

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.	IND 1-2
		B. Document captures the additional information about the constituent relevant to trading account and instruction/check list.	ADDL 1-5
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.	
5.	Policies and Procedures	Document describing significant policies and procedures of the stock broker	
6.	Tariff sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	TARIFF 1-2

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

7.	Letter of Authority	To enable the trading member to act upon the clauses mentioned in the letter	LOA 1
8.	Declaration	Declaration	DECL 1
9.	Name Mismatch Self Declaration	Declaration	
10.	Disclosure to Client	Disclosure to Client for Pro Trading.	
11.	Ghoshna	Ghoshna for Hindi	
12.	Power of Attorney	Instructions for Automatic Pay-In (POA)	POA 1
13.	Declaration by HUF	Declaration	HUF 1
For Non Individual			
14.	Non Individual Form	Documents captures the Basic Information about the Non-Individual	CORP 1-4
15.	FATCA Declaration	Details of Ultimate Beneficial Owner (OBO) Including FATCA & CRS details	
16.	Mutual Fund Form	Registration for Online Investment for Mutual Fund	MF 1

* **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**ADDITIONAL INSTRUCTIONS / CHECK LIST FOR F&O / CURRENCY / COMMODITIES ACTIVATION**

- Additional documents in case of trading in derivatives segments - illustrative list:
 - Copy of ITR Acknowledgement
 - Copy of Annual Accounts
 - In case of salary income - Salary Slip, Copy of Form 16
 - Net worth certificate
 - Copy of demat account holding statement.
 - Bank account statement for last 6 months
 - Any other relevant documents substantiating ownership of assets.
 - Self declaration with relevant supporting documents.
 - In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.
- Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
- Demat master or recent holding statement issued by DP bearing name of the client.
- For Individuals**
 - Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
 - In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
- For Non-Individuals**
 - Form need to be initialized by all the authorized signatories.
 - Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.
- If in the opinion of the broker, financial resources, experience are inadequate, trading in any derivative product can be declined.

Know Your Customer (KYC) Application Form

Individual

For office use only (To be filled by company officials only)

Application Type* New Update KYC Number*

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(Mandatory for KYC update request)

Fields marked with* are mandatory fields. Account Type Normal Simplified (for low risk customers) Small

DP ID :-

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

 Client ID :-

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

 UCC :- _____

1. PERSONAL DETAILS

Name* Prefix

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(Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth*

D	D	—	M	M	—	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Gender* M-Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN Indian Others (ISO 3166 Country Code)

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

Occupation Type* (Please Tick any one and give brief details)
 Private Sector Public Sector Government Service
 Professional Self Employed Retired
 Housewife Student B-Business
 X- Not Categorized (brief details) _____

PHOTO



Please affix the recent passport size photograph (Size 3.5 cm X 4.5 cm)

Signature / Thumb Impression

2. PROOF OF IDENTITY (PoI)*

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

A- Passport Number

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

 Passport Expiry Date

D	D	—	M	M	—	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

B- Voter ID Card

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C- PAN Card

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

D- Driving Licence

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 Exp. Date

D	D	—	M	M	—	Y	Y	Y	Y
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E- UID (Aadhaar)

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F- NREGA Job Card

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

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

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

 Identification Number

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

S- Simplified Measures Account - Document Type code

--	--

 Identification Number

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

3. PROOF OF ADDRESS (PoA)*

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

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

Address Type* Residential / Business Residential Business Registered Office Unspecified

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

Address* _____

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

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State / U.T* _____ Code*

--	--

 Country* _____ Country Code*

--	--

 as per ISO 3166

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

Same as Current / Permanent / Overseas Address details

Address* _____

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

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

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"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	Mobile (2)	<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]		
b. Country of birth is any country other than India		
c. Tax resident of any country/ies other than India		
d. POA or a mandate holder who has an address outside India		
e. Address or telephone number outside India.		

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)

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.)	Identification No.
Simplified Measures Account-Document Type Code	Identification No.

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 :

 (2)

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			Seal / Stamp of the Intermediary
Designation/Code			
Date	DD / MM / YYYY	DD / MM / YYYY	
Signature			



9. ADDITIONAL DETAILS :- NSDL / CDSL 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	Sub-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			b) PAN <input type="text"/>

14 IN CASE OF NRI'S / FOREIGN NATIONALS

RBI Approval Reference Number	RBI Approval (Date)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px; text-align: center;">D</td> <td style="width:20px; height:20px; text-align: center;">D</td> <td style="width:20px; height:20px; text-align: center;">M</td> <td style="width:20px; height:20px; text-align: center;">M</td> <td style="width:20px; height:20px; text-align: center;">Y</td> <td style="width:20px; height:20px; text-align: center;">Y</td> <td style="width:20px; height:20px; text-align: center;">Y</td> <td style="width:20px; height:20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

