



ACCOUNT OPENING FORM FOR DEMAT (NSDL / CDSL) - NON INDIVIDUAL

Premium Account

Regular Account

Simplified Account

C KYC

KRA

DP ID

DP CLIENT ID

**Explore opportunities and be part
of India's incredible Journey**



Experience Excellence with Farsight : Your Sherpa to Invest in India

This opportunity to invest in India is to embark upon a journey of financial prosperity with Farsight Group, a distinguished and unwavering financial powerhouse committed to pinnacle of investment services. Established in 1995, it stands proudly as a signature Broking House, with memberships in the NSE, BSE, MCX and DP of NSDL & CDSL.

Why India

Political stability, long term vision duly supported with Big ticket reforms and world scale infrastructure, demographic dividends have put India on the map of world's fastest growing economies. NIFTY and the Sensex are amongst the best performing indices truly capturing the resilience, depth and growing power of Indian Investors. This has culminated into higher GDP growth, stronger FDI and FII investment and the portfolio of any investor is incomplete without exposure on India.

Why Farsight?

A Legacy of Trust: With three decades of dedicated commitment, Farsight boasts of a perfect track record—ZERO client grievances. Our thrust to customer satisfaction is unparalleled. Experience of our customer's is excelled further by Kunjee – the Trading App, Insta Fund Transfer and dedicated e-Farsight portal.

Comprehensive Services:

- EQUITIES
- DERIVATIVES
- COMMODITIES
- IPO
- BONDS
- MUTUAL FUNDS

Regulatory & Compliances:

Our expert professionals can help in making application, getting registration and ensuring timely and regular compliances.

INDEX OF DOCUMENTS*

S. No.	Name of Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1.	Account Opening Form	A. CKYC form - Document captures the basic information about the constituent and instruction/check list. and FATCA and CRS Information. B. Document captures the additional information about the constituent relevant to trading account and instruction/check	1- 6
2.	Rights and Obligations (Trading & DP)	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)	As per separate booklet (As per format annexure 4, 5 & 6) as per SEBI Circular: CIR/MIRSD/64/2016 dt. 12-07-2016 also available on website and on demand
3.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	
4.	Guidance note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	
6.	Tariff sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s) and depository services	7
For Non Individual			
7.	Non Individual Form	Documents captures the Basic Information about the Non-Individual	8 -11
8.	FATCA Declaration	Details of Ultimate Beneficial Owner (OBO) Including FATCA & CRS details	

SEBI Registration No. : INZ000169935 Segment: NSE/BSE/MCX Dated: 23/03/2018

Depository Participants : IN-DP-579-2021 NSDL/CDSL Dated: 31/03/2021

* **SOFT COPIES OF THE DOCUMENTS ARE AVAILABLE ON WWW.FARSIGHTSHARES.COM**

Details of premium & simplified accounts special terms & conditions are also available on demand & on site.

FOR OFFICE USE ONLY

KRA/CKYC NO.

Upload/Download

Verified by

Branch Code

UCC Code allotted to the Client :

DP ID & CLIENT ID :

	Documents verified	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			

Account Opened by : Date :

Exchange activated & Mapped by : Date :



Rechecked by : Date :

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.

Name & Signature of the Authorised Signatory

Date

Seal/Stamp
Farsight Securities Limited

Know Your Customer (KYC) Application Form		Individual
For office use only (To be filled by company officials only)		
Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update KYC Number*	(Mandatory for KYC update request)	
Fields marked with* are mandatory fields. Account Type <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small		
DP ID :-	Client ID :-	UCC :-
1. PERSONAL DETAILS		
Name* Prefix	[Grid for Name]	
(Same as ID proof)		
Maiden Name (If any*)	[Grid for Maiden Name]	
Father / Spouse Name*	[Grid for Father/Spouse Name]	
Mother Name*	[Grid for Mother Name]	
Date of Birth*	[DD] - [MM] - [YYYY]	<div style="border: 1px solid black; padding: 5px;"> <p>PHOTO</p>  <p>Please affix the recent passport size photograph (Size 3.5 cm X 4.5 cm)</p> </div>
Gender* <input type="checkbox"/> M-Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship* <input type="checkbox"/> IN Indian <input type="checkbox"/> Others (ISO 3166 Country Code) [] []		
Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		
Occupation Type* (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"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised (brief details) _____	
		
