL/NSDL - BENEFICIARY ACCOUNT

BSDA Plan ☐	Value of Holdings in Demat Account		
	Upto to Rs. 4 Lacs	Upto Rs.4 Lacs to Rs. 10 Lacs	Above Rs.10 Lacs
	NIL	Rs. 100 /-	Not Eligible For BSDA Plan

***As per SEBI circular – SEBI/HO/MIRSD/POD1/PCIR2024/91-June 28,2004 DP's have mandatorily open all New Individual Demat Accounts only under Basic Service Demat Account (BSDA).**

For eligibility of BSDA facility, value of Securities held in Demat Account shall not exceed Rs.10 lacs at any point of time.

Basic Plan	Annual Maintenance Charges		
	INDIVIDUAL	CORPORATE	☐ YES ☐ NO
	Rs. 200/-	Rs.1000/-	

Special Plan	Annual Maintenance Charges	
For Individuals	Life Time Plan ☐	Zero Plan ☐
AMC charges	Rs.1500/-	Rs.3000/-

	Transaction Charges		
Debit Instruction from the account to outside Demat	0.02% subject to minimum of Rs. 10/- per instruction.		
Debit Instruction from the account to Market	Rs.10/- per instruction.		
Failed Instruction	Rs.10/- per instruction.		
Demat Requests	Rs.10/- per certificate + Rs.100/- postage charges per DRF		
Remat Requests	A fee of Rs.10/- for every 100 securities or part thereof; subject to maximum fee of Rs.5,00,000/- or a Flat fee of Rs.10/- per certificate, whichever is higher payable on confirmation of the request.		
Pledge	Normal	Margin CDSL / NSDL	MTF CDSL / NSDL
Creation/ Unpledge/ Re-pledge	Rs. 50/- or 0.02% whichever is higher	Rs.10/-	Rs.15/-
Invocation	Rs.100/- or 0.05% whichever is higher		

- All Charges mentioned above are inclusive of CDSL / NSDL charges of Rs. 500/= AMC payable to CDSL / NSDL for Corporate Accounts
- GST as prescribed would be levied on all charges & Easi / IDeAS Service Facility available free of charge.
- The above rates are subject to change with 30 days prior intimation OR any other changes in CDSL / NSDL Tariff.
- All the percentage are on the value of shares and the value calculated from BSE closing price of the Exchange.
- Separate Cheque required for any of the above plan in favour of **"Choice Equity Broking Pvt. Ltd."** and Special Plan AMC charges are not refundable.
- Lost DIS book charges will be Rs. 100/-
- I/We hereby authorize you to debit and/or withdraw the money from my/our trading account opened with you to pay my/our dues in above Depository Account along with other charges if applicable.

For ZERO AMC Scheme:-

- Credit balance will be purely Interest free deposit and waiver of AMC would be available to clients choosing to open account under this scheme
- Deposit amount would be refunded on Closure of DP A/c after adjusting DP Dues, if any.

I/We have given this authorization to you voluntarily for the purpose of smooth operations of my/our accounts.

(18)

Signature of First Holder | Signature of Second Holder | Signature of Third Holder

Date : | | | | | | | | |

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DECLARATION FOR OPTING OF DIS BOOK- VOLUNTARY

To,
Choice Equity Broking Pvt. Ltd.
Reg. & Corp. Office :
Sunil Patodia Tower, J.B. Nagar, Off. Sahar Road, Andheri (East), Mumbai - 400 099.

Date : | | | | | | | | |

Dear Sir / Madam,

A. ☐ I/ We require the Delivery Instruction Slip (DIS)

OR

B. ☑ I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a DDPI/EDIS executed in favour of **Choice Equity Broking Pvt. Ltd.** (CEBPL) for executing delivery instructions for setting stock exchange trades [settlement related transactions] and margin purpose effected through CEBPL. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully,

DP ID	**1**	**2**	**0**	**6**	**6**	**9**	**0**	**0**	**BO ID**	**0**							
DP ID	**I**	**N**	**3**	**0**	**1**	**8**	**9**	**5**	**BO ID**								

Particulars	First / Sole Holder / Karta	Second Joint Holder	Third Joint Holder
Name			
Signatures	(19)		

Declaration for Common Mobile Number and EMAIL ID in a Family Account.