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

Guardian Name													
PAN	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>											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]		
Sr. No.	Holder	
a)	Sole / First Holder	<input type="checkbox"/>
b)	Second Holder	<input type="checkbox"/>
c)	Third Holder	<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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>																					• GST Implementation Location <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:100px; height:20px;"></td> </tr> </table>	

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	<input checked="" type="checkbox"/> (3.1)	<input checked="" type="checkbox"/> (3.2)	<input checked="" type="checkbox"/> (3.3)
F&O	<input checked="" type="checkbox"/> (3.4)	<input checked="" type="checkbox"/> (3.5)	<input checked="" type="checkbox"/> (3.6)
CURRECNY	<input checked="" type="checkbox"/> (3.7)	<input checked="" type="checkbox"/> (3.8)	<input checked="" type="checkbox"/> (3.9)
MUTUAL FUND	<input checked="" type="checkbox"/> (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	Mobile No. + 9 1 _____										
Refer to Terms & Conditions given as Annexure 2.4	[(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).	<input type="checkbox"/> Yes <input type="checkbox"/> No									
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										
	<table border="1"> <thead> <tr> <th>Stock Exchange Name / ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)							
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

<input type="checkbox"/> I/We wish to make a Nomination [As per details given below]	<input type="checkbox"/> Demat <input type="checkbox"/> Trading	<input type="checkbox"/> I/We do not wish to make a nomination [Strike off the nomination details below]	<input type="checkbox"/> Demat <input type="checkbox"/> Trading
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Nomination Details

I / We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities/Funds held in the depository / Trading account by me/us in the said beneficiary owner/trading account in the event of my/our death.




Nomination Registrations No. _____		Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y																	
D	D	M	M	Y	Y	Y	Y																					
Nomination can be made upto three nominees in the account.		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee																								
1.	Name of the nominee(s) (Mr./Ms.)																											
2.	Share of each nominee	Equally <input type="checkbox"/> [If not equally, please specify percentage]	%	%																								
		Any odd lot after division shall be transferred to the first nominee mentioned in the form.																										
3.	*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:																											
4. Relationship with the Applicant (If any)																												
5. Address of Nominee(s)																												
		Pin Code																										
6. Mobile/Telephone No. of Nominee(s)																												
7. Email ID of Nominee(s)																												
8. Nominee Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																												
Sr. Nos. 9-15 should be filled only if Nominee(s) is a minor:																												
9.	Date of Birth {in case of minor Nominee(s)}	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																					
D	D	M	M	Y	Y	Y	Y																					
D	D	M	M	Y	Y	Y	Y																					
10. Name of Guardian (Mr./Ms.) {in case of minor Nominee(s)}																												
11. Address of Guardian(s)																												
		Pin Code																										
12. Mobile/Telephone No. of Guardian																												
13. Email ID of Guardian																												
14. Relationship of Guardian with Nominee																												
15. Guardian Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																												

Witness for Nomination

Name of the Witness	Name of the Witness																
Full Address	Full Address																
Signature of witness	Signature of witness																
Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										

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 for capturing
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.

1. Refusal of orders For Penny Stock(s):

Farsight shall have the absolute discretion to accept, refuse or partially accept any buy or sell order for execution from a client in respect of penny stock, illiquid stocks having low liquidity, illiquid "options", far month "option" writing of "options", stocks in GSM/Z, T, TS, S, B, BE, IL, BT, EQ Category and any other contracts which as per the perception of stock Broker are extremely volatile or subject to market manipulation.

Stock broker is advising to the clients not to deal in penny securities and if client deals with the penny stocks, 100% margin will be taken from the client and these shares will not be taken to as Margin deposit. The stock broker shall have authority from time to time limit (quantity/ value) or refuse orders in one or more securities due to various reasons including market liquidity, value of security(ies) or may require compulsory settlement / advance payment of expected settlement value/ delivery of securities for settlement prior to acceptance / placement of order(s) as well, the order being for securities which are not in the permitted list of the stock broker / exchange(s) / SEBI or does not commensurate with the risk profile of the client as assessed by the broker. Decision of Broker will be binding on the client and will be final.

2. Setting Up Client's Exposure Limits:

The client agrees to abide by the exposure limits, if any, set by the stock broker or by the Exchange or Clearing Corporation or SEBI from time to time. The client is aware and agrees that the stock broker may need to vary or reduce or impose new limits urgently on the basis of the stock broker's risk perception, risk profile of the client and other factors considered relevant by the stock broker including but not limited to limits on account of exchange/ SEBI directions/limits (such as broker level/ market level limits in security specific / volume specific exposures etc.).