2. PROOF OF IDENTITY (PoI)*		
(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)		
<input type="checkbox"/> A- Passport Number	[Grid for Passport Number]	Passport Expiry Date [DD] - [MM] - [YYYY]
<input type="checkbox"/> B- Voter ID Card	[Grid for Voter ID Card]	
<input type="checkbox"/> C- PAN Card	[Grid for PAN Card]	
<input type="checkbox"/> D- Driving Licence	[Grid for Driving Licence]	Exp. Date [DD] - [MM] - [YYYY]
<input type="checkbox"/> E- UID (Aadhaar)	[Grid for UID (Aadhaar)]	
<input type="checkbox"/> F- NREGA Job Card	[Grid for NREGA Job Card]	
<input type="checkbox"/> Z- Others (any document notified by the central government)	[Grid for Others]	Identification Number [Grid]
<input type="checkbox"/> S- Simplified Measures Account - Document Type code [] []	Identification Number	[Grid]
3. PROOF OF ADDRESS (PoA)*		
<input type="checkbox"/> 3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS		
(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)		
Address Type* <input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		
Proof of Address* <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> UID (Aadhaar)		
<input type="checkbox"/> Others _____		
Address* _____		
City / Town / Village*	District*	Pin / Post Code* [Grid]
State / U.T*	Code* [] []	Country* _____
		Country Code* [] [] as per ISO 3166
<input type="checkbox"/> 3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *		
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details		
Address* _____		
City / Town / Village*	District*	Pin / Post Code* [Grid]
State / U.T *	Code* [] []	Country* _____
		Country Code* [] [] as per ISO 3166

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

Tel.(Off/Res)	<input type="text"/>	–	<input type="text"/>	Fax	<input type="text"/>	–	<input type="text"/>
Mobile	<input type="text"/>	–	<input type="text"/>	Mobile (2)	<input type="text"/>	–	<input type="text"/>
Email ID	<input type="text"/>						

5. FATCA / CRS Information**Do you satisfy any of the criteria mentioned below:-**

	Yes	No
a. Citizen of any country other than India(dual/multiple) [including green card]	<input type="checkbox"/>	<input type="checkbox"/>
b. Country of birth is any country other than India	<input type="checkbox"/>	<input type="checkbox"/>
c. Tax resident of any country/ies other than India	<input type="checkbox"/>	<input type="checkbox"/>
d. POA or a mandate holder who has an address outside India	<input type="checkbox"/>	<input type="checkbox"/>
e. Address or telephone number outside India.	<input type="checkbox"/>	<input type="checkbox"/>

If answer to any of the above questions is a YES or in case of NRI account .please fill the below details :-

Country#	Tax Identification Number	Identification Type(TIN or other*, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

to also include USA, where the individual is a citizen/green card holder of USA

* In case Tax Identification Number is not available, kindly provide functional equivalent

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill below details)

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

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

Proof of Identity of Related Person

Identity Proof Submitted Number Exp. Date

Other (any document notified by the Central Govt.)	<input type="text"/>	Identification No.	<input type="text"/>
Simplified Measures Account-Document Type Code	<input type="text"/>	Identification No.	<input type="text"/>

7. REMARKS (If any)**8. APPLICANT DECLARATION**

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

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

Subject to applicable laws, I hereby give consent to share my FATCA/CRS information with domestic/overseas regulators or tax authorities wherever necessary. I also declare and confirm that the FATCA/CRS details given as per point no-5 above are true, correct & complete. I further confirm that I have read and understand the FATCA/CRS terms and conditions and hereby accept the same.

