



Demat No.: **12070800**

Client Code:

Client Name:

AP/Branch Name:

Serial No.

# Account Opening Form

Individual  Non-Individual

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

### General Instructions:

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

### A Clarification / Guidelines on filling ‘Personal Details’ section

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

### B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

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

### C Clarification / Guidelines on filling ‘Proof of Identity [PoI]’ section

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

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

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

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

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

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

### F Clarification / Guidelines on filling ‘Contact details’ section

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

### G Clarification / Guidelines on filling ‘Related Person details’ section

- 1 Provide KYC number of related person if available.

### H Clarification / Guidelines on filling ‘Related Person details – Proof of Identity [PoI] of Related Person’ section

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

In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below :

Type of Entity	Documentary Requirements
Corporate	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</li> <li>• Copy of the Board Resolution for investment in securities market.</li> </ul>
Partnership Firm	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of partnership deed (Notarized).</li> <li>• Photograph, POI, POA, PAN of Partners.</li> </ul>
Trust	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of Trust deed.</li> </ul>
HUF	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Bank pass-book/bank statement in the name of HUF</li> </ul>
Unincorporated Association or a Body of Individuals	<ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Banks/Institutional Investors	<ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</li> </ul>
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate.</li> </ul>
Army/Government Bodies	<ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> </ul>
Registered Society	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> </ul>



Name of Stock Broker/Trading Member/Clearing Member:

## GANPATI FINSEC PVT. LTD.

EXCHANGE NAME	SEGMENT	SEBI REGISTRATION NO.	DATE
NSE	CASH	INZ000304538	28 February 2022
NSE	F&O	INZ000304538	28 February 2022
NSE	Currency Derivative	INZ000304538	28 February 2022
NSE	Commodity Derivatives Segment	INZ000304538	28 February 2022
BSE	CASH	INZ000304538	28 February 2022
BSE	F&O	INZ000304538	28 February 2022
BSE	Currency Derivative	INZ000304538	28 February 2022
BSE	Commodity Derivatives Segment	INZ000304538	28 February 2022
MCX	Commodity Derivatives Segment	INZ000304538	28 February 2022
MSEI	Cash	INZ000304538	28 February 2022
NCDEX	Commodity Derivatives Segment	INZ000304538	28 February 2022
Central Depository Services (I) Ltd.	DP	IN-DP-CDSL-243-2016	05 April 2016
	DP ID	12070800	

### Registered Office & Correspondence Office:

37, K Block, Sri Ganganagar, Rajasthan-335001  
 Ph.: +91-154-2483005, 2483006, 2483017 | Fax: +91-154-2483014  
 E-mail: dp@ganpationline.com | Website: www.ganpationline.com

### CEO Details :-

Name : Mr. Devender Mittal  
 Phone No. : +91-9352700789  
 Email Id : dmittal@ganpationline.com

### Compliance Officer Details :

Name : Mr. Ved Prakash Wadhwa  
 Phone No. : +91-9351377698  
 Email Id : vpwadhwa@ganpationline.com

For any grievance/dispute please contact GANPATI FINSEC PVT. LTD. at the above address or email id: ganpati\_mittal@yahoo.com and Phone No.: +91-154-2483029. In case not satisfied with the response, please contact the concerned exchange(s) at :

Exchange Name	Email ID	Phone No.
NSE	ignse@nse.co.in	1800220058
BSE	isdelhi@bseindia.com	+91-11-43007413
MSEI	compliancemsx@msei.in	+91-22-61129000
MCX	grievance@mcxindia.com	+91-11-43007413
NCDEX	ig@ncdex.com	+91-22-66406789

For any grievance/dispute please contact **GANPATI FINSEC PVT. LTD.** at the above address or email id: dp@ganpationline.com and Phone No.: +91-154-2483016. In case not satisfied with the response, please contact the concerned exchange(s) at :

DP (CDSL)	complaints@cdslindia.com	+91-22-22723333
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### Declaration for Pro Trading

We Ganpati Finsec Pvt. Ltd. , hereby inform all our clients that besides trading on behalf of our clients, we also do Proprietary Trading in our own account.

### Acknowledgment for Receipt

I/We hereby acknowledge the receipt of duly executed copy of Account Opening Form, Rights and Obligations, RDD, Policies & Procedures, POA, Schedule of Service Charges and All Other Documents as executed by me/us.

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

Signature of Client :

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

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

S.No.	Name of the Document	Brief Significance of the Documents	P. No.
<b>TRADING FORM</b>			
<b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b>			
1.	Account Opening Form	A. KYC Form - Part-1 Document captures the basic information about the constituent and an instruction/check list (to be sent KRA) FATCA & CRS Declaration B. KYC Form - Part-II Document captures the additional information about the constituent relevant to trading account and Demat account.	1-10
2.a	Rights and Obligations	Document stating the Rights & Obligations of Stock Broker/Trading Member, Sub-Broker and Client for trading on exchanges (including additional Rights & Obligations in case of Internet/Wireless Technology Based Trading/Mobile Trading) for Securities Market.	i-iv
2.b	Rights and Obligations	Document stating the Rights & Obligations of Member, Authorised Person and Clients (including additional Rights & Obligations in case of (Internet & Wireless Technology Based Trading / Mobile Trading Facility Provided By Members To Client) for Commodity market.	v-xi
3.a	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	xii-xiv
3.b	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the Commodity market	xv-xvii
4.a	Guidance Note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	xviii
4.b	Guidance Note	Do's and Don'ts for the clients for commodity	xix-xx
5.	Policies and Procedures	Document describing significant policies and procedures of the Stock & Commodity Broker	xxi-xxv
6.	Tariff Sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).	11
<b>VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER</b>			
7.	Acknowledgement	Acknowledgement	11
8.	Appendix A	Declaration for opting electronic contract note by client	12
9.	Letter of Authority	Authority Letter	13-14
10.	Request Letter for Trading in Commodity	Request for Trading in Commodity Forward Contracts/Commodity Derivatives of NCDEX	14
11.	Registration Form	Form For Registration And Verification of Mobile Number And Email Address (NCDEX Clients)	15
12.	Consent Form	Consent Form For Receiving Trade Alert Through SMS and / or E-mail (MCX Clients)	15
13.	Power of Attorney (POA)	Format of Power of Attorney (POA)	16
14.	Demat Debit and Pledge Instruction	Demat Debit and Pledge Instruction	17
15.	Authorisation for Providing SMS and Email Alerts	Authorisation for Providing SMS and Email Alerts to Investors by Stock Exchanges On Mobile and Email ID of Related	17
16.	Declaration For Name Mismatch	Declaration	18
17.	Declaration For Signature Mismatch	Declaration	18
18.	Consent	Sanction of Trading Limit on The Security of Collaterals	18
<b>DP FORM</b>			
1.	Authorisation Form Providing DP Transaction / Holding Statement By Email	Authorisation Form Providing DP Transaction / Holding Statement By Email	18
2.	Additional information related to Demat Account (CDSL)	A. Document capturing additional information for Demat Account (Individual/ Non-individual)	19-23
		B. Terms and Conditions-Cum-Registration / Modification Form for receiving SMS Alerts from CDSL	24-25
		C. Schedule of Charges for Depository Services (CDSL)	26
		D. Rights and Obligations of Beneficial Owner and Depository Participant as Prescribed By SEBI and Depositories.	xxvi-xxvii
3.	Mutual Fund Form	Registration for Online Investment for Mutual Fund & Terms and Conditions	27-29
4	Authorisation	Authorisation to Send Contract Note, Statement of Funds & Securities Etc. Electronically	30
5.	Letter of Authorisation	Letter of Authorisation - Authorised Trading By Relative	30

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



**Important Instructions:**

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

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

Application Type\*  New  Update

KYC Number (Mandatory for KYC update request)

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

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

Name\* (Same as ID proof) Prefix First Name Middle Name Last Name

Maiden Name (If any\*)

Father / Spouse Name\*

Mother Name\*

Date of Birth\* DD - MM - YYYY

Gender\*  M- Male  F- Female  T-Transgender

Marital Status\*  Married  Unmarried  Others

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

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

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

PHOTO

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence\*

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

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

**3. PROOF OF IDENTIT Y (Pol)\*** (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity(Pol) needs to be submitted)

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

Passport Expiry Date DD - MM - YYYY

Driving Licence Expiry Date DD - MM - YYYY

Identification Number

Identification Number

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

**4.1 CURREN T / PERMANENT / OVERSEAS ADDRESS DET AILS** (Please see instruction D at the end)

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

Address Type\*  Residential / Business  Residential  Business  Registered O ffice  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  Voter Identity Card  NREGA Job Card  Others  Simplified Measures Account - Document Type code

Address

Line 1\*

Line 2

Line 3

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

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

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

Line 1\*  
 Line 2  
 Line 3  
 District\* Pin / Post Code\* State / U.T Code\* ISO 3166 Country Code\*

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

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

Line 1\*  
 Line 2  
 Line 3  
 State\* ZIP / Post Code\* ISO 3166 Country Code\*

5. CONTACT DETAILS (All communications will be sent on provided)

FAX Tel. (Res) Mobile  
 Email ID

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

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

Related Person Type\* Guardian of Minor  Assignee  Authorized Representative

Name\* Prefix First Name Middle Name Last Name  
 (If KYC number and name are provided, below details of section 6 are optional) el. (Off)

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

A- Passport Number Passport Expiry Date  
 B- Voter ID Card  
 C- PAN Card  
 D- Driving Licence Driving Licence Expiry Date  
 E- UID (Aadhaar) x x x x x x x x  
 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) Mobile no. / Email-ID (Please refer instruction F at the end)

8. APPLICANT DECLARATION

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

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

Date : Place : Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies IPV Done on ...../...../.....