It may be noted that in cash segment also upfront margin collection and reporting is compulsory. In absence thereof no sauda can be done. Similarly now margin may have to be reported on intra day position. Therefore exposure will not be allowed beyond one time unless expressly agreed to between the parties subject to regulations of SEBI/ exchanges

In case margin is kept in securities, Broker would value these securities after applying such haircut as it deems appropriate which would not be less than 20% in approved securities. Similarly for providing exposure to client, Broker can pledge such securities in favor of clearing member/ Clearing Corporation or Bank.

The stock broker may be unable to inform the client of such variation, reduction or imposition in advance. The client agrees that the stock broker shall not be responsible

for such variation, reduction or imposition or the client's inability to route any order through the stock broker's trading system on account of any such variation, reduction or imposition of limits. Sometimes client's sauda may go to IOC (Immediate or Cancel) instead of normal bidding if broker terminal is on square off mode.

The Stock Broker at its sole discretion can give extra exposure or intraday limit to the client, such extra exposure will automatically be squared off by trading mechanism without any further reference to the client appx. 15 minutes before the scheduled closing. This is subject to Peak Margin Collection and Reporting Mechanism.

3. Applicable Brokerage Rate:

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

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

The brokerage shall however be exclusive of the following:

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

b. Advance Brokerage Model - The company may covered with fixed monthly advance brokerage module depending upon various volume level. Such advance brokerage is not refundable if client has done any transaction during that

month. However, if there are no transaction, Farsight may allow one rollover to next month only.

4. Imposition of penalty/delayed payment charges by either party, specifying the rate and the period (This must not result in funding by the broker in contravention of the applicable laws)

Client shall be liable to penalty and other charges on nonpayment of margin money, short selling of securities or units, failure on payment of auction, cheque bounce, non-delivery of shares, increase open position or on any orders / trades / deals / actions of the client which are contrary to this agreement / rules / regulations / bye laws of the exchange or any other law for the time being in force as per Rules, Regulations, Guidelines and Circulars issued by SEBI and stock exchange time to time and client will be kept informed about the rate of such penalties & fines. Similarly in case of non receipt of full payment of value of delivery purchased, margin imposed (initial + MTM) interest will be charged at 21% p.a. calculated on daily basis on shortfall amount till the date of actual realization of money.

However, broker will not pay any interest on unutilized margin or balance in trading Account of the clients in case of repeated violation by client, additional penalty (as disclosed on website) will be levied.

All fines / penalties and charges levied upon the Client due to its acts / deeds or transactions will be recovered by Exchange or Clearing Corporation, the Stock Broker directly from the client's account, GST or service charges will be extra.

5. The right to sell clients' securities or close clients' positions, without giving notice to the client, on account of non-payment of client's dues (This shall be limited to the extent of settlement/margin obligation)

FARSIGHT shall have right to sell client's securities, both unpaid as well as collaterals deposited towards margins, or close out clients open positions, without giving notice to the client where there is a delay/failure of the client to meet the pay-in obligations and /or there is a failure of the client to bring additional margin to cover the increase in risk in the dynamic market conditions on same day.

a. Unpaid Securities in Capital Market:-

- i. In case any shares/securities purchased by the client remained unpaid on the date of Pay-In these will be transferred compulsorily to Client Unpaid Securities Account (CUSA).

In case unpaid securities / remain unpaid for five days from pay in date. These will be liquidated compulsorily to clear his debit balance/incidental charges, as per the policy adopted by the broker from time to time.

- ii. Farsight may follow the LIFO or average method of liquidation of securities but in exceptional circumstances Farsight may use its own discretion.

b. The Margin Shortfall in F&O:-

- i. Positions of the client may be closed out to the extent of margin shortfall on the T+1 basis.
- ii. While computing margin shortfall, Value of unapproved securities shall not be considered.
- iii. As per the current Exchange requirements, the member Broker is required to maintain a 50:50 ratio between cash and collaterals margin deposited with the Exchange. FARSIGHT shall therefore have the prerogative to insist for at least 50% of margin in cash and may not consider the the value of securities over and above the cash component for the purpose of calculating margins shortfall and close out the F&O Position wherever it finds the deviation. However, sales made in capital market segment shall not be considered while closing F&O Positions on T+0 basis due to margin shortfall.

c. Intra-day Positions:-

FARSIGHT shall have the right to close out any intra-day Positions taken by the client after a defined " Cut-off" time (Presently 20 minutes before close of market).