Date : Place : **Signature / Thumb Impression of Applicant**

Note : Separate KYC to be done for each client in case of more then one account holder (for Demat Account only).

FOR OFFICE USE ONLY

Details of Employee /AP/ Authorized Signatory	Documents Verified with Originals	Client Interviewed by & IN-Person Verification done by	DD / MM / YYYY
			Farsight Securities Limited Code - IN0242
Name			<i>Seal / Stamp of the Intermediary</i>
Designation/Code			
Date	DD / MM / YYYY	DD / MM / YYYY	
Signature			

9. ADDITIONAL DETAILS :- <input type="checkbox"/> NSDL / <input type="checkbox"/> CDSL <input type="checkbox"/> TRADING					
I / We request you to open a Demat NSDL / CDSL / Trading account in my/ our name as per the following details:					
9.1 DETAILS OF ACCOUNT HOLDER(S) :- (For Demat Account Only)					
Account Holder (s)	Sole / First Holder	Second Holder	Third Holder		
Name					
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>		
UID (Aadhaar)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
10 BANK DETAILS					
Default Bank (Through which payout transactions would generally be routed)					
1. Bank Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRI/NRE/NRO <input type="checkbox"/> Others (Please specify)_____				
2. Bank Account No.	<input type="text"/>				
3. Bank Name	<input type="text"/>				
4. Bank Address	<input type="text"/>			PIN Code	<input type="text"/>
5. MICR Code	<input type="text"/>	6. IFSC Code	<input type="text"/>		
Proof of Bank Submitted	<input type="checkbox"/> Bank Statement# <input type="checkbox"/> Cancelled Cheque (with client Name and A/c No. printed) <input type="checkbox"/> Bank Passbook## <input type="checkbox"/> Bank Verification Letter (Original)				
Additional Bank					
1. Bank Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRI/NRE/NRO <input type="checkbox"/> Others (Please specify)_____				
2. Bank Account No.	<input type="text"/>				
3. Bank Name	<input type="text"/>				
4. Bank Address	<input type="text"/>			PIN Code	<input type="text"/>
5. MICR Code	<input type="text"/>	6. IFSC Code	<input type="text"/>		
Proof of Bank Submitted	<input type="checkbox"/> Bank Statement# <input type="checkbox"/> Cancelled Cheque (with client Name and A/c No. printed) <input type="checkbox"/> Bank Passbook## <input type="checkbox"/> Bank Verification Letter (Original)				
11. DEPOSITORY ACCOUNT(S) DETAILS					
Depository Name	DP Name	DP ID	Beneficiary Name	Beneficiary ID (BO ID)	
<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	Farsight Securities Ltd	<input type="checkbox"/> IN301766 <input type="checkbox"/> 12056300			
12. OTHERS DETAILS (please tick any one)					
1. Gross Annual Income Details	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1 - 5 Lac <input type="checkbox"/> ₹ 5 - 10 Lac <input type="checkbox"/> ₹ 10 - 15 Lac <input type="checkbox"/> More than ₹ 25 Lac				
Networth (Optional)	Amount (₹) _____		As on (Date) <input type="text"/>		
(Networth should not be older than 1 Year)					
2. Type of Account (Please tick as Applicable)(For Demat A/c only)	Status				
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)		<input type="checkbox"/> Individual Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify)_____		
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts		<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others(specify)_____		
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National-Depository Receipts <input type="checkbox"/> Others(specify)_____				
3. Please tick, as applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> None (If PEP/RPEP ticked than please provide details in separate sheet)				
4. Educational Qualification	<input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional_____				
5. Any Other Information	<input type="text"/>				
13. For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the DP account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:					
a) Name	<input type="text"/>			b) PAN	<input type="text"/>

14 IN CASE OF NRI'S / FOREIGN NATIONALS

RBI Approval Reference Number

RBI Approval (Date)

D	D	M	M	Y	Y	Y	Y
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15 GUARDIAN DETAILS (In case the Sole Holder is a Minor) (Applicable for Demat Account only):