KYC VERIFICATION / IPV Done BY INSTITUTION DETAILS

Date Emp. Name Emp. Code Emp. Designation Emp. Branch Name Code  
 GANPATI FINSEC PRIVATE LTD  
 I N 0 7 0 4

[Employee Signature] [Institution Stamp]



### Know Your Client (KYC)



Application Form (For Non-Individuals Only)

Application No. \_\_\_\_\_

Please fill in ENGLISH and in BLOCK LETTERS with black ink

**A. Identity Details (please see guidelines overleaf)**

**1. Name of Applicant** (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

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**2. Date of Incorporation**    d d / m m / y y y y    **Place of Incorporation** \_\_\_\_\_

**3. Registration No. (e.g. CIN)** \_\_\_\_\_    **Date of commencement of business**    d d / m m / y y y y

**4. Status** Please tick (✓)     Private Ltd. Co.     Public Ltd. Co.     Body Corporate     Partnership     Trust/Charities / NGOs     HUF     FI     FII  
 PFI Category I     PFI Category II     PFI Category III     AOP     Bank     Government Body     Non-Government Organisation  
 Defence Establishment     Body of Individuals     Society     LLP     Others (Please specify) \_\_\_\_\_

**5. Permanent Account Number (PAN) (MANDATORY)** \_\_\_\_\_    Please enclose a duly attested copy of your PAN Card

**B. Address Details (please see guidelines overleaf)**

**1. Address for Correspondence**

City/Town/Village		Postal Code
State	Country	

**2. Contact Details**

Tel. (Off.)    (ISD)    (STD)		Tel. (Res.)    (ISD)    (STD)	
Mobile    (ISD)    (STD)		Fax    (ISD)    (STD)	
E-Mail Id. _____			

**3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**  
 \*Latest Telephone Bill (only Land Line)     \*Latest Electricity Bill     \*Latest Bank Account Statement     Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf). (Please specify) \_\_\_\_\_

**\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted**    d d / m m / y y y y

**4. Registered Address (If different from above)**

City/Town/Village		Postal Code
State	Country	

**5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**  
 \*Latest Telephone Bill (only Land Line)     \*Latest Electricity Bill     \*Latest Bank Account Statement     Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf). (Please specify) \_\_\_\_\_

**\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted**    d d / m m / y y y y

**C. Other Details (please see guidelines overleaf)**

**1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**  
(Please use the Annexure to fill in the details)

**1. Any other information :** \_\_\_\_\_

**DECLARATION**

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

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

**NAME & SIGNATURE(S)  
OF AUTHORISED  
PERSON(S)**



**FOR OFFICE USE ONLY**

AMC/Intermediary name OR code

**GANPATI FINSEC PRIVATE LIMITED**

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

## Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

1. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) \_\_\_\_\_ Aadhaar / UID No. 

X	X	X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---	---	---

  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed  PEP (Politically Exposed Person)  RPEP (Related to Politically Exposed Person)  NO

PHOTOGRAPH

2. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) \_\_\_\_\_ Aadhaar / UID No. 

X	X	X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---	---	---

  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed  PEP (Politically Exposed Person)  RPEP (Related to Politically Exposed Person)  NO

PHOTOGRAPH

3. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) \_\_\_\_\_ Aadhaar / UID No. 

X	X	X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---	---	---

  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed  PEP (Politically Exposed Person)  RPEP (Related to Politically Exposed Person)  NO

PHOTOGRAPH

4. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) \_\_\_\_\_ Aadhaar / UID No. 

X	X	X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---	---	---

  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed  PEP (Politically Exposed Person)  RPEP (Related to Politically Exposed Person)  NO

PHOTOGRAPH

5. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) \_\_\_\_\_ Aadhaar / UID No. 

X	X	X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---	---	---

  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed  PEP (Politically Exposed Person)  RPEP (Related to Politically Exposed Person)  NO

PHOTOGRAPH

\_\_\_\_\_  
 Name & Signature of the Authorised Signatory(ies)

Date 

d	d
---	---

 / 

m	m
---	---

 / 

y	y	y	y
---	---	---	---

PEP: Politically Exposed Person      RPEP: Related to Politically Exposed Person



**ADDITIONAL INFORMATION RELATED TO TRADING ACCOUNT****FOR INDIVIDUAL & NON-INDIVIDUAL****A. BANK ACCOUNT(S) DETAILS**

Bank Name (1)		Bank Name (2)	
Branch Address		Branch Address	
Bank Acc. No.		Bank Acc. No.	
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others..... In case of NRI: <input type="checkbox"/> NRE <input type="checkbox"/> NRO	Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others..... In case of NRI: <input type="checkbox"/> NRE <input type="checkbox"/> NRO
MICR Code		MICR Code	
IFSC Code		IFSC Code	

Proof submitted Bank passbook, Cancelled Cheque (with Client name and account no.)

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

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

**C. OTHER DETAILS**

Gross Annual Income Details (please specify)	Income Range per annum <input type="checkbox"/> Below ₹1 Lac <input type="checkbox"/> ₹1-5 Lac <input type="checkbox"/> ₹5-10 Lac <input type="checkbox"/> ₹10-25 Lac <input type="checkbox"/> ₹25 Lac -1 Crore <input type="checkbox"/> More than ₹1Crore Net- worth* Amount (₹)..... As on (date) ( ___/___/20___ ) (Net worth should not be older than 1 year)
Occupation (please tick any one and give brief details):	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others.....
Education Details :	<input type="checkbox"/> High School <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional Degree <input type="checkbox"/> Under High School <input type="checkbox"/> Illiterate <input type="checkbox"/> Others.....
Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
Any other information	

\* For Individual Client 'Net-worth' is Optional, In case of Non-Individual client 'Net-worth' will be mandatory.

<b>Client Category* (Commodity Segment only)</b>	<input type="checkbox"/> Commercial Participant <input type="checkbox"/> Value Chain Participant <input type="checkbox"/> Exporter <input type="checkbox"/> Importer <input type="checkbox"/> Hedger <input type="checkbox"/> Non Commercial Participant <input type="checkbox"/> Financial Participant <input type="checkbox"/> Trader <input type="checkbox"/> Jobber <input type="checkbox"/> Arbitrager <input type="checkbox"/> X-Not Categorised (Please Specify _____)
GST. No. (If Any) _____	IEC Code (In case of Exporter / Importer) _____

**D. TRADING PREFERENCES**

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

Exchange	Segments		
NSE	Cash <input checked="" type="checkbox"/>	**Currency Derivative <input checked="" type="checkbox"/>	MFSS
	F&O <input checked="" type="checkbox"/>	Commodity Derivative <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BSE	Cash <input checked="" type="checkbox"/>	**Currency Derivative <input checked="" type="checkbox"/>	BSE StAR MF
	F&O <input checked="" type="checkbox"/>	Commodity Derivative <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MSEI	Cash <input checked="" type="checkbox"/>	MCX <input checked="" type="checkbox"/>	Date of consent for trading on MCX
NCDEX	Cash <input checked="" type="checkbox"/>		Date of consent for trading on NCDEX

# If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker. \*\*Currency derivative segment include interest rate future.

**E. PAST REGULATORY ACTION**

Details of any action/proceedings initiated/pending/ taken by SEBI/Stock Exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years, give details (attach annexure if required) .....

## F. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

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

Sub-broker's Name									
SEBI Registration Number									
Registered office address							PIN Code		
Website				Phone			Fax		
Whether dealing with any other stock broker/sub-broker (if case dealing with multiple stock brokers/sub-brokers, provide details of all)									
Name of stock broker									
Name of Sub-Broker (if any)									
Client Code				Exchange					
Details of disputes/dues pending from/to such stock broker/sub-broker									

## G. ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)	<input type="checkbox"/> Physical Contract Note <input type="checkbox"/> Electronic Contract Note (ECN)				
Whether you wish to receive standard documents* <small>*Standard Documents-Right &amp; Obligations, Risk Disclosure Document, Guidance Note and Policies &amp; Procedures</small>	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical				
I/We wish to avail facility provided by the exchange	<input type="checkbox"/> SMS Alert <input type="checkbox"/> E-mail Alert <input type="checkbox"/> Both				
In case of ECN / E-mail Alert Pls. Specify your Email id					
In case of SMS Alert Pls. Specify your Mobile No					
Whether you wish to avail of the facility of internet trading/wireless technology/Mobile Trading (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Number of years of Investment/Trading Experience					
<b>Tax / GST Registration details</b>	No.	State		Validity date	
	Other registration details				
Any other information					

**In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others (attach annexure if require)**

Name (1)							PHOTOGRAPH	
Designation								
PAN				DIN (For Directors) / UID (for Others)				
Residential Address								
	City/Town/Village				Pin Code			
	State			Country				
Relationship with Applicant (i.e. promoters, whole time directors etc.)								
Wether Politically Exposed	<input type="checkbox"/> PEP (Politically Exposed Person) <input type="checkbox"/> RPEP (Related to Politically Exposed Person) <input type="checkbox"/> NO							
Name (2)							PHOTOGRAPH	
Designation								
PAN				DIN (For Directors) / UID (for Others)				
Residential Address								
	City/Town/Village				Pin Code			
	State			Country				
Relationship with Applicant (i.e. promoters, whole time directors etc.)								
Wether Politically Exposed	<input type="checkbox"/> PEP (Politically Exposed Person) <input type="checkbox"/> RPEP (Related to Politically Exposed Person) <input type="checkbox"/> NO							




Name (3)						PHOTOGRAPH
Designation						
PAN		DIN (For Directors) / UID (for Others)				
Residential Address						
	City/Town/Village			Pin Code		
	State		Country			
Relationship with Applicant (i.e. promoters, whole time directors etc.)						
Wether Politically Exposed <input type="checkbox"/> PEP (Politically Exposed Person) <input type="checkbox"/> RPEP (Related to Politically Exposed Person) <input type="checkbox"/> NO						

#### H. INTRODUCER DETAILS (optional)

Name of the Introducer				
Status of the Introducer	<input type="checkbox"/> Sub-broker	<input type="checkbox"/> Remisier	<input type="checkbox"/> Authorized Person	<input type="checkbox"/> Existing Client
	<input type="checkbox"/> Others (please specify): .....			
Address of the Introducer				
Phone No. of Introducer				
Signature of the Introducer				

#### DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
- I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
- I/We 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, if any.