To,
Choice Equity Broking Pvt. Ltd.

Date: | | | | | | | | |

Dear Sirs,

Re: Opening of Trading and Demat Account.

With reference to my /our application for opening of a Trading and Demat account with you, I / We hereby declare that I / We want all the SMS and E-Mail alerts on the following Email ID and Mobile No. which are mentioned below respectively as per SEBI Circular No. CIR/MIRSD/15/2011 dated August 02, 2011.

☐ Email ID: _____

☐ Mobile No: | | | | | | | | | | |

Further, I / We confirm that the above details which have been provided by us belong to our Family Member whose details have been provided by us as under:

☐ Name of the family Member:. _____

☐ Relationship with the Client:. _____

☐ Trading account with **Choice Equity Broking Pvt.Ltd.** (if Any):. _____

I / We also confirm that this request has been given to the Stock Broker / Commodity Broker under exceptional circumstances as I / We am / are dependent on our family member whose details have been mentioned in this declaration (above) and I / We further confirm that I / We don't have any objection to this and I / We give full consent in this regard .

Further, 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.

Thanking You,

Yours Faithfully,

Client Name:_____

(20)

Signature

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Unique Client Code (UCC) Details Addition / Deletion Request

To,
Choice Equity Broking Pvt. Ltd.

Dear Sir / Madam,

☑ I/ We request to add Unique Client Code (UCC)

OR

☐ I/We request to delink the Unique Client Code (UCC)

Unique Client Code(UCC)	Exchange	Exchange ID	Segment ID	CM ID	TM ID
	BSE Cash	11	1	3299	3299
	BSE FNO	11	2	C51564	3299
	BSE CD	11	3	C51564	3299
	NSE Cash	12	1	3299	13773
	NSE FNO	12	2	C51564	13773
	NSE CD	12	3	C51564	13773
	NSE SLBM	12	4	M51738	13773
	NSE COM	12	5	C51564	13773
	MCX	23	5	9350	40585
	NCDEX	22	5	C51067	01006

☐ I/ We like to delink / add the Unique Client Code (UCC) with all beneficial owner's (BOID) linked with _____mentioned Permanent Account Number (PAN).

OR

☐ I/ We like to delink / add the Unique Client Code (UCC) with below mentioned beneficial owner's (BOID)

Sr. No.	DP Name	DP ID	BENEFICIARY ID
1.			

(If additional beneficial owner's need to be added, please continue in same format)

Reason for Add / Modify / Delete Unique Client Code (UCC):

Particulars	First / Sole Holder / Karta	Second Joint Holder	Third Joint Holder
Name			
Signatures	(21)		

ACKNOWLEDGEMENT

I / We acknowledge with thanks the receipt of a duly executed copy of the KYC kit with supporting documents, as per SEBI guidelines conveyed through BSE Notice No.20080624 dt: 24/06/2008 / NSE Circular No. NSE/INSP/2008/67 dt:23/06/2008. / FMC Circular No. FMC/4/2011/G/30 (Ref. No.:Div. III/I/89/07) dated December 16,2011..

I / We further acknowledge the receipt of a separate booklet containig all the mandatory documents containing Rights & Obligation of Stock Broker, Authorised Person and Clients / Internet & Wireless Technology Based Trading Facility / Risk Disclosure Document (RDD) / Guidance – DO's and DON'T's / Rights & Obligation of Beneficial Owner and Depository Participant / Policies and Procedures of Trading Member along with the Rights & Obligation of NSE / BSE for Margin Trading Funding (MTF) and Terms and Conditions prescribed by CEBPL for MTF and Declaration from the client stating that client is liable to pay the margins which are required by the exchanges & other obligations.

The above mentioned documents are also available in the Vernacular languages and on our website at http://www.choiceindia.com/market.php-Account Opening Form - CRF form in vernacular languages equity / commodity and can be downloaded.