Guardian Name

PAN

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Relationship of guardian with minor

16 FAMILY DECLARATION FOR SAME MOBILE NUMBER / EMAIL ID

Please refer to the Trading/DP accounts opened with you, for the purpose of dealing in NSE/BSE/MCX/NSDL/CDSL. We all belong to same family or having common director

MOBILE NUMBER : COMMON EMAIL ID :

I hereby declare that the Mobile Number or E-Mail ID or Both as per KYC belongs to Self / Family*

Code/Client ID	Name	Relationship	Signature of Family Member's

* in case of family all details need to filling

17 AADHAR AUTHENTICATION CONSENT

"I/we hereby state that I/we have no objection in authenticating myself/ourselves with Aadhar based authentication system through NSDL e-Governance Infrastructure Limited / CDSL Ventures Limited and give my/our consent to provide my Aadhaar Number, OTP, Demographic details or Biometric for Aadhaar based authentication. I/we also authorize NSDL e-Governance Infrastructure Limited / CDSL Ventures Limited to share the authentication details with Farsight Securities Limited for the purpose of carrying Aadhaar Authentication as required by PMLA guidelines, which shall not be further shared."

18 STANDING INSTRUCTION

Yes No

1.	I/We authorise you to receive credits automatically into my/our DP account.	<input type="checkbox"/>	<input type="checkbox"/>																
2.	Account to be operated through Power of Attorney (POA)	<input type="checkbox"/>	<input type="checkbox"/>																
3.	SMS Alert facility : [Mandatory if you are giving Power of Attorney (POA). Ensure that the mobile number is provided in the KYC Application Form]																		
	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Holder</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>Sole / First Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b)</td> <td>Second Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c)</td> <td>Third Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Sr. No.	Holder	Yes	No	a)	Sole / First Holder	<input type="checkbox"/>	<input type="checkbox"/>	b)	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	c)	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>		
Sr. No.	Holder	Yes	No																
a)	Sole / First Holder	<input type="checkbox"/>	<input type="checkbox"/>																
b)	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>																
c)	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>																
4.	I/We request you to enable my/our DP account for Auto Pledge confirmation.	<input type="checkbox"/>	<input type="checkbox"/>																
5.	I wish to avail facility for Internet Trading and Wireless Technology	<input type="checkbox"/>	<input type="checkbox"/>																
6.	I/We would like to share the email ID with the RTA	<input type="checkbox"/>	<input type="checkbox"/>																
7.	Mode of Receiving Contract Note, Statement of Account, Margin Reports, Standard KYC Documents & Other Documents (tick any one)	<input type="checkbox"/> Physical Form	<input type="checkbox"/> Electronic Form <small>(Read Note 4 and ensure that email id is provided in KYC Application Form)</small>																
8.	I/We would like to receive the Annual Report	<input type="checkbox"/> Physical Form	<input type="checkbox"/> Electronic Form																
9.	Whether you wish to receive A. Rights & Obligations of Stock Broker, Sub-Broker & Client, B. Rights & Obligations of Beneficial Owner & Depository Participants, C. Right & Obligations of members, AP and clients as prescribed by SEBI and Commodity Exchanges D. Unique Form Risk Disclosure Documents, E. Guidance Note Detailing Do's & Don't for Trading on Stock Exchanges. <input type="checkbox"/> Physical or <input type="checkbox"/> Electronic form Rights & Obligations Uniform Risk Disclosure & Guidance Note																		

19 ADDITIONAL DETAILS

- Number of years of Investment/Trading Experience: _____
- Employee of Farsight Group/Other Broker/Exchange Yes No, If Yes provide details _____
- Relative of an Employee of Farsight Group/other Broker/Exchange Yes No, if yes provide details _____
- Any other information _____

20 GST DETAILS

- GST Number











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 • GST Implementation Location