Name(s) of the Authorised Signatory	Signature of the Authorised Signatory
1.	
2.	
3.	

Date: DD / MM / YYYY

#### 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 of the employee			
Date			
Signature			

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

Signature of the Authorised Signatory

Date: .....

Seal/Stamp of the stock broker



**GANPATI FINSEC PVT. LTD.**  
37, K Block, Sri Ganganagar,  
Rajasthan-335001

## FATCA & CRS Declaration - Individual

PAN                     Trading                      DP Code

Name

Place of Birth   Country of Birth

Nationality

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

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

(Net worth should not be older than 1 year)

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

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

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

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

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

### DECLARATION

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

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

Sign here :

Date :

Place :

Please submit the form fully filled, signed, for all the holders, separately and submit at or dispatch the hard copy to :

#### **GANPATI FINSEC PVT. LTD.**

37, K Block, Sri Ganganagar, Rajasthan-335001

Ph.: +91-154-2483005, 2483006, 2483017 | Fax: +91-154-2483014

Website: [www.ganpationline.com](http://www.ganpationline.com)

• For Detail Terms & Conditions please visit [www.ganpationline.com](http://www.ganpationline.com) - Download section.

**GANPATI FINSEC PVT. LTD.**37, K Block, Sri Ganganagar,  
Rajasthan-335001**FATCA & CRS Declaration - Non-Individual**

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

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

% In case Tax Identification Number is not available, kindly provide its functional equivalent.

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

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

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

1.	We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	<b>GIIN</b> <input type="text"/> <b>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</b> Name of sponsoring entity _____ _____
	<b>GIIN not available (please tick as applicable)</b>	<input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/> <b>Not obtained – Non-participating FI</b> <input type="checkbox"/> <b>Not required to apply for - please specify 2 digits sub-category</b> <input type="text"/> (Refer 1 A of Part C)

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

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

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

**Category (Please tick applicable category):**




<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Others (please specify _____)	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)  
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

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

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

**DECLARATION :** I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Ganpati Finsec Pvt. Ltd. for any modification to this information promptly. I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name(s) of the Authorised Signatory	Signature of the Authorised Signatory
1.	
2.	
3.	

Place \_\_\_\_\_

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

**TARIFF SHEET****PRODUCT PLAN\* / BROKERAGE (SUBJECT TO CHANGE)**

Ganpati Finsec Private Limited \_\_\_\_\_ \*Details as per executed addendum.

**CASH SEGMENT**

Brokerage	in %	Minimum Paise
Delivery Based		
Daily Square up		

**DERIVATIVES SEGMENT**

Brokerage	in %	Minimum Paise	* Brokerage per lot ( in ₹)
Future			
Option			

\*In case of option index only.

**CURRENCY DERIVATIVES SEGMENT**

Brokerage	in %	Minimum Paise	Brokerage per lot ( in ₹)
Future			
Option			

**MUTUAL FUND**

Brokerage	in %	Minimum Paise
Delivery Based		

**MCX**

Brokerage	in %	Minimum Paise	Brokerage per lot ( in ₹)
Delivery Based			
Future			
Option			

**NCDEX**

Brokerage	in %	Minimum Paise	Brokerage per lot ( in ₹)
Delivery Based			
Future			
Option			

In addition to brokerage, all statutory / exchange charges as applicable would also be levied.

In case of physical contract note are being dispatched to client, ₹ 25/- per contract note would be charged towards stationery &amp; postage charges.

Client Signature 

(Please Tear Here) \_\_\_\_\_

**ACKNOWLEDGEMENT FROM CLIENT**

I / We .....hereby confirm that I / We have received the copy of KYC Forms, Risk Disclosure Documents, Rights and Obligation, guidance note & policies & procedures. I / We also confirm that I / We got my unique client code.

Thanking You,

Date : .....

Place : .....



Client's signature

(If partner, Corporate or other signatory, then attest with firm / company seal)

(Please Tear Here) \_\_\_\_\_

**ACKNOWLEDGEMENT**

Date...../...../20.....

Accepted / Rejected the application from Mr./Ms.....as the sole / First holder alongwith .....and.....is the Second and Third holders respectively for opening of a depository account. Your Client ID will be intimated to you shortly on acceptance. Please quote the DP ID & Client ID allotted to you in all future correspondence.

Participant Stamp &amp; Signature

To,  
**GANPATI FINSEC PVT. LTD.**  
 37, K Block, Sri Ganganagar, Rajasthan-335001

Date : .....

Dear Sir/Madam,

I, \_\_\_\_\_ a client with Member M/s. GANPATI FINSEC PVT. LTD. of  
 NSE/BSE/MSEI/ MCX/NCDEX undertake as follows:

- I/we am/self want the same in the electronic form.
- I/we am aware that the Member has to provide electronic contract note my/our convenience on my/our 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.
- My/our email id is \* \_\_\_\_\_. 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 deliver of the contract note at the above email id.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. 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.

\*(The email is must be written in own handwriting of the client)

Unique Client Code : \_\_\_\_\_ PAN : \_\_\_\_\_

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

Address : \_\_\_\_\_

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

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

#### For Office Use Only

Verification of the client signature done by,  
 Name of the designated officer of the Member

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



Signature with date

#### Note :

1. You can revoke ECN facility and opt for the Contract Note in the physical form only by giving 7 working days notice to the member and copy of the same would be retained by you.
2. In case, due to any reason, whatsoever, if contract note is sent in physical form including bouncing of email, charges, if applicable, shall be debited.

(Please Tear Here)



## GANPATI FINSEC PVT. LTD. GSTIN : 08AAACG7719B1ZU

CIN: U67120RJ1998PTC014683 | Member : NSE, BSE, MSEI, MCX, NCDEX • DP (CDSL) DP ID : 12070800

SEBI REGN. NO.: IN-DP-CDSL-243-2016

SEBI Regn No. : INZ000304538

37, K Block, Sri Ganganagar, Rajasthan-335001 | Ph.: +91-154-2483016, 2483017 | Fax: +91-154-2483014

E-mail: dp@ganpationline.com | Website: www.ganpationline.com

(Please Tear Here)



## GANPATI FINSEC PVT. LTD. GSTIN : 08AAACG7719B1ZU

CIN: U67120RJ1998PTC014683 | Member : NSE, BSE, MSEI, MCX, NCDEX • DP (CDSL) DP ID : 12070800

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E-mail: dp@ganpationline.com | Website: www.ganpationline.com



## LETTER OF AUTHORITY

To,  
**GANPATI FINSEC PVT. LTD.**  
 37, K Block, Sri Ganganagar, Rajasthan-335001

Date : .....

**Sub : Letter of Authority - NSE / BSE / MSEI / MCX / NCDEX (All Segment)**

I/We am/are dealing in securities/Commodities with you at NSE/BSE/MSEI/MCX/NCDEX Capital Market Segment, Derivatives Segment, Commodity Derivatives Segment & Currency Derivatives Segments and in order to facilitate ease of operations. We authorize you as under :

**1. Running Account:**

That I/We desirous of regularly dealing in CM and F&O and Currency Derivatives Segment of securities and Commodity segment request you to maintain a Running Account for funds and securities and commodities on my/our behalf without setting the account on settlement of each transaction on my/our behalf. I/We further agreed with the stock broker all the Terms and Conditions of Running Account mentioned in SEBI Circular no. MIRSD/ SE /Cir-19/2009 dated December 3, 2009 and further request you to retain all amount payable and securities receivable by me/ us until specifically requested by me/ us in writing to be settle or to dealt with in

Once in a calender quarter  Once in a calender month.

In case I/ We have traded during my / our chosen settlement period, you may retain up to the maximum amount as permissible within a regulatory provisions duly netting off across all stock exchanges and their segments. Authorisation is subject to changes to as prescribed by the exchange(s) SEBI from time to time.

Further I reserve my right to revoke the running account authorisation at any time by informing you in writing.

While setting the account please send a 'settlement of accounts' containing an extract from ledger for funds and an extract from the client demat ledger (register of securities/commodities) displaying all receipts/deliveries of funds/securities/commodities. Please explain in the statement(s) being sent the retention of funds/securities/commodities and the details of the pledge, if any. Further, do not carry out settlement of running account referred to above for funds given by me/us towards collaterals/margin in the form of bank guarantee (BG/Fixed Deposit receipts (FDR)

Please further note that while I am entitled to revoke the authorization at any time, however, such termination shall be subject to notice in writing from the date of physical delivery of revocation letter at your registered office to allow you to make necessary changes to handle my account without running account authorization. I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above and further agree that you shall not be liable for any claim for loss or profit, or for any consequential, incidental, special or exemplary damages, caused by retention of securities/commodities/moneies under this agreement.