d. General

- i. While selling the securities/ closing the clients positions, FARSIGHT may take into account the sales made by the client, Positions closed by the client or collections received from the client till cut-off time (Presently 2.00 pm).
- ii. While selling the Securities/ Closing the clients positions, FARSIGHT may not take into consideration cheques/Bank Drafts/ Pay orders deposited by the client with FARSIGHT until clear proceeds of such instruments are received by FARSIGHT in its bank account. However payout made through NEFT / RTGS would be accounted for, If proper bank UTR and debit proof is furnished.
- iii. FARSIGHT shall have the right to sell client's securities or close out client's open positions but it shall not be under any obligations to undertake this exercise compulsorily. FARSIGHT shall therefore not be under any obligation to compensate/or provide reasons of any delay or omission on its part to sell client's securities or close open positions of the client.
- iv. The client would make good the short fall, if any post liquidation, immediately. But refund such excess to clients, if so demanded by clients, by next working day.

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

The policy and procedure for settlement of shortages in obligations arising out of internal netting of trades is as under:

- a. The securities delivered short are purchased from market in code of defaulting clients only on T+2 day which is the Auction Day on Exchange, and the purchase consideration (inclusive of all statutory taxes, levies and penalty) is debited to the short delivering seller client. However, if the buyer has already sold the shares in anticipation of his incoming delivery, purchase from open market will not be done. Rate at which his transactions are auctioned / closed out by Exchange including STT, Taxes, Penalty etc will be debited for his sale and credited for his purchase separately.
- b. If securities cannot be purchased from market due to any reason, the short delivering seller is debited at the closing rate on T+2 day or Auction day on Exchange +10% and buyer will be given credit. Where the delivery is matched partially or fully at the Exchange Clearing, the delivery and debits/ credits shall be as per Exchange Debits and Credits after deducting exchange penalties.
- c. In case of securities having corporate actions all cases of short delivery of cum transactions which cannot be auctioned on cum basis or where the cum basis auction payout is after the book closure / record date, would be compulsory closed out at higher of 10% above the official closing price on the auction day or the highest traded price from first trading day of the settlement till the auction

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

The stock broker may refuse to execute / allow execution of orders due to but not limited to the reason of lack of margin / securities or the order being outside the limits set by stock broker / exchange/ SEBI and any other reasons which the stock broker may deem appropriate in the circumstances.

1. for non-payment or erosion of margins or other amounts, outstanding debts, etc. and adjust the proceeds of such liquidation / close out, if any, against the client's liabilities/ obligations.
2. When the brokers exposure is more than 85% in any segment.
3. The client hereby authorizes the Stock Broker to square up all his outstanding positions at the discretion of the Stock Broker, which are not marked for delivery 15 minutes before the closing time of the normal market or if the client's cash margin is evaporated by 70% in any of exchanges,

Farsight reserves the right to square off positions. Therefore, it has been expressly explained and understood by the client that his intraday /existing position/addition position can be closed square off 70% of the margin in cash is evaporated or mark to mark loss at any point of the time reached 70% of the cash deposit , notwithstanding any other clause in this clause.

4. Under certain market conditions, it may be difficult or impossible to liquidate a position in the market at a reasonable price or at all, when there are no outstanding orders either on the buy side or the sell side, or if trading is halted in a security due to any action on account of unusual trading activity or stock hitting circuit filters or for any other reason as prescribed or instructed by SEBI. Therefore, it is expressly understood by the clients that squaring off / closing out the position of the clients in appropriate circumstances is a right but not an obligation of Broker. Similarly broker can rely upon clients (regular) as aware that he has transferred the funds. In all such cases where sauda could not be squared off or cloud out late, loss which can be more than the margin deposit will be on account of client and would be payable by him.
5. The stock broker is entitled to disable / freeze the account or trading facility / any other service if, in the opinion of the stock broker, the client has committed a crime, fraud or has acted in contradiction of this agreement or / evade / violate any laws, rules, regulations, directions of a lawful authority whether Indian or foreign or if the stock broker so apprehends.

Any profit/loss arising out of these transactions shall be at the risk of and borne by the client.

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

Client may instruct the member to close out the account or suspend the trading through client's account for the period as specified in the request in written and duly signed by him.

The stock broker can wit hold the payouts of client and suspend his trading account due to his surveillance action or judicial or / and regulatory order/action requiring client suspension.

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

- Where the client is inactive for more than 6 months
- Physical contract notes are received back undelivered due to reasons like "no such person" , "addressee left", refusal to accept mails, POD's signed by the third persons, signature mismatch on POD's or other reasons which may create suspicion.
- ECN failed (Bounced email) on more than 3 instances until client submits a valid explanation.
- Client can also send an email from designated mail id for

reactive request.