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21 TRADING PREFERENCES

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

	NSE	BSE	MCX
CASH	 (3.1)	 (3.2)	 (3.3)
F&O	 (3.4)	 (3.5)	 (3.6)
CURRECNY	 (3.7)	 (3.8)	 (3.9)
MUTUAL FUND	 (3.10)		

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

22 PAST ACTIONS

- Details of any action/proceedings initiated/ pending/taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/Promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years : No Yes If Yes, Please Specify Details _____


23 DEALINGS THROUGH OTHER STOCK BROKERS

- Whether dealing with any other stock broker (in case dealing with multiple stock brokers, provide details of all)
 Stock Broker Name : _____
 Client Code: _____ Exchange: _____
- Details of disputes/dues pending from/to such stock broker : _____

24 INTRODUCER DETAILS (OPTIONAL)


- Name of the Introducer _____
- Status of the Introducer AP Existing Client Employee Other, please specify _____
- Address of the Introducer _____
- Phone No. of the Introducer _____ Signature of the Introducer : _____

25 ONLY FOR CDSL DEMAT CLIENTS

SMS Alerts Facility Refer to Terms & Conditions given as Annexure 2.4	Mobile No. + 9 1 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	[(Mandatory , if you are giving Power of Attorney (POA)) (If POA is not granted & you do not wish to avail of this facility, cancel this option).	
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 : www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. <input type="checkbox"/> Yes <input type="checkbox"/> No	




Place: _____

Date: _____

Signature of the Client  (4)	Only for CDSL DP Client	Only for CDSL DP Client	Only for CDSL DP Client
(Only for CDSL DP Client)	Sole/First Holder Signature	Second Holder Signature	Third Holder Signature

Declaration

The rules and regulations of the Depository and Depository participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we maybe held liable for it. In case of nonresident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we further confirm having read/been explained and understood the contents of Right and obligation of the beneficial owner and depository participant/stock brokers & clients, risk Disclosure document, Policies & procedures, schedule of charges/Tariff sheet and acknowledge the receipt of copy of the same. I/we do hereby agree to be bound by such provision 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.

	Name(s) of holder(s)	Signature(s) of holder	Sign to be used
Sole / First Holder / Guardian (in case sole holder is minor)		 (5)	
Second Holder			
Third Holder			

Notes:

1. All communication shall be sent at the address of the Sole / First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or Notary Public or a Special Executive Magistrate.
3. Instructions related to nomination are as below:
 - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
 - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
 - III. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
 - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
 - V. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
 - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
 - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
 - VIII. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
 - IX. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
 - X. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
 - XI. DP ID and client ID shall be provided where demat details is required to be provided.
4. For receiving Statement of Account in electronic Form:
 - (i) Client must ensure the confidentiality of Password of the email account. (ii) Client must promptly inform the participant if the email address has changed. (iii) Client may opt to terminate this facility by giving 10 days prior notice. Similarly participant may terminate this facility by giving 10 days prior notice.
5. Strike off whichever is not applicable.



FARSIGHT SECURITIES LTD.

Depository Participant : NSDL, DP - ID - IN301766 CDSL, DP - ID - 12056300

SEBI Regn No. (NSDL, CDSL) : IN-DP-579-2021

17-A/55, Farsight Triveni Plaza, Gurudwara Road, Karol Bagh, New Delhi-110005

EAPBX: 011-4504-4444 (30 Lines) Fax: 011-45044434 | E-mail : demat@farsightshares.com