I/We authorised to Ganpati Finsec Pvt. Ltd. to Maintain Credit Balance of Rs 10000/- in equity and derivative segment and Rs. 50,000/- for commodity segment in my trading account, not required to settle for Quarterly/Monthly financial settlement/Periodically settlement.

**2. Set off of outstanding:**

I/We authorize you to set off outstanding in any of my / our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange and / or DP and / or against the value of cash margin or collateral shares provided to you by me / us.

**3. Delivery of order/ trade confirmation/ cancellation:**

I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

**4. Authorization to Use Margin:**

I hereby authorize you to keep all the securities/commodities which we give you in margin including the payout of securities/commodities received, to use the securities/commodities for meeting margin / other obligation in stock exchange in whatever manner which may include pledging of shares in favour of bank and/or taking loan against the same for meeting margin/pay-in obligation on our behalf or for giving the same as margin to the Stock Exchange or otherwise..

I further authorize the stock broker as per the requirement of SEBI Circular no. MIRSD/ SE /Cir-19/2009 dated December 3, 2009 that in case of any outstanding obligations on the settlement date, the stock broker may retain the requisite securities/commodities/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. Telephonic Conversation:**

I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.

**6. Electronic Mode of delivery:**

I/We request that you may send/ Dispatch me contract notes other documents through E-mail: on my designated E-mail address of..... I/We stress that I/we will not hold you responsible under any circumstances in the event of an E-mail which you send gets bounced due to any reason such as mail box being full, inactive account or due to any technical reason beyond your control.

**7. Log Report:**

I/We will completely rely on the log reports of your dispatching software as a conclusive proof of dispatch of E-mail to me and will not dispute the same.

**8. Change in E-mail Id:**

I/We will inform you any change in my E-mail, if any, in future, in physical mode by regd. post or by hand delivery and through a digitally signed E-mail.

**9. Electronic Trading:**

Trading of NSE/BSE/MCX is in Electronic Mode, based on VSAT, leased line, ISDN, Modem and VPN, combination of technologies and computer systems to place and route orders. I understand that there exists a possibility of communication failure or system problems or slow or delayed response from system or trading halt, of any such other problem/glitch whereby not being able to establish access to the trading system/network, which may be beyond the control of you and may result in delay in processing or not processing buy or sell orders either in part or in full. I agree that I shall be fully liable and responsible for any such problems glitch.

**10. Inter Settlement of Securities/commodities:**

I/We am/are agreeable for inter-settlement transfer of securities/commodities towards settlements.

**11. Hold of funds Pay outs:**

I/We am/are agreeable for & authorise you to with hold funds pay-out towards all the applicable margins and debits.

**12. Fines & Penalties:**

All fines/penalties and changes levied upon you due to my acts / deeds or transactions may be recovered by you from my account.

**13. Charges & Balance Maintenance:**

I/We have a Trading and depository account in Ganpati Finsec Pvt. Ltd. Please debit the charges relevant with depository services and courier charges for sending physical contract notes & other documents from my/our trading account on Weekly/Monthly basis. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

**14. Authorisation to sell off securities/commodities :-**

I/We understand that in case of my/our failure to make the funds pay in or delivery of securities/commodities for my/our deals/trading by designated day, you are entitled to sell off in the market the securities/commodities received in pay out and/or deem our positions closed out at applicable rates;

I/we do hereby indemnify and agree to compensate for any losses, penalties you may suffer for agreeing to this direction.

**15. Verbal order acceptance authorization:-**

I/We shall be dealing by ordering over phone and even if we visit the branch, the fluctuations in the market are so rapid that it is not practical to give written instructions for order placement/modification and cancellation, I/we hereby authorize you to accept my/our authorized representative's verbal instructions for order placement/modifications/cancellations in person or over phone(fixed line or mobile phone) and execute the same.

\* Strike off the clauses not relevant to you.

Thanking you,  
Yours faithfully,



Signature with date

Name : .....

Non - Mandatory

**REQUEST FOR TRADING IN COMMODITY FORWARD CONTRACTS / COMMODITY DERIVATIVES ON NCDEX**

To,

Date : .....

**GANPATI FINSEC PVT. LTD.**

37, K Block, Sri Ganganagar, Rajasthan-335001

**Sub : My / Our request for trading in commodity forward contracts /  
commodity derivatives on NCDEX as your client**

Dear Sir,

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

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

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

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

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

Thanking you,

Yours faithfully,

Signature with date

Name : .....

## FORM FOR REGISTRATION AND VERIFICATION OF MOBILE NUMBER AND EMAIL ADDRESS (FOR NCDEX CLIENTS)

To,  
**GANPATI FINSEC PVT. LTD.**  
 37, K Block, Sri Ganganagar, Rajasthan-335001

Date : .....

Dear Sir/Madam,

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

- I want to receive transaction alerts in SMS as well as Email from NCDEX
- I want to receive transaction alerts only in SMS from NCDEX
- I want to receive transaction alerts only in Email from NCDEX
- I do not want to receive any transaction alerts from NCDEX,

The alerts should be sent on Mobile Number and/or Email ID given in KYC:

We/I agree to the terms and condition specified by the Exchange in its circular no. NCDEX/COMPLIANCE-O07/2012/093 as modified from time to time. We/I are/am aware that the receipt of SMS/Email alerts on the above mobile number and/or email address can be stopped only on our/my written request.

Thanking you,

Yours faithfully,

Name : .....



Signature with date

Client Code:.....

## CONSENT FORM FOR RECEIVING TRADE ALERT THROUGH SMS AND / OR E-MAIL (FOR MCX CLIENTS)

To,  
**GANPATI FINSEC PVT. LTD.**  
 37, K Block, Sri Ganganagar, Rajasthan-335001

Date : .....

Dear Sir/Madam,

I/We, a client with Ganpati Finsec Pvt. Ltd. of MCX undertake as follows:

1. I/We are aware that Multi Commodity Exchange (MCX) provides details of the trades executed on its trading platform to the concerned clients/constituents through SMS and E-mail alerts.
2. I/We are aware that the member has to provide the trade details through SMS/E-mail alerts for my convenience at my request only.
3. I/We hereby confirm that I/we wish to receive trade alerts through:
  - a. SMS
  - b. E-mail
  - c. SMS and E-mail

4. The alerts should be sent on Mobile Number and/or Email ID given in KYC:

I/We agree to the terms and condition specified by the Exchange vide circular No. MCX/T&S/165/2012 dated April 26, 2012 and circulars/clarifications issued by Exchange from time to time in this regard. I/We are/am also aware that this is an additional facility provided by the exchange and I/we shall not solely rely or use such data for any purpose and, Exchange shall not be liable for any direct or indirect loss of any nature because of providing this additional facility.

Thanking you,

Yours faithfully,

Name : .....



Signature with date

Client Code:.....

## Power of Attorney (POA)

TO ALL TO WHOM THESE PRESENTS SHALL COME I/We \_\_\_\_\_

**Whereas** I/We hold a Beneficiary account no. 12070800 00\_\_\_\_\_ with Central Depository Services (India) Limited, through GANPATI FINSEC PVT LTD. bearing **SEBI Registration No IN-DP-243-2016**.

And Whereas I/We am an investor engaged in buying and selling of securities through GANPATI FINSEC PVT LTD a member of BSE, NSE, MCX, MSEI and NCDEX duly registered with SEBI vide bearing SEBI Registration no. \_\_\_\_\_ And Whereas due to exigency and paucity of time, I/We am desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided here in.

NOW THESE PRESENTS WITNESSTH That I/We the above named do hereby Nominate, Constitute, and Appoint GANPATI FINSEC PVT LTD as my/our true and lawful attorney (hereinafter referred to as the attorney) and perform the following functions on my/our behalf

- i. to debit securities/Bond/Mutual Funds//ETF and/or to transfer securities/Bond/Mutual Funds/ETF from the aforesaid beneficiary owner (Demat) account to pool account in respect of settlement obligation of trades for pay-in or early pay-in purpose and/or to pledge/pledge closure/repledge/unpledged securities/Bond/Mutual fund/ETF on behalf of me/us for margin obligations arising out of trades executed by me/us on the Bombay Stock Exchange (BSE) and / or National Stock Exchange of India Ltd (NSE) and / or Metropolitan Stock Exchange of India Limited (MSEI) and / or Multi Commodity Exchange (MCX) and / or National Commodity & Derivatives Exchange Limited (NCDEX) through GANPATI FINSEC PVT. LTD. The demat account details of Ganpati Finsec Pvt. Ltd. where client shares can be transferred / Pledged / Repledged for above purpose is mentioned below:

	Account Number	Name of the Broker
BSE Early-Pay-In A/c	1100001000023779	GANPATI FINSEC PVT. LTD
NSE Early-Pay-In A/c	1100001100018562	GANPATI FINSEC PVT. LTD
CDSL NSE POOL	12070800 00000499	GANPATI FINSEC PVT. LTD
CMPA	12070800 00087315	GANPATI FINSEC PVT. LTD

- ii. to return the securities/Bond/Mutual Fund/ETF that may have been received erroneously or those securities/Bond/Mutual Funds/ETF that were not entitled to receive from me/us; and all such other instructions that may be required towards stock exchange related margin/delivery obligations
- iii. to send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.
- iv. I/we authorize Ganpati Finsec Pvt. Ltd. to do all necessary act to enable me/us to apply/subscribe/renounce/sign renunciation forms for any offer or public issues of shares, securities, stock, bonds, debentures, right shares, additional shares, mutual fund units, units of collective investment scheme or any securities or Purchase /sale /redemption, investment, tendering shares in open offer/buy-back/ delisting or any other like issues and/or Investment Product for which services are availed from Ganpati Finsec Pvt. Ltd..