9. Deregistering a client

Notwithstanding anything to the contrary stated in the agreement, the stock broker shall be entitled to terminate the agreement with immediate effect in any of the following circumstances:

- i. If the action of the Client are prima facie illegal/ improper or such as to manipulate the price of any securities or disturb the normal/ proper functioning of the market, either alone or in conjunction with others.
- ii. If the Client has voluntarily or compulsorily become the subject of proceedings under any bankruptcy or insolvency law or being a company, goes into liquidation or has a receiver appointed in respect of its assets or refers itself to the Board for Industrial and Financial Reconstruction or under any other law providing protection as a relief undertaking;
- iii. If the Client has made any material misrepresentation of facts, including (without limitation) in relation to the security transactions;
- iv. If there is reasonable apprehension that the Client is unable to pay its debts or the Client has admitted its inability to pay its debts, as they become payable;
- v. If the Client suffers any adverse material change in his / her / its financial position or defaults in any other agreement with the Stock broker;
- vi. If any covenant or warranty of the Client is incorrect or untrue in any material respect; However notwithstanding any termination of the agreement, all transactions made under / pursuant to this agreement shall be subject to all the terms and conditions of this agreement and parties to this agreement submit to exclusive jurisdiction of courts of law at the place of execution of this agreement by Stock Broker.
- vii. If the client do not transact for a period exceeding 2 years, in such cases, fresh declaration/documents will be required and due diligence will be carried out before activating the Account.
- viii. If Net worth Certificate/ Balance sheet etc are not updated periodically.

10. INACTIVE CLIENT ACCOUNT

Any client who has not traded with Farsight Securities Ltd. for last 12 months across all exchanges or subject to such conditions as may be prescribed by SEBI/exchange/Farsight Securities Ltd from time to time would be termed as Inactive Client.

The inactive account shall be flagged as "Inactive" and further trading by such clients shall be activated only after

undertaking due diligence (including In Person Verification) and obtaining updated information related to KYC from the client. The funds/securities of the inactive client shall be settled in the manner prescribed. In case of non-traceability of client, every effort shall be taken to trace the clients to settle their funds and securities. However, in case the clients cannot be traced inspite of all efforts taken, then the funds/securities of such clients shall be set aside in a separate client bank/client collateral demat account and an audit trail for funds/securities transferred from/to such bank/demat account shall be maintained. In case of receipt of any claims from such clients, the settlement of accounts shall be done immediately by making the payment/delivery to the respective client's.

Client Acceptance of Policies and Procedures stated hereinabove:

I/We have fully understood the same and do hereby sign the same agree not to call into question the validity, enforceability and applicability of any provision/clauses this document any circumstances what so ever. These Policies and Procedures may be amended / changed unilaterally by the broker, provided the change is informed to me / us with through anyone or more means or methods such as post / speed post / courier / registered post / registered AD / facsimile / telegram / cable / e-mail / voice mails telephone (telephone includes such devices as mobile phones etc.) including SMS on the mobile phone or any other similar device; by messaging on the computer screen of the client's computer; by informing the client through employees / agents of the stock broker; by publishing / displaying it on the website of the stock broker / making it available as a download from the website of the stock broker; by displaying it on the notice board of the branch / office through which the client trades or if the circumstances, so require, by radio broadcast / television broadcast / newspapers advertisements etc.; or any other suitable or applicable mode or manner. I/we agree that the postal department / the courier company / newspaper company and the e-mail/ voice mail service provider and such other service providers shall be my/our agent and the delivery shall be complete when communication is given to the postal department / the courier company / the e-mail/voice mail service provider, etc. by the stock broker and I/we agree never to challenge the same on any grounds including delayed receipt / non receipt or any other reasons whatsoever. These Policies and Procedures shall always be read along with the agreement and shall be compulsorily referred to while deciding any dispute / difference or claim between me/ us and stock broker before any court of law / judicial / adjudicating authority including arbitrator/ mediator etc.

I further undertake to adhere to the procedures & code of ethics prescribed by SEBI / Exchanges in this regard. Broker shall not be responsible for any transactions entered by the client in their personal capacity with the employees of broker, if any.


TARIFF SHEET

Client Code : _____ Client Name : _____

CAPITAL MARKET SEGMENT			
	NSE / BSE / MCX		
	in %age terms	Minimum ₹ (per share)	
Intraday			
Delivery			
Trade to Trade			
FUTURES & OPTIONS SEGMENT			
	FUTURES		OPTIONS
	in %age terms	Minimum ₹ (per lot)	₹ Per Lot
NSE			
BSE			
MCX			
CURRENCY DERIVATIVES SEGMENT			
	in %age terms	Minimum ₹ (per lot)	₹ Per Lot
NSE			
BSE			
MCX			
MUTUAL FUNDS SEGMENT			
	NSE		
	in %age terms	Minimum ₹ (per unit)	

* Transaction Charges, Service Tax/GST, STT, Stamp Duty, SEBI Fee, Other Govt. Levies are extra.
 One Time Account Opening Charges (Rs.).....
 Technology Charges maximum 0.1% subject to volume.
 Recurring Charges : Monthly..... Quarterly..... Half Yearly..... Yearly.....