Sl. No.	PARTICULARS	CORPORATE	INDIVIDUAL/HUF			
			A	B	C	BSDA
1.	Account Opening	NIL	NIL	NIL	NIL	NIL
2.	(i) Annual Maintenance	₹500/- Per Annum	₹1000/- Per Annum	₹300/- Per Annum	1st Year ₹999 Subsequent year NIL	Nil (Value of holding upto ₹50,000/-) ₹100/- p.a. (Value of holding from ₹50,001/- to ₹200,000/-)
	(ii) Maintenance Charges By Depositories	₹500/- Per Annum	NIL	NIL	NIL	NIL
3.	Transaction Charges					
	Delivery In-coming	NIL	NIL			
	Delivery Out-going (through Speed- E, POA)	₹18/- per Trxn	₹6/- per Trxn	₹18/- per Trxn	₹18/- per Trxn	₹30/- per Trxn
4.	KRA/CKYC Modification	₹250/- per modification	₹100/- per modification			
5.	Dematerialisation	₹20/- Plus ₹3/- per Certificate (Postage Charges ₹50/- Extra)				
6.	Rematerialisation	₹20/- per certificate or ₹20/- for every certificate every 100 securities which ever is higher (Postage Charges ₹50/- Extra)				
7.	Instruction Booklet	₹25/- for 10 Leaves (Postage charges ₹50/- extra)				
8.	Pledge Creation/ Closure/ Invocation	₹50/- per Transaction				

- N. B. :
- Any other services not specified above shall be charged extra.
 - Rejection charges on failure of instruction ₹50/ per instruction shall be charged.
 - Non - execution of delivery instruction due to any problem / error ₹50/- per communication / dispatch.
 - Physical DIS execution charges ₹10/- per slip extra.
 - Charges / Services standards are subject to revision at Depository Participants discretion after giving 30 days notice.
 - In case of Demat rejection postage shall be charged @ 50/- for dispatch to the Client for removal of objection.
 - In case of Non-Payment of the bill within 30 days from the date of bill, Interest @ 1.5% p.m. will be charged.
 - The depository services are liable to be discontinued on such default. The renewal charges will be ₹100/-.
 - Statements of accounts will be mailed by ordinary post only, at free of cost. Statements can be provided by courier with extra charges of ₹50/- per dispatch.
 - Amount charged by NSDL/CDSL for CAS will be charge extra.
 - Client Master Charge ₹50/- Per Request.
 - Taxes and other government levies extra as applicable from time to time.
 - Charges for transaction value from ₹5 to 20 lac ₹50/- and transaction value above 20 lac ₹80/- per Instruction.
 - DP reserves the right not to execute the delivery instruction in case service charges are outstanding.
 - Client will maintain minimum ₹200/- as an advance payment which will be adjusted against future bills.
 - ₹20/- per page for holding / transaction / financial accounts for extra statements.
 - In case the value of the holdings in the BSDA account exceeds the prescribed criteria at any point of time; the regular tariff applicable to non BSDA accounts would be charged from that date onwards.
 - The Annual Maintenance Charges are levied in advance at the beginning of the billing cycle.
 - Margin Pledge transactions charge ₹50/- per instruction will be charged in all scheme.
 - Please Place my /our Account under Scheme
 A _____ / B _____ /
 C _____ / BSDA _____ /

HOLDER'S SIGNATURES

(8) _____

First Holder

For Farsight Securities Ltd

(Authorised Signatory)


Second Holder

Third holder

Received Copy

(8.1) _____


Client(s) Signature

Know Your Customer (KYC) Application Form	Non - Individual	PHOTOGRAPH Please affix the recent passport size photograph of Authorised Signatory & sign across it (Size 3.5 cm x 2.5 cm)
DP ID :- <input style="width: 150px;" type="text"/>	Client ID :- <input style="width: 150px;" type="text"/>	
UCC :- _____		
Please fill this form in ENGLISH and in BLOCK LETTER .		

A) IDENTITY DETAILS	
1. Name of the Applicant	<input style="width: 95%;" type="text"/>
2. Date of Incorporation	<input style="width: 100%;" type="text" value="DD-MM-YYYY"/>
Place of Incorporation	<input style="width: 95%;" type="text"/>
3. Date of Commencement of Business	<input style="width: 100%;" type="text" value="DD-MM-YYYY"/>
4. a. PAN	<input style="width: 100%;" type="text"/>
b. Registration No. (e.g. CIN)	<input style="width: 95%;" type="text"/>
5. Status (Please tick any one)	<input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Partnership <input type="checkbox"/> Government Body <input type="checkbox"/> Trust/Charities/NGO's <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> FII <input type="checkbox"/> LLP <input type="checkbox"/> Society <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Defense Establishment <input type="checkbox"/> Body Corporate <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Others (please specify) _____