I/we understand the regulatory provisions and confirm for re-pledge of the securities/Bond/Mutual fund/ETF by the Trading Member to Clearing Member and further by the Clearing Member to Clearing Corporation.

This authority is restricted to the aforementioned purposes and I/we may ratify the instructions given by the aforesaid Stock Broker/Clearing Member to the Depository Participant named hereinabove in the manner specified herein.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked (without notice) in writing by me/us and that the said revocation shall be effective from the date on which the revocation request is received at office at GANPATI FINSEC PVT. LTD., 37 K BLOCK, Sri Gangangar-335001 However, such revocation shall not be applicable for any outstanding obligation arising out of the trades carried out prior to receiving request for revocation of POA.

I/We hereby confirm that such revocation shall not affect my/our obligations outstanding at the time of such revocation and the authority granted herein shall continue until all transactions and instructions already executed or issued in pursuance of this Power of Attorney and all outstanding towards Ganpati Finsec Pvt. Ltd. have been settled.

**By the within named Beneficial Owner**

 .....  .....  .....

(Signature of Beneficial owner(s))

We Accepted

**For Ganpati Finsec Pvt. Ltd.**

(Authorized Signatories)

Date:...../...../.....

Place: .....

**Witness-1**

Signature : .....

Name : .....

Address : .....

**Witness-2**

Signature : .....



Name : .....

Address : .....

**DEMAT DEBIT AND PLEDGE INSTRUCTION**

To,  
**GANPATI FINSEC PVT. LTD.**  
 37, K Block, Sri Ganganagar, Rajasthan-335001

Date : .....

S. No.	Purpose	Signature of Client *
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker	
2.	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	

\* the same may be eSigned or signed physically

Yours faithfully,

Name : .....

Client Code:.....

Demat Account No.: 12070800 .....

**AUTHORISATION FOR PROVIDING SMS AND EMAIL ALERTS TO INVESTORS  
BY STOCK EXCHANGES ON MOBILE AND EMAIL ID OF RELATED**

To,  
**GANPATI FINSEC PVT. LTD.**  
 37, K Block, Sri Ganganagar, Rajasthan-335001

Date : .....

Dear Sir/Madam,

I hereby declare that the Mobile Number and/or Email ID given in the account opening form are of my relative. He/She already has a Trading Account with Ganpati Finsec Pvt. Ltd. under the below mentioned PAN and UCC

Relationship: spouse/ dependent parent/dependent child (Strike off which one is not applicable)

Name and PAN of the relative : \_\_\_\_\_

or Unique Client Code (UCC) of the relative : \_\_\_\_\_

I/We request you to please accept their Mobile number and/or Email ID for the purpose of sending SMS and/or E-mail alerts by the stock exchange to me also.

Thanking you,

Yours faithfully,

Name : .....



Signature with date

Client Code:.....

**DECLARATION FOR NAME MISMATCH (To be filled if the name on documents is different)**

This is to bring to your notice that my name is spelt differently in my identity proof, address proof and bank proof. Please find below the names as spelt in respective proofs:

Name as per PAN CARD : .....  
 Name as per ADDRESS PROOF : .....  
 Name as per BANK PROOF : .....

I hereby confirm that all the said names belong to me. I hereby state that and confirm that what is stated above is true and correct information.

I agree to indemnify and keep Ganpati indemnified at all times from and against all cost, charges, damages, penalties (Including reasonable attorney fees) suffered and / or incurred by Ganpati for any act done or omitted to be done on the above declaration.

Thanking you,

Yours faithfully,

Signature with date 

Name : .....

**DECLARATION FOR SIGNATURE MISMATCH**

(To be filled if client's signature is mismatched from PAN Card and Bank)

This is to bring into your notice that my signature on PAN Card / Bank and account opening form are as follows:

Signature as per Bank	<input type="text"/>	Signature as per Account Opening Form	<input type="text"/>	Signature as per PAN Card	<input type="text"/>
-----------------------	----------------------	---------------------------------------	----------------------	---------------------------	----------------------

I hereby confirm that all the above signatures are mine. I hereby state and confirm that what is stated above is true and correct information.

I agree to indemnify and keep GANPATI indemnified at all times from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and/or incurred by GANPATI for any act done or omitted to be done on the above declaration.

Thanking you.

Yours faithfully,

Signature with date 

Name : .....


**SANCTION OF TRADING LIMIT ON THE SECURITY OF COLLATERALS**

I/we wish to avail and enjoy from time to time trading limits against security of my/our shares and securities in my/our Demat Account(s) with your DP. I/we understand that the limit to be sanctioned to me/us will be based on the value of the securities after hair-cut as applicable from time to time and will be in the sole discretion of Ganpati.

I/we undertake not to withdraw or otherwise dispose off any of the securities on which limit is granted and you shall be fully entitled to ignore or reject my/our debit/payment instructions in whole or in part so as to first provide for the security cover to my/our trades allowed by you. You shall be fully authorized to adjust any sale proceeds of securities in my/our trading account to first reduce the limit before returning to me/us.

All the dues in the trading account including those in respect of trades utilizing the limits granted to me/us shall be my/our liability and you shall be further entitled to exercise the Power of Attorney separately granted to you with all the powers therein, in respect of my DP A/c and Bank A/c in relation to my/our trading account, for the purpose of pay-in obligations and/or to liquidate debit balance and/or to meet margin or losses in respect of the trades in the said trading account.

I/we declare that the security shall be a continuing security and will be operative even though limit is utilized in part or not utilized or nothing or part is due in the trading account, unless on my/our request and in view of the overall position of my/our obligations and funds and other security, if any, the limit is reduced or the securities are released for the purposes of limit.

Signature with date 

Name : .....

**AUTHORISATION FORM PROVIDING DP TRANSACTION / HOLDING STATEMENT BY EMAIL**

To,


**GANPATI FINSEC PVT. LTD.**

37, K Block, Sri Ganganagar, Rajasthan-335001

I/ We understand that I/We the option to receive transaction by email at sole first holder email id stated in account opening form or website in purpose of the same. I/We hereby opt for receipt of transaction statement (Including but not limited to statement of account holding statement or any other communication through email or on website) I/ We am/are aware the I/we will not receive the transaction statement in paper form. I/We take all the necessary means to ensure confidently and secrecy of the login name and password of the intermediary account, I/ We am/are aware that the transaction statement is may be accessed by other entities case the confidently secrecy if the login name and password is compromise, In which case I / We shall not hold your responsibilities in any manner. I/We shall immediately inform the DP about change in email address if any, In case transaction statement are send by email. I/We you shall have the right to terminate this services by giving a 10 days written notice in advance.

Thanking you.

Yours faithfully,

Signature with date 

Name : .....

**ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (FOR INDIVIDUAL)**

**GANPATI FINSEC PVT. LTD.** GSTIN : 08AAACG7719B1ZU | CIN: U67120RJ1998PTC014683  
 Member : NSE, BSE, MSEI, MCX , NCDEX • DP (CDSL) DP ID : 12070800 | SEBI REGN. NO.: IN-DP-CDSL-243-2016  
 37, K Block, Sri Ganganagar, Rajasthan-335001 | Ph.: +91-154-2483005, 2483006, 2483017 | Fax: +91-154-2483014  
 E-mail: dp@ganpatonline.com | Website: www.ganpatonline.com

Receipt No.	
Cash/Cheque No.	
Amount (Rs.)	
Branch	

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID	1	2	0	7	0	8	0	0	Client ID	
UCC				Exchange ID	11	12	22	23	29	

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

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

**Holders Details**

Sole/First Holder Name		PAN								
		UID								
Second Holder Name		PAN								
		UID								
Third Holder 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 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		
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual - Director	<input type="checkbox"/> Individual Director's Relative
	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Individual Promoters	<input type="checkbox"/> Minor
	<input type="checkbox"/> Individual Margin Trading A/c (MANTRA)	<input type="checkbox"/> Others (specify) _____	
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Repatriable Promoter
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI-Depository Receipts	<input type="checkbox"/> Others (specify) _____
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National Depository Receipts	
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Others (specify) _____		


**Details of Guardian (in case the account holder is minor)**

Guardian's Name										
PAN										Relationship with the applicant

I/We instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> 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')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic
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]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Details [Dividend Bank Details]										(* 9 digit MICR Code )				(# 11 Character )						
MICR Code*										IFSC Code#										
Bank A/c No.										Bank A/c Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others <u>Pl. Specify</u>									
Bank Name										Branch Name										
Bank Branch Address	City/town/village									PIN Code										
	State									Country										

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
(ii) Photocopy of the Bank Statement having name and address of the BO  
(iii) Photocopy of the Passbook having name and address of the BO, (or)  
(iv) Letter from the Bank.  
➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.