Note : Dispatch of Contract Note : Through Ordinary Post Free. Through Courier Rs. 50/-
 In case of previous years duplicate printout Rs. 200/- per statement.

 (7)

CLEARING MEMBER DETAILS

NSE Equity Derivatives
FARSIGHT SECURITIES LTD. - SEBI Regn. No.: INZ000169935
 Regd. Office: 17-A/55, Farsight Triveni Plaza, Gurudwara Road, Karol Bagh, New Delhi-110005

NSE Currency Derivatives & MCX Commodity Derivative Markets
SMC GLOBAL SECURITIES LTD. | SEBI Regn. No.: INZ000199438
 Regd. Office: 11/6B, Shanti Chamber, Pusa Road, New Delhi-110005

DP TARIFF FOR NSDL/CDSL ACCOUNT



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 ₹20/ 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 ₹20/- 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 extra.
 - DP reserves the right not to execute the delivery instruction in case where service charges are outstanding.
 - Client will maintain minimum ₹ 200/- as an advance payment which will be adjusted against future bills.
 - ₹10/- 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 of ₹2,00,000/- 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 ₹100/- 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

VOLUNTARY

To,

Farsight Securities Ltd.

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

EAPBX: 011-4504-4444 (30 Lines) Fax: 011-45044434

E-mail : contactus@farsightshares.com

Date :

Client Code :

Demat Client ID :

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

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

1. Running Account

We authorize you to settle our running account, interm of sebi/exchange regulations or modification thereof:

Quarterly Monthly

2. Telephonic Conversation & Verbal Order:

I/We request you to consider my/our oral or 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. I/We authorize you to record the telephonic conversations, if you so require. I / We understand the risk associated with verbal orders and accept the same. In case of any confusion, however the day end confirmation sent by exchange or broker will be final, if not disputed on the same day.

3. Electronic On-Line Trading:

Trading in exchanges 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 ofyou 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. The sauda or position shown by Exchange main ID - terminal or as uploaded by Exchanges in the evening in obligation file would be deemed to be final.

4. Fines & Penalties:

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

5. I/We have a trading as well as depository relationship with Farsight Group. Please debit the charges relating to depository services and courier charges for sending physical documents [including my family members] to my/our trading account on monthly basis. I/We also agree to maintain the adequate balance in my/our trading account/pay adequate advance fee.

6. I further authorize Mr./Ms. _____ S/O/D/o _____ Age _____ R/o _____ who is my [Relation) to operate and perform necessary act in relation to this account such as purchase/sale signing confirmation to accept Contract Note documents from Farsight Securities Ltd. He/She is further authorized to make, receive and accept telephone calls relating to operation in this account.

7. SMS/e-mail:

My email id is* _____ has been created by me and not by someone else. The guidelines on ECN have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same. I am aware that exchanges are sending SMS/e-mails providing trade confirmation and details. In case I do not get any details or discover any discrepancy, I shall report to the broker in writing. I further undertake to inform the broker in writing in case there are any changes in given mobile/telephone number and e-mail id.

* [The email id must be written in handwriting of the client in case of commodity trading]

* Strike off the clauses not relevant to you.

Thanking you,

Yours faithfully,

 _____

Client Signature

Place : _____

DECLARATION

(To be signed in case trading account is to be mapped with joint bank/DP account)

Dear Sir,

This is with reference to opening of trading account code _____ by Sh. _____ with Farsight Securities Ltd.

1. The bank account No. _____ with _____ (name of bank) proposed to be linked to the above mentioned trading account is in the joint names of _____ as the first holder, _____ as second holder and _____
2. The DP account No. _____ with _____ (name of DP) proposed to be linked to the above mentioned trading account is in the joint name of _____ as the first holder _____ as second holder and _____ as third holder.
3. We hereby confirm that we have no objection with regard to exclusive mapping of the said bank/DP account with the above mentioned trading account. We also confirm that transfer of funds/securities shall be effected to and from the above mentioned bank/DP account from the credit of this trading account. We joint holders will not have any claim with respect to these transfer or transfer ro transactions. We further confirm that this account will not be used in other trading account with you.