(22)

Client's Signature / for Non Individual
Please affix the seal also

Name of Client:_____

UCC Code:_____

REGISTRATION DETAILS

CASH SEGMENT / FNO SEGMENT/ CURRENCY DERIVATIVES SEGMENT / SLBM	**NSE : SEBI Regn. No : INZ 000160131 - Broker Code :13773** **BSE : SEBI Regn. No : INZ 000160131 - Broker Code :3299**	**Date of Registration:** 24/11/2017 24/11/2017
COMMODITY DERIVATIVES SEGMENT	**MCX : SEBI Regn. No : INZ 000160131 Member Code : 40585** **NCDEX : SEBI Regn. No : INZ 000160131 Member Code : 01006**	17/02/2010 16/03/2010
DEPOSITORY PARTICIPANT	**SEBI Regn. No : IN-DP-84-2015 CDSL-DP-ID : 12066900** **SEBI Regn. No : IN-DP-84-2015 NSDL-DP-ID : IN301895**	**Date of Registration : 15-06-2015** **Date of Registration : 15-06-2015**

CLEARING MEMBER	
Orbis Financial Corporation Limited (INZ000165534)	BSE CD, NSE FNO, NSE CD, MCX, NCDEX, NSE Commodity Respectively

CIN Number: U65999MH2010PTC198714

For any grievance/dispute please contact Choice Equity Broking Pvt. Ltd at the given registered address or following officer

Designation	Name	Telephone	EMAIL ID
Director	Sunil Bagaria	6707 9999	sunil.bagaria@choiceindia.com
Compliance Officer - CDSL	Prashant Salian	6707 9999	compliance@choiceindia.com / prashant.salian@choiceindia.com
Compliance Officer - NSDL	Venugopal Puthenveetil	0484-4253321	venugopal.p@choiceindia.com
Grievances/Dispute/Suggestion	Prashant Salian	6707 9999	ig@choiceindia.com

In case not satisfied with the response, please contact the exchange

NSE : ignse@nse.co.in and Phone no. 022-26598190 Fax No.:022-26598191.	**MCX :** grievance@mcxindia.com Tel: 022-6731 8888
BSE : is@bseindia.com ,Phone No.:022-22728097, Fax No.:022-22723677	**NCDEX :** askus@ncdex.com Tel : 022-6640 6084,
CDSL : complaints@cdslindia.com, phone no.1800225533	**NSDL :** relations@nsdl.co.in Tel: 1800222990

You can also lodge your grievances with SEBI at http://scores.gov.in. For any Queries or Feedback or Assistance please contact SEBI on toll free helpline at 1800227575/18002667575

INSTRUCTIONS / CHECK LIST

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

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

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

2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals:
   a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/ authorised persons office.
   b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals:
   a. Form need to be initialized by all the authorized signatories.
   b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

Instructions to the Applicants (BOs) for account opening:

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in blue ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a DDPI, the relevant DDPI or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required.
8. For receiving Statement of Account in electronic form:
   I. Client must ensure the confidentiality of the password of the email account.
   II. Client must promptly inform the Participant if the email address has changed.
   II. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
9. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
10. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned . In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
11. Strike off whichever option, in the account opening form, is not applicable.

Choice

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Equity | Derivatives | Currency | Commodity | PMS* | Mutual Funds* | Insurance*

Choice Equity Broking Pvt. Ltd

www.choiceindia.com

SEBI Reg. No.: INZ000160131

Member of :

National Stock Exchange of India Limited (NSE) Equity, Derivative, Currency, SLBM & Debt

Bombay Stock Exchange Limited (BSE) Equity, Currency & Derivative

Depository Participant-CDSL / NSDL

Multi Commodity Exchange of India Limited (MCX)

National Commodity & Derivative Exchange Limited (NCDEX)

Disclaimer: Please read and understand the rights and obligations documents/ RDD/ Do's and Don'ts documents prescribed by SEBI.
*These services are offered by our sister companies.