Other Details																				
Gross Annual Income Details	Income Range per annum																			
	<input type="checkbox"/> Up to Rs. 1,00,000			<input type="checkbox"/> Rs. 1,00,001 to Rs. 5,00,000			<input type="checkbox"/> Rs. 5,00,001 to Rs. 10,00,000			<input type="checkbox"/> Rs. 10,00,001 to Rs. 25,00,000			<input type="checkbox"/> More than Rs. 25,00,001							
Net worth as on (Date) ____/____/20__ Rs. _____ [Net worth should not be older than 1 year]																				
Occupation	<input type="checkbox"/> Private / Public Sector		<input type="checkbox"/> Govt. Service		<input type="checkbox"/> Business		<input type="checkbox"/> Professional		<input type="checkbox"/> Agriculture		<input type="checkbox"/> Retired		<input type="checkbox"/> Housewife		<input type="checkbox"/> Student		<input type="checkbox"/> Others (Specify) _____			
Please tick, if Applicable	<input type="checkbox"/> Politically Exposed Person (PEP)		<input type="checkbox"/> Related to Politically Exposed Person (RPEP)																	
Any other information																				
SMS Alerts Facility	Mobile No.	+	9	1																
Refer to Terms & Conditions given as Annexure 2.4	<b>[(Mandatory , if you are giving Power of Attorney ( POA)]</b> <b>(If POA is not granted &amp; you do not wish to avail of this facility, cancel this option).</b>																			
Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure - 2.6	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. <input type="checkbox"/> Yes <input type="checkbox"/> No																			
	I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST																			
	Stock Exchange Name / ID					Clearing Member Name					Clearing Member ID (Optional)									
										To register for easi, please visit our website : <a href="http://www.cdslindia.com">www.cdslindia.com</a> Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.										

### Declaration

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

I hereby declare that the Mobile No. Email ID given KYC Form / Demat Account Opening Form belongs to

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

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature			

(Signatures should be preferably in black ink ).



**Nomination Details**

DATE

UCC/DP ID

CLIENT ID

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

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 up to 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 [If not equally, please specify percentage]	Equally	%	%
		Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship with the applicant (if any)			
4	Address of Nominee			
	City / Place			
	State & Country			
	PIN			
5	Mobile/Telephone No of nominee(s)#			
6	Email id of nominee(s)#			
7	Nominee Identification Details# [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

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

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

Name(s) of holder(s)

Signature(s) of holder\*

Sole/First Holder (Mr./Ms.)	
Second Holder (Mr./Ms.)	
Third Holder (Mr./Ms.)	

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

# Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 &amp; 14 is not mandatory)

**Note:** 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)

**ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (FOR NON-INDIVIDUAL)**

**GANPATI FINSEC PVT. LTD.** GSTIN : 08AAACG7719B1ZU | CIN: U67120RJ1998PTC014683  
 Member : NSE, BSE, MSEI, MCX, NCDEX • DP (CDSL) DP ID : 12070800 | SEBI REGN. NO.: IN-DP-CDSL-243-2016  
 37, K Block, Sri Ganganagar, Rajasthan-335001 | Ph.: +91-154-2483005, 2483006, 2483017 | Fax: +91-154-2483014  
 E-mail: dp@ganpationline.com | Website: www.ganpationline.com

Receipt No.	
Cash/Cheque No.	
Amount (Rs.)	
Branch	

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID	1	2	0	7	0	8	0	0	Client ID	
UCC	Exchange ID			11	12	22	23	29		

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

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

**Holders Details**

Sole/First Holder Name	Search Name	PAN												
		UID												
Second Holder Name		PAN												
		UID												
Third Holder 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 of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

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

<b>Status</b>		<b>Sub - Status</b>	
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Others (Specify) _____		To be filled by the DP	
SEBI Registration No. (if Applicable)		SEBI Regn. Date	
RBI Registration No. (if Applicable)		RBI Approval Date	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____		

I/We instruct 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    Yes    No


I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)    Physical /    Electronic /  
 Both Physical and Electronic

**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 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] <input type="checkbox"/> Yes <input type="checkbox"/> No	

Bank Details [Dividend Bank Details]										(* 9 digit MICR Code)				(# 11 Character)						
Bank Code*										IFSC Code#										
Bank A/c No.										Bank A/c Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others <u>Pl. Specify</u>									
Bank Name										Branch Name										
Bank Branch Address	City/town/village										PIN Code									
	State										Country									

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
(ii) Photocopy of the Bank Statement having name and address of the BO  
(iii) Photocopy of the Passbook having name and address of the BO, (or)  
(iv) Letter from the Bank.  
➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details																							
Gross Annual Income Details	Income Range per annum																						
	<input type="checkbox"/> Up to Rs. 1,00,000				<input type="checkbox"/> Rs. 1,00,001 to Rs. 5,00,000				<input type="checkbox"/> Rs. 5,00,001 to Rs. 10,00,000				<input type="checkbox"/> Rs. 10,00,001 to Rs. 25,00,000				<input type="checkbox"/> Rs. 25,00,001 to Rs. 1,00,00,000				<input type="checkbox"/> More than Rs. 1,00,00,000		
Net worth as on (Date) ____/____/20__ Rs. _____ [Net worth should not be older than 1 year]																							
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) . Please provide details as per Annexure 2.2A.																							
Any other information																							
SMS Alerts Facility	Mobile No.	+	9	1																			
Refer to Terms & Conditions given as Annexure 2.4	<b>[(Mandatory , if you are giving Power of Attorney ( POA)]</b> <b>(If POA is not granted &amp; you do not wish to avail of this facility, cancel this option).</b>																						
Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure - 2.6	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. <input type="checkbox"/> Yes <input type="checkbox"/> No																						
	I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST																						
	Stock Exchange Name / ID				Clearing Member Name				Clearing Member ID (Optional)														
 To register for easi, please visit our website : <a href="http://www.cdslindia.com">www.cdslindia.com</a> Easi allows a BO to view his ISIN balances, 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(Signatures should be preferably in black ink ).

(In case of more authorised signatories, please add annexure)

**Definitions :**

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

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

**Availability :**

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

alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

**Receiving Alerts :**

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaints@cdslindia.com](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse



.....  
Sole/First Holder Signature



.....  
Second Holder Signature



.....  
Third Holder Signature

communication between the service provider and the depository.

7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

**Fees:**

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

**Disclaimer:**

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

**Liability and Indemnity:**

The Depository shall not be liable for any breach of confidentiality I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

**Amendments:**

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.




**Governing Law and Jurisdiction:**

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

DP ID	1	2	0	7	0	8	0	0	Client ID								
First Holder's Name : _____																	
Second Holder's Name : _____																	
Third Holder's Name : _____																	
Mobile No. on which messages are to be sent										+	9	1					
(Please write only the mobile number without prefixing country code or zero)																	
The Mobile Number is registered in the name of : _____																	
E-mail Id: _____																	
(Please write only ONE valid email Id on which communication; if any, is to be sent)																	
																	
.....					.....					.....							
Sole/First Holder Signature					Second Holder Signature					Third Holder Signature							
<b>IN CASE OF JOINT HOLDERS, ALL JOINT HOLDERS MUST SIGN.</b>																	
<b>* Please do not use correction fluid, all cuttings must be attested by all the joint holder(s).</b>																	
Place:.....										Date:.....							

**SCHEDULE - A : SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES (CDSL)**

Corporate / Individual / Clearing Member Account

**GANPATI FINSEC PVT. LTD.**

GSTIN : 08AAACG7719B1ZU | CIN: U67120RJ1998PTC014683 |

Member : NSE, BSE, MSEI, MCX, NCDEX • DP (CDSL) DP ID : 12070800 | SEBI REGN. NO.: IN-DP-CDSL-243-2016

37, K Block, Sri Ganganagar, Rajasthan-335001 | Ph.: +91-154-2483005, 2483006, 2483017 | Fax: +91-154-2483014

E-mail: dp@ganpationline.com | Website: www.ganpationline.com

Client ID \_\_\_\_\_

ACTIVITY		CHARGES			
		<input type="checkbox"/> SUBH	<input type="checkbox"/> LABH-1	<input type="checkbox"/> LABH-2	<input type="checkbox"/> BSDA
DP Scheme					
AMC (Individual) POA Client		₹250/- Per Annum	₹500/- Per Annum	₹750/-*	NIL
Dematerialization	a. Up to 10 cert	₹150/-	₹150/-	₹150/-	₹150/-
	b. Above 10 cert	₹10/- Extra Per Cert	₹10/- Extra Per Cert	₹10/- Extra Per Cert	₹10/- Extra Per Cert
Rematerialization		₹30/-	₹30/-	₹30/-	₹30/-
Transaction Charges	a. Incoming	Nil	Nil	Nil	Nil
	b. Outgoing	POA. .03% Min ₹12/- Non POA .03% Min. ₹50/-	POA. .02% Min ₹8/- Non POA .02% Min. ₹50/-	POA. .03% Min ₹12/- Non POA .03% Min ₹50/-	.05% Min ₹40/- Non POA .05% Min. ₹50/-
Pledge, Unpledge Invocation of pledge		₹30/-	₹30/-	₹30/-	-
Settlement Charges		₹500/- Per Annum (pool a/c only)	₹500/- Per Annum (pool a/c only)	₹500/- Per Annum (pool a/c only)	-
BSDA Account Details		1. No AMC shall be levied if the value of holding up to ₹50000/- 2. For the value of holding from ₹50001 to ₹100000 AMC ₹100/- 3. Security valuation more than ₹2lac is treated as a normal demat acc(SUBH) 4. Transaction Charges ₹40/- and .05 min whichever is higher			

**INSTRUCTIONS :**

- Dematerialization charges mailing charges include.
- Delivery Instruction Charge ₹10 per book (10 Leaf only).
- Rejection charges on failure of delivery ₹20/- Per instruction.
- Modification of client master ₹25/- Per instance and ₹25/- for additional client master.
- Delivery instruction accepted within 24 hours of execution date will be at client sole risk.
- CDSL charges will be extra.
- Charge structure is based on the existing CDSL and exchange/regulator charges, if they revised its charges company will revise its charges.
- For weekly and fortnight statement charges extra ₹5/- per page+ postage/courier charges will be extra.
- Taxes and other levies will be charged extra as applicable for time to time.
- AMC will be charged in advance.
- In case of non payment of bill/ due within 15 days of the due date The depository services are liable to be discounted within period of 30 days from the date of demand. The renewal charges for resuming the services will be charged ₹100/- and interest @13% p.a. will be charged on the amount remain outstanding or unpaid.
- Any services not mentioned above will charge extra.
- Any account opened under Labh scheme in which there is no transaction in capital market for a calendar quarter will be treated as non active and ₹75/- +GST will be charged as idling charges for that quarter in said amount.
- \*Labh-2 scheme for only 7 years.
- ₹500/- + GST will be charge as annual maintenance for Corporate account only in all schemes.