 _____
Signature of Client

 _____
Second Holder

 _____
Third holder


Self-Declaration with reference to name in PAN and other documents

Dear Sir/Madam,

I wish to open a trading/demat account with Farsight securities limited and for the same purpose, have signed and delivered an account opening form to Farsight securities limited. I understand that there is a mismatch between my name appearing on my PAN card (copy of which was given to Farsight securities limited along with account opening form) and the name given on other supporting documents. With regards to the same, I undertake to state that I, _____ And _____ (name appearing on pan card) am/are one & the same person and that I request Farsight securities limited to open my trading/demat account in the name appearing on Pan card.

I will be solely responsible for any consequences arising out of the difference in my name in my pan, Income tax web-site, bank account and other supporting documents provided by me at the time of opening an account.

Thanking you,
Yours faithfully,

 _____
Signature of Client

 _____
Second Holder

 _____
Third holder

DISCLOSURE TO CLIENT

To,
..... (Fill Client Name & Address)
.....

Sir,
As per exchange notification, we hereby inform you that, we do client based business and trading on our own account also.
Thanks and best regards
For Farsight Securities Ltd.

(Authorized Signatory)

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


Dear Sir,
I acknowledge receipt of your information that you do client based business and Pro account trading.

(Client Signature)

घोषणा

मैं यह घोषणा करता/करती हूँ मैंने फारसाईट ग्रुप में अपना शेयर ट्रेडिंग (सीएम/एफओ/सीडीएस) का खाता खोला है। उसके लिए एकाउन्ट ओपनिंग फार्म (के.वाई.सी.) और विभिन्न कागजातों पर हस्ताक्षर किया है जोकि अंग्रेजी भाषा में है। मुझे इसका हिन्दी में मतलब समझा दिया गया है। मैं फारसाईट ग्रुप के नियम व शर्तों से सहमत हूँ। मुझे के.वाई.सी. फॉर्म की कॉपी, अनुच्छेद 4,5,6 एवं DP टैरिफ चार्ट, PMLA (प्रिवेंशन ऑफ़ मनी लॉन्डरिंग) शीट और अन्य स्वैच्छिक (voluntary) डोक्यूमेंट की कॉपी पावर ऑफ़ अटॉर्नी सहित मिल गई है।

 (10) _____
First Holder

 _____
Second Holder
DECL 1

 _____
Third holder

INSTRUCTIONS FOR AUTOMATIC PAY-IN (POA)

Know all men by these Present that I/We _____ S/o / D/o / W/o _____
Aged _____ years at present residing at _____

Whereas I/We am/are having Demat account number _____ DP ID IN301766/12056300 with Farsight Securities Ltd., who is a stock broker registered with SEBI and member of recognized stock exchange/s and Depository participant of NSDL and CDSL.

And Whereas I/ we am/are desirous of appointing Farsight Securities Ltd. as my/ our constituted attorney to operate my/our beneficial owner account on my/our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein. Now know you all and these presents witness that I/we do hereby nominate, constitute and appoint Farsight securities Ltd. (hereinafter referred to as "the stock broker") as my true and lawful attorney and authorise it to perform the following functions on my behalf:

- 1. to transfer securities held in my/our aforementioned beneficial owner account(s) or any other account informed by me in writing to the stock broker from time to time to the following demat accounts of Farsight Securities Ltd maintained for the purpose of settlement/pre pay in of trades of securities on any recognized stock exchange through the stock broker.

SI No.	Client/CM BP ID	DP ID	DP Name	A/c Type
1	IN558205	IN301766	Farsight Securities Ltd	NSDL NSE Pool
2	IN666177	IN301766	Farsight Securities Ltd	NSDL BSE Pool
3	10125466	IN301766	Farsight Securities Ltd	TM/CM Client Securities Margin Pledge Account
4	1205630000057277		Farsight Securities Ltd	TM/CM Client Securities Margin Pledge Account
5	1205630000000097		Farsight Securities Ltd	CDSL NSE Pool
6	1205630000003292		Farsight Securities Ltd	CDSL BSE Pay-in a/c

- 2. to pledge/ re-pledge the securities in favour of the stock broker / CM/ CC for the limited purpose of creating upfront margin or meeting margin requirements on short fall in connection with the trades executed by me/us or any recognized stock exchange through the stock broker.
- 3. 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.
- 4. To apply for various products like Mutual Funds, Public Issues (shares as well as debentures) right, offer of shares, tendering shares in open offers etc pursuant to oral/written/electronic instructions given by me/us to the stock broker.

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 witting by me/us. That the said revocation shall be effective from the date on which the revocation notice is received by the stock broker in his office at Karol Bagh. However, the revocation shall not absolve me / us from pay-in obligation and margin pledge obligation undertaken prior to receipt of notice by the attorney and revocation shall be effective only after the existing obligations have been discharged in full in all respects.