B) ADDRESS DETAILS	
1. Correspondence Address :	_____
City/Town/Village :	_____ Pin Code : _____ State : _____ Country : _____
2. Contact Details:	
Tel. (Off/Res) :	_____ Fax : _____ Mobile : <input style="width: 100px;" type="text"/>
E-mail Id :	<input style="width: 95%;" type="text"/>
3. Specify the proof of address submitted for correspondence address :	_____
4. Registered Address (if different from above.) :	_____
City/Town/Village :	_____ Pin Code : _____ State : _____ Country : _____
3. Specify the proof of address submitted for registered address :	_____

C) OTHERS DETAILS	
1. Name, PAN, Residential Address and Photographs of Promoters / Partners / Karta / Trustees / Whole time directors and Authorised Signatory.	As per Annexure
2. a. DIN of whole time directors b. Aadhar Number of Promoters/Partners/Karta	

D) DECLARATION	
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any change 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.	
 <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> Signature of the Authorised Signatory(ies)	Date : <input style="width: 100%;" type="text" value="DD-MM-YYYY"/>

FOR OFFICE USE ONLY		
<input type="checkbox"/> Originals verified and Self-Attested document copies received		Seal / Stamp of the Intermediary
Name of the Authorised Signatory		
Date <input style="width: 100%;" type="text" value="DD-MM-YYYY"/>	For Farsight Securities Limited	
Place : Delhi	Signature of the Authorised Signatory	

Details of Promoters/Partners/Karta/Trustees/Whole Time Directors and Authorised Signatory forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant

Sr. No.	PAN	NAME	DIN (For Directors)/Aadhar Number (For Others)	Residential/Registered Address	Relationship with Application (i.e. promoters, partners, Karta, whole time director Authorised Signatory etc.	Photograph
1.	<input type="text"/>		<input type="text"/>			
2.	<input type="text"/>		<input type="text"/>			
3.	<input type="text"/>		<input type="text"/>			
4.	<input type="text"/>		<input type="text"/>			



Signature of the Authorised Signatory(ies)

Date : - -

Details of Ultimate Beneficial Owner (UBO) Including Additional FATCA & CRS Information (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency, if required)	Declaration Form for Non-Individuals										
1 APPLICANT Details											
Name of the entity <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>											
Type of address given at KRA <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA and notify the changes											
Customer ID / Folio NO. <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>											
PAN <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>											
Date of Incorporation <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>											
City of Incorporation <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>											
Country of Incorporation <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>											
Entity Constitution <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others <u>Specify</u>											
Please tick the applicable tax resident declaration											
Is "Entity" a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Country</th> <th style="width:33%;">Tax Identification Number⁶</th> <th style="width:33%;">Identification Type (TIN or Other⁵, please specify)</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Country	Tax Identification Number ⁶	Identification Type (TIN or Other ⁵ , please specify)							⁶ In case Tax Identification Number is not available, kindly provide its functional equivalent. ⁵ In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.	
Country	Tax Identification Number ⁶	Identification Type (TIN or Other ⁵ , please specify)									
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 <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>											
2 FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)											
PART A (to be filled by Financial Institutions or Direct Reporting NFEs)											
1. We are a, Financial Institution ⁶ <input type="checkbox"/> or Direct reporting NFE ⁷ <input type="checkbox"/> (please tick as appropriate) GIIN not available (please tick as applicable) If the entity is a financial institution,	GIIN <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table> Note: If you do not have the GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <table border="1" style="width:20px; height: 20px; border-collapse: collapse;"></table> <input type="checkbox"/> Not obtained - Non-participating FI									
PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs)											
1. Is the Entity a publicly traded company (that is a company whose shares are regularly traded on a established securities market)	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 ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	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 ³	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of business _____ Please specify the sub category of Active NFE <table border="1" style="width:20px; height: 20px; border-collapse: collapse;"></table> (Mention code -refer 2c of Part D)										
4. Is the entity a passive NFE ⁴	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of business _____										
¹ Refer 2a, ² Refer 2b, ³ Refer 2c, ⁴ Refer 3(ii), ⁶ Refer 1, ⁷ Refer 3(vii), ¹⁰ Refer 1A of Section 6.											