Please open my/ our account in scheme

 SUBH    LABH-1    LABH-2    BSDA   [  a. Yes    b. No    c. Not opted ]

For Ganpati Finsec Pvt. Ltd.



Sole/First Holder Name &amp; Signature



Second Holder Name &amp; Signature



Third Holder Name &amp; Signature

Authorised Signatory



### Registration for Online Investment for Mutual Fund

After Registration, you may invest money in Mutual Fund through Stock Exchanges. Investor can view reports of Holding Portfolio, Comparison & Advisory. Investors can Calculate the Growth of different Plans & can switch of Plans/AMC.

For all above points you need to provide us the following documents:

- 1. Account Opening Form (AOF) 2. Bank Mandate 3. PAN no 4. Aadhar no & Registered Mobile with aadhar 5. Cancelled Cheque

GANPATI 37, K Block, Sri Ganganagar, Rajasthan-335001	Broker/Agent Code :	ARN	ARN-
	Sub-Broker	EUIN	E-

Name of the First Applicant		
PAN Number	KYC	Date of Birth
Name of Guardian	PAN	
Contact Address		
City	Pincode	State
Tel.(Off)	Tel.(Res)	Email
Fax.(Off)	Fax.(Res)	Mobile
Mode of Holding	Occupation	

Name of the Second Applicant		
PAN Number	KYC	Date of Birth

Name of the Third Applicant		
PAN Number	KYC	Date of Birth




Other Details of Sole / 1st Applicant		
Overseas Address (If investor is NRI)		
City	Pincode	Country

Bank Mandate Details		
Name of Bank	Branch	
A/c No.	A/c Type	
Bank Address	IFSC Code	
City	Pincode	State
Nomination Details	Nominee Name	Relationship
Guardian Name (If nominee is minor)		
Nominee Address		
City	Pincode	State

Declaration and Signature		
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds From amongst which the schemes being recommended to me/us.		
1st Applicant Signature	2nd Applicant Signature	3rd Applicant Signature
Date :		
Place		

<b>NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM</b>	UMRN	Date
Tick ( ) CREATE MODIFY CANCEL	Sponsor Bank Code	Utility Code
I/We hereby authorize		to debit (tick <input checked="" type="checkbox"/> )
Bank a/c number		SB/CA/CC/SB-NRE/SB-NRO/Other
with Bank	IFSC	or MICR
an amount of Rupees		
FREQUENCY	DEBIT TYPE	
Reference 1 (Mandate Reference No.)	Phone No.	
Reference 2 (Unique Client Code-UCC)	Email ID	
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.		
PERIOD		
From		
To		
Or	Until Cancelled	
	1.	2.
		3.

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. - I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

 <b>GANPATI</b> 37, K Block, Sri Ganganagar, Rajasthan-335001		<b>NMF II Platform</b>		Broker/Agent Code :		EUIN No.		Investor Form		 	
<b>Uniholder Information</b>											
Name of the First Applicant											
PAN/Exempt No.				Date of Birth				Tax Status*			
Father Name				Mother Name							
Name of Guardian						PAN/Exempt No.					
Contact Address											
City			Pincode			State			Country		
Tel.(Off)			Tel.(Res)			Email					
Fax.(Off)			Fax.(Res)			Mobile					
Mode of Holding				Occupation				DP ID			
Name of Second Applicant						PAN/Exempt No.					
Name of Third Applicant						PAN/Exempt No.					
<b>Other Details</b>											
Overseas Address (If investor is NRI)											
City			Pincode			Country					
<b>Bank Mandate Details</b>											
Name of Bank						Branch					
A/c No.				A/c Type				IFSC Code			
Bank Address											
City			Pincode			Country			Country		
<b>Nomination Details</b>											
Nominee Name 1				NOM1 DOB				NOM1 Relationship			
Guardian Name (If nominee 1 is minor)						NOM1 Guardian PAN					
Nominee Address											
City			Pincode			State					
Nominee Name 2				NOM2 DOB				NOM2 Relationship			
Guardian Name (If nominee 2 is minor)						NOM2 Guardian PAN					
Nominee Name 3				NOM3 DOB				NOM3 Relationship			
Guardian Name (If nominee 3 is minor)						NOM1 Guardian PAN					
<b>Declaration And Signature</b>											
<p>I/We confirm that the information provided by me/us is true and correct. I/We acknowledge that the responsibility of the information provided in the registration form solely rests with me/us and that NSE/NSCCL will not be responsible or liable for any loss, claim, liability that may arise on account of any in correct and/or erroneous data/information provided by me/us. I/We hereby confirm that I/we will comply with the terms and conditions for Know Your Customer (KYC).          I am aware that system generated User ID and password will be sent on the registered mail id. All correspondence/communication in respect of the transactions including the payment link for online fund transfer will be sent to the registered email address and SMS alerts will be sent to the registered mobile number provided at the time of registration on NMFII. I/we also hereby confirm that the email id and the mobile no. provided at the time of registration by the distributor in the NMFII is pertaining to me/us and all communication/correspondence/transactions related alerts shall be sent to same email id/mobile no.          I/We confirm that for existing investments, I/we had gone through, understood the contents of the Scheme Information Document and Key Information Memorandum, addenda issued from time to</p>						<p>time regarding each Mutual Fund Scheme, in which I/We had chosen to subscribe/redeem. I/We will also ensure that I/we shall go through, understand the contents of the Scheme Information Document and Key Information Memorandum, issued from time to time regarding each Mutual Fund Scheme, in which I/We will choose to subscribe to/ redeem.          I/We here by authorize NSE to collect the following data/information pertaining to my/our mutual fund investments from all Asset Management Companies (AMCs) and their respective Registrar and Transfer Agents with whom I/We transact: -</p> <ol style="list-style-type: none"> <li>Distributor wise transaction data for historical, present and future transactions carried out through various transaction platforms including transaction requests submitted at any point of acceptance of the AMCs subject to the condition that the Distributor is registered with NSE NMF II platform.</li> <li>Scheme wise consolidated unit balance available in my account(s) as and when required.</li> </ol>					
Date :											
Place		Signature 1st Applicant		Signature 2nd Applicant		Signature 3rd Applicant					
<p>*Documents Required:</p> <p>Trust : Trust Deed and Authorised Signatory List</p> <p>Partnership Firm : Partnership Deed and Authorised Signatory List.</p> <p>Societies : Bye-Laws and Authorised Signatory List</p> <p>FII &amp; LLP : Overseas Auditors Certificate, Authorised Signatory List, Board Resolution/Authorisation to Invest</p> <p>Corporate : Board Resolution and Authorised signatory List</p> <p>Minor : Proof of Date of Birth</p> <p>For all investors, a Cancelled cheque should also be mandatorily submitted as proof of bank account. Individual Investor – Additional KYC and FATCA compliance mandatory for IIN activation.          Corporate/HUF Investor – Additional KYC, FATCA and UBO compliance mandatory for IIN activation.          Note: For Corporate and HUF investors all forms have to be submitted in physical post making necessary submissions on NMF II platform. Once the submissions are made on the platform printed version of forms will be generated from NMF platform.</p>											
This Investor Form was generated through NMF II platform.											



## MUTUAL FUND SERVICE SYSTEM FACILITY

I/We \_\_\_\_\_ am/are registered as your client with Client Code No. \_\_\_\_\_ and have entered into Trading Member and Client Relationship for the purpose of trading in the Capital Market segment of Bombay Stock Exchange Ltd./ National Stock Exchange of India Ltd. (Exchange).

I/We am/are interested in availing the BSE StAR MF/MFSS facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE StAR MF/ MFSS of the Exchange.

For the purpose of availing the BSE StAR MF/ MFSS facility, I/we state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE StAR MF/ MFSS and I/we further confirm that the details contained in same remain unchanged as on date.

I/We are willing to abide by the terms and conditions as mentioned in the Circular dated 24, November 2009 & 2, December, 2009 for NSE & BSE Respectively and as may be specified by the Exchanges from time to time in this regard.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).

I/We shall read and understand the contents of the of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/we choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/We therefore request you to register me/us as your client for participating in the MFSS/ BSE StAR MF.