IN WITNESS WHEREOF, I/We the above mentioned do hereby-set my/our hands hereon at on this _____ day of the month of _____ in the year _____ in the presence of the following witness:

 (11) _____
First Holder

 _____
Second Holder

 _____
Third holder

WITNESS (1): _____
NAME _____
SIGNATURE _____
ADDRESS _____

WITNESS (2): _____
NAME _____
SIGNATURE _____
ADDRESS _____

ACCEPTED
For Farsight Securities Ltd.

Authorised Signatory

Farsight Securities Ltd.

Trading Member NSE, BSE, MCX

As our HUF firm wishes to open an account with you in the said name _____ We beg to say that the first signatory to this letter i.e. _____ is the karta of the joint family and other signatories are the adult co-parceners of the said family. We authorize the KARTA to sign Account Opening Form and other KYC documents for opening and operating the said account.

We further confirm that the dealing in shares and securities of the said joint family is carried on mainly by the said karta as also by the other signatories here to in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian partnership Act 1952. We have not got our said firm registered under the said Act.

We hereby undertake to inform you of the death of Karta or a co-parcener or birth of new co-parcener of any change occurring at any time in the membership of our joint family during the currency of the account.

Name & Signature of adult co-parceners (use Annexure for additional Members)


Sr. No.	Name of Adult Co-parceners	Signature of Adult Co-parceners	Relation	DOB
1.		⊗		
2.		⊗		
3.		⊗		
4.		⊗		
5.		⊗		
6.		⊗		
7.		⊗		

Name & Date of Birth of Minor co-parceners (use Annexure for additional Members)

Sr. No.	Name of Minor Co-parceners	Date of Birth of Minor Co-parceners							
		D	D	M	M	Y	Y	Y	Y
1.		D	D	M	M	Y	Y	Y	Y
2.		D	D	M	M	Y	Y	Y	Y
3.		D	D	M	M	Y	Y	Y	Y
4.		D	D	M	M	Y	Y	Y	Y
5.		D	D	M	M	Y	Y	Y	Y
6.		D	D	M	M	Y	Y	Y	Y

Name of Karta _____


Signature of Karta _____
with stamp

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 type="text"/>	Client ID :- <input type="text"/>	
UCC :- _____		
Please fill this form in ENGLISH and in BLOCK LETTER.		

A) IDENTITY DETAILS	
1. Name of the Applicant	<input type="text"/>
2. Date of Incorporation	<input type="text" value="DD-MM-YYYY"/>
Place of Incorporation	<input type="text"/>
3. Date of Commencement of Business	<input type="text" value="DD-MM-YYYY"/>
4. a. PAN	<input type="text"/>
b. Registration No. (e.g. CIN)	<input 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 type="text"/>
E-mail Id :	<input 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 type="text" value="DD-MM-YYYY"/>

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

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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
2.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
4.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			



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

Type of address given at KRA Residential or Business Residential Business 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.

PAN

 Date of Incorporation

City of Incorporation

 Country of Incorporation

Entity Constitution Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI
 Trust Liquidator Limited Liability Partnership Artificial Juridical Person Others Specify

Please tick the applicable tax resident declaration

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

Country	Tax Identification Number ⁶	Identification Type (TIN or Other ⁶ , 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.

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

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="display: inline-table; width: 800px; height: 20px; vertical-align: middle;"></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="display: inline-table; width: 800px; height: 20px; vertical-align: middle;"></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="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></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="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></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 _____

¹Refer 2a, ²Refer 2b, ³Refer 2c, ⁴Refer 3(ii), ⁶Refer 1, ⁷Refer 3(vii), ¹⁰Refer 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's⁵ 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 ⁶	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. ⁶ <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. ⁶ <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. ⁶ <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
⁶In 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



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



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

Broker/Agent Code : Sub-Broker

ARN ARN-114243 EUIN E-166822

Main registration form with sections: Name of the First Applicant, PAN Number, Name of Guardian, Contact Address, City, Pincode, State, Country, Tel.(Off), Fax.(Off), Mode of Holding, Occupation, Name of the Second Applicant, Name of the Third Applicant, Other Details of Sole / 1st Applicant, Bank Mandate Details, Nomination Details, Declaration and Signature.

NACH/ECS/AUTO DEBIT

MANDATE INSTRUCTION FORM

NACH/ECS/AUTO DEBIT form fields including UMRN, Date, Sponsor Bank Code, Utility Code, I/We hereby authorize, Bank a/c number, IFSC, MICR, FREQUENCY, DEBIT TYPE, Reference 1, Reference 2, and Signature/Date fields.

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 section with From/To date pickers and Or Until Cancelled checkbox.

- 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.