3 UBO Declaration

Category (Please tick applicable category) : Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust
 Religious Trust Private Trust Other _____

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

Name - Beneficial Owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ - of Controlling	Address - Include Stat, Country, PIN / ZIP Code & Contact Details Address Type -
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. % <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. % <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. % <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>

If passive NFE, please provide below additional details

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

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

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

*In case Tax Identification Number is not available, kindly provide functional equivalent

⁵Refer 3(vi),¹¹ Refer 3(iv) (A) of Section 6.

4 FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax rules, 1962, which Rules require Indian financial institutions to seek additional personal tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with Farsight Securities Ltd or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a U.S. Citizen or resident or green card holder, please include United States in the foreign country information held along with the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such as identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

5 Certification

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

Name _____ Place _____ Date _____
 Designation



Sole/First Holder Signature

Second Holder Signature

Third Holder Signature

Explore INVESTMENT OPTIONS



Stocks



IPO



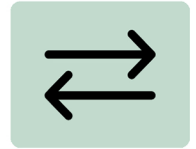
F&O



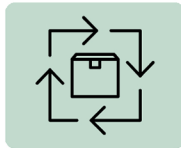
Mutual Funds



Intraday Trading



US stocks



Commodities



Debt Market/Bonds



ETF

Start your Investment journey with **FARSIGHT**

Proven Leadership: The Group has been promoted by **Dr. Naresh Maheshwari**, a financial luminary with a standing of 30 years. He brings unparalleled expertise, having served as the former President of ANMI, CPAI and DPAI (the National level bodies of Indian Stock Brokers, Custodians and Depository Participants). **Dr. Maheshwari** is a prolific commentator on capital market and economic issues and has chaired the ASIA Region of the International Forum for Investor Education (IFIE), showcasing India's leadership on the global stage. His leadership in the Asia Securities Forum (ASF) underscores his dedication to shaping the global capital market.

For a deeper dive into the world of financial excellence, visit our website at www.farsightshares.com. Join us in building a long and prosperous professional relationship.

FARSIGHT : GLORIOUS MOMENTS



**Dr. NC Maheshwari, Chairman-Farsight Securities Ltd,
Member core team - 18th Asia Securities Forum**



FARSIGHT SECURITIES LIMITED

MEMBER NSE, BSE, MCX
Depository Participant : NSDL, CDSL

SEBI REGN. NO.:
INZ000169935
IN-DP-579-2021

DATE:
23/03/2018
31/03/2021

Compliance Officer's Details

Name : Pawan Joshi
E-mail Id : compliance@farsightshares.com

CEO's Details

Name : Manju Maheshwari
E-mail Id : coo@farsightshares.com

Note: 1. Established in 1996 and registered with SEBI vide Certificate No.:
INB230853732 Dated-13-03-1996 For NSE
2. NSDL DP activated in 2000 vide SEBI registration No.: IN-NSDL-148-2000 in
Year 2000
17-A/55, Farsight Triveni Plaza, Gurudwara Road, Karol Bagh, New Delhi

For any grievance/dispute please contact FARSIGHT SECURITIES LIMITED at the above address or email id ig@farsightshares.com.
In case not satisfied with the response, please contact the concerned exchange(s) at

Exchange Name

National Stock Exchange of India Ltd.
Bombay Stock Exchange Ltd.

E-mail ID

ignse@nse.co.in
iscdelhi@bseindia.com

Phone No.

011-23344313 Toll Free : 1800 22 0058 (Toll Free)
011-41510481

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For Website