### Details of terms & conditions for the Investor / Client for using New BSE StAR MF / MFSS facility

1. Pre-requisites for becoming Investor / Client for the BSE StAR MF/MFSS facility
  - 1.1. The client who is desirous of investing in units of mutual fund schemes through the New BSE StAR MF/MFSS.
  - 1.2. The Client intends to execute his instruction for the subscription/redemption of units of Mutual Fund Schemes through the Participant of the New BSE StAR MF/MFSS.
  - 1.3. The client has satisfied itself of the capacity of the Participant to deal in Mutual Fund units and wishes to execute its instruction through the Participant and the client shall from time to time continue to satisfy itself of such capability of the Participant before executing transacting through the Participant.
  - 1.4. The Client has approached to the Participant with the application for availing the New BSE StAR MF/MFSS facility.
  - 1.5. The client has submitted relevant KYC (Know Your Client) details to the Participants
2. **Terms and Conditions**
  - 2.1. The client shall be bound by circulars issued by BSE/NSEIL, Rules, Regulations and circulars issued there under by SEBI and relevant notifications of Government authorities as may be in force from time to time.
  - 2.2. The client shall notify the Participant in writing if there is any change in the information in the 'client registration form' provided by the client to the Participant at the time registering as a client for participating in the New BSE StAR MF/MFSS or at any time thereafter.
  - 2.3. The client shall submit to the Participant a completed application form in the manner prescribed format for the purpose of placing a subscription order with the Participant.
  - 2.4. The client has read and understood the risks involved in investing in Mutual Fund Schemes.
  - 2.5. The client shall be wholly responsible for all his investment decisions and instruction.
  - 2.6. The client shall ensure continuous compliance with the requirements of the BSE, NSEIL, SEBI and AMFI.
  - 2.7. The Client shall pay to the Participant fees and statutory levies as are prevailing from time to time and as they apply to the Client's account, transactions and to the services that Participant renders to the Client.
  - 2.8. The client will furnish information to the Participant in writing, if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation which may have material bearing on his capacity has been filed against him.
  - 2.9. In the event of non-performance of the obligation by the Participant, the client is not entitled to claim any compensation either from the Investor Protection Fund or from any fund of BSE or BOISL / NSEIL or NSCCL.
  - 2.10. In case of any dispute between the Participants and the investors arising out of the BSE StAR MF Fund / MFSS facility, BSE and /or BOISL and NSEIL and / or NSCCL agrees to extend the necessary support for the speedy redressal of the disputes.
- 2.3. The client shall submit to the Participant a completed



Signature with date

**AUTHORISATION TO SEND CONTRACT NOTE, STATEMENT  
OF FUNDS & SECURITIES ETC. ELECTRONICALLY**

I/we authorise you to issue the contract notes, statement of funds & stocks, circulars, amendments, Client Registration Documents and such other documents in electronic mode in lieu of physical mode on my E-mail ID as given in KYC form and updated from time to time. Any change in the E-mail ID shall be communicated by me / us in writing to your customer care department or through secured login available on your website.

Further, to my /our authority to you to issue Contract Notes in digital format I/we authorise you not to provide me/us Order Confirmation / Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We shall get the required details from the Contract Notes issued to us.

I/We authorize you to send periodic statements of funds and stocks & margin statement etc. in digital format at my Email

address unless. I/We request you in writing to send them in paper form.

I/We hereby acknowledge that all the documents as send above by GANPATI electronically will be considered as having delivered to me once the e-mail leaves the GANPATI e-mail server unless the same is rejected by client e-mail server and bounced mail notification is not received by GANPATI. I/We further agree that in the absence of communication from my/our end regarding non-receipt of documents through e-mail, or notification of any discrepancy within 2 days from the date of issuance of digital contract note through e-mail, GANPATI may construe that there is a deemed acknowledgement of the document(s) send to client electronically.



Signature with date

**LETTER OF AUTHORISATION - AUTHORISED TRADING BY RELATIVE**

1. I, the undersigned write to notify you that I have appointed Mr./Ms. \_\_\_\_\_  
[having residential address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email address \_\_\_\_\_ ]  
(hereinafter called the 'Agent') who is my Father/ Mother/ Son/ Daughter/ Spouse\* to act on my behalf to give buy or sell instructions on all exchanges and give trade confirmation of every type and description including but not limited to Cash, Futures, Options, Currency and Commodity Segments. (\*score out the inapplicable and attach proof of relationship e.g. Ration card/ marriage certificate/ Voter ID)
2. I ACKNOWLEDGE THAT PRIOR TO COMPLETING AND EXECUTING THIS LETTER I HAVE READ AND UNDERSTOOD THE DISCLOSURE STATEMENT PRINTED BELOW.
3. I further declare and agree that:-
  - (a) my agent shall have power as my agent to act as fully and effectually for the purpose(s) as I could do personally;
  - (b) all acts and matters previously done by my Agent in respect of my account(s) opened and maintained with you are hereby deemed ratified and confirmed; and
  - (c) notwithstanding the authorisation given to my Agent above, I may still communicate instructions to you personally. However, in the event of any inconsistency between instructions communicated by my Agent and instructions communicated by me personally, you shall have the absolute discretion (but shall not obliged) to act upon the instructions communicated last in time and in your sole opinion considered capable of being acted upon, and in so acting you shall not be liable for any loss whatsoever and howsoever arising.
4. I further acknowledge that my appointment of my Agent is made by me of my own free will and as a result of my own judgment and deliberations. You shall accordingly be under no liability whatsoever in respect of any loss or damage which I may suffer or incur as a result of the acts or omissions of my Agent (including any acts involving dishonesty, criminal breach of trust, theft or other criminal offences). I further agree to be fully responsible for such acts or omissions of my Agent and shall indemnify and hold you harmless from any and all claims, liabilities, penalties, adverse consequences, losses, damages, costs or expenses (including legal fees on a full indemnity basis) which you may incur, be subjected to or suffer, arising out of, in relation to or in connection with, your relying on or acting in accordance with acts and /or omissions of my Agent within the scope of my Agent's ostensible authority. I also acknowledge that you are not obliged to ascertain or enquire into the terms and conditions on which my Agent was appointed, the context or circumstances in which any decision was taken by my Agent, the soundness of such decision or the purpose for which any of the decisions were taken.
5. The appointment of my Agent and authority conferred shall continue until written notice of revocation by me is received by you. I undertake to ratify and confirm all acts and things done by my Agent on my behalf until your receipt of such notification.
6. I acknowledge that I have received a copy of the following Risk Disclosure and understand its contents. I am signing this letter of authorisation after having reviewed the risks pointed out to me and am willing to accept the same and I am signing this letter of authorisation voluntarily.

**DISCLOSURE STATEMENT**



Signature with date

PLEASE DO NOT SIGN THIS LETTER OF AUTHORISATION IF YOU DO NOT FULLY UNDERSTAND THE CONSEQUENCES OF SIGNING IT. This letter of authorisation is an IMPORTANT DOCUMENT. By signing it, you are authorising your Agent to enter into trading transactions on your behalf. You should know that your Agent will be acting as your agent. We will therefore not be responsible for any acts or omissions of your Agent in respect of any acts and/or things which may be done by him or her in exercise of authority you have given by signing this letter. In particular, we will not be responsible for any theft, misappropriation or other criminal, fraudulent or negligent acts of your Agent with respect to your share transactions or any loss due to his/her incompetence, inexperience or negligence. Please also particularly note that in granting this discretionary trading authority your Agent may affect trading transactions without reference to you.

**FOR OFFICE USE ONLY**

UCC :

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 & ON BEHALF OF **GANPATI FINSEC PRIVATE LIMITED**

Name :

Date :

Signature :  Signature of the Authorised Signatory

(Seal / Stamp of GANPATI FINSEC PRIVATE LIMITED)

**DETAIL OF INTRODUCER AND GANPATI SUB-BROKER / AP**

<input type="checkbox"/> Authorised Person	Registration No. <input type="text"/>
<input type="checkbox"/> Sub-Broker	Registration No. <input type="text"/>
<input type="checkbox"/> Remisier / BDR	Code : <input type="text"/>
<input type="checkbox"/> RM	Emp. Code : <input type="text"/>
<input type="checkbox"/> Existing Client	UCC : <input type="text"/>
<input type="checkbox"/> Others	(Please Specify) <input type="text"/>
<input type="text"/> Signature of the Introducer	

Name :  PAN :

Address :

Pin :  State :

Phone / Fax :

E-mail / Website :

**FOR BRANCH PURPOSE ONLY**

	Name	Employee/BDR Code	Signature
Introducer / BDR			
Relationship Manager			
Dealer			

**BROKERAGE APPROVAL (if required)**

Name of Approving Officer :

Designation :  Branch / Location :

Date :

Signature of Branch Head / Zonal Head / Director

**CHEQUE DETAILS**

	Towards	Amount	Cheque No.	Date	Bank Name and Branch
<input type="checkbox"/> Y <input type="checkbox"/> N	Account opening Fee (For Trading Account)				
<input type="checkbox"/> Y <input type="checkbox"/> N	Margin Amount				

<input type="checkbox"/> CVL	<input type="checkbox"/> NDML	<input type="checkbox"/> DOTEX	<input type="checkbox"/> CAMS	<input type="checkbox"/> KARVY	<b>VERIFICATION CALL TO CLIENT</b>		
					Date	Time	Remarks
<input type="checkbox"/> NEW KRA KYC							
<input type="checkbox"/> MODIFY KRA KYC WITH DOCUMENTS							
<input type="checkbox"/> MODIFY KRA KYC WITHOUT DOCUMENTS							

Activity	Name
Form Verified by	
Data punched by	
Data punched by	
Code generated by	
DP Verified by	
Brokerage punched by	



#### WE ALSO OFFER

- ➔ Equities
- ➔ Derivatives
- ➔ Commodities
- ➔ NERL
- ➔ CCRL
- ➔ Currency
- ➔ Mutual Funds
- ➔ DP Services
- ➔ MFSS
- ➔ CIRL
- ➔ IPOs

**Ganpati**  
**Grow Money We Care**



**Registered Office & Correspondence Office:**

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E-mail: [dp@ganpationline.com](mailto:dp@ganpationline.com), [info@ganpationline.com](mailto:info@ganpationline.com)

Website: [www.ganpationline.com](http://www.ganpationline.com)

**Membership No.:** NSE-13456, BSE-6563, MSEI-16780, MCX-56605, NCDEX-1303

Ver. 2022-06

MEMBER : NSE, BSE, MSEI, MCX, NCDEX, NERL & CCRL • DP-CDSL