

Account detail's Addition / Modification / Re-Activation / Deletion Request Form

(Please fill all the details in **BLOCK LETTERS** in English)

Date: / /

App. No.		DEMAT ID	12081000	CLIENT ID	0000						TRADING CODE	
1 st HOLDER NAME										PAN NO.		
2 nd HOLDER NAME										PAN NO.		
3 rd HOLDER NAME										PAN NO.		

I/We request you to make the following **Additions / Modifications / Re-activation / Deletion** to my/our above mentioned account. In case of **re-activation**, Change in existing details with Khandwala Securities Limited () **YES** () **NO**
 (If YES, then kindly submit the latest relevant documents to update the same in our records)

Please select (√) the fields for which you want addition / modification / re-activation / deletion in your above account(s)							
() ADDITION		() MODIFICATION		() RE-ACTIVATION		() DELETION	
() Bank	() Address () Correspondence () Permanent			() Demat	() Contact No.	() Signature	() Email id
	() Income Details						




I/We request to carry out the change of address / signature in the () Demat Account () Trading account () CKYC

Sr. No.	Mention details as Bank, Address, Demat A/c, Contact No., Email Id, Signature, Income details	Existing Detail's	New/Modified Detail's
1			

(Reason for change in Signature : Due to change in Authorized signatories)

ECN activation and other electronic communication for Trading and Demat Account: () Yes () No

I/We hereby give our consent and authorized you to send digital contract notes, bill, ledgers, statement of funds and securities, transaction statements, Monthly/Quarterly Demat statements of accounts/holding statement(s)/bills or other reports, statement(s), related notices circulars. Amendments and such other correspondence, documents, records by whatever name called (hereafter referred to as "statement(s) issued from time to time, at the above mentioned new email id _____

	First / Sole Holder	Second Holder	Third Holder
Signature			

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any of the above mentioned 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.

IPV DETAIL'S	SIGNATURE	In-Person Verification Done by	Designation	Date Of IPV

Acknowledge Receipt Date: / /20

App. No.		DEMAT ID	12081000	CLIENT ID							TRADING CODE	
First Holder Name												
Second Holder Name												
Third Holder Name												
Modification Request for: (Specify reason)												

For Khandwala Securities Limited

CKYC & KYC KRA FORM

**Know Your Client
Application Form (For Individuals only)**

(Please fill the form in English and in BLOCK Letters)
Fields marked with "*" are mandatory fields

Application Type* New Update

KYC Number*

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

1. Identity Details (Please refer instruction A at the end)

PAN

Please enclose a duly attested copy of your PAN Card

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name* (same as ID proof)			
<input type="text"/>			
Maiden Name (if any*)			
<input type="text"/>			
Father / Spouse Name*			
<input type="text"/>			
Mother Name*			
<input type="text"/>			
Date of Birth* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender* <input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Trans gender			
Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship* <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others – Country <input type="text"/> Country Code <input type="text"/> <input type="text"/>			
Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type* <input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised			

Photo

Signature / Thumb Impression

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

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

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

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3

District* Zip / Post Code* City / Town / Village*

State/UT* Country* State/UT Code as per Indian Motor Vehicle Act, 1988

Country Code as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

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

Proof of Address*

<input type="checkbox"/> Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Voter ID Card <input type="text"/>	
<input type="checkbox"/> Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Aadhaar Card / Virtual ID * * * * * * * *	* Please note for Aadhar number only last 4 digit are to be written
<input type="checkbox"/> NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

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

Line 1*

Line 2

Line 3

District* Zip / Post Code* City / Town / Village*

State/UT* Country* State/UT Code as per Indian Motor Vehicle Act, 1988

Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

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

5. FATCA/CRS Information PART I (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)
 Country of Jurisdiction of Residence* _____ Country Code of Jurisdiction of Residence _____ as per ISO 3166
 Tax Identification Number or equivalent (If issued by jurisdiction)* _____
 TIN issued country _____ Date of Birth
 Place / City of Birth* _____ Country Code _____ as per ISO 3166
 US person YES OR NO Country of Birth* _____
 Address
 Line 1* _____
 Line 2 _____
 Line 3 _____ City / Town / Village* _____
 District* _____ Zip / Post Code* _____ State/UT Code _____ as per Indian Motor Vehicle Act, 1988
 State/UT* _____ Country* _____ Country Code _____ as per ISO 3166

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

Related Person Deletion of Related Person KYC Number of Related Person (if available*) _____
 Related Person Type* Guardian of Minor Assignee Authorized Representative
 Name* Prefix _____ First Name _____ Middle Name _____ Last Name _____
 (If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

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

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

7. Remarks (If any)

8. Applicant Declaration

I 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. (2)

Date: Place: _____

[Signature / Thumb Impression]

 Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

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

Date
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____

[Employee Signature]

Institution Details

Name **KHANDWALA SECURITIES LIMITED**
 Code **I N 1 0 8 5**



PAN*		Name			
Type of address given at KYC KRA	Residential	Residential or Business	Business	Registered Office	
City of incorporation		Country of incorporation			

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

Entity Constitution Type *Please tick as appropriate*

<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> AOP/BOI
<input type="checkbox"/> Trust	<input type="checkbox"/> Liquidator	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Artificial Juridical Person	<input type="checkbox"/> Others specify _____	

Please tick the applicable tax resident declaration -

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

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

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

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

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FATCA Declaration

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

1.	We are a, Financial institution <input type="checkbox"/> or Direct reporting NFFE <input type="checkbox"/> <i>(please tick as appropriate)</i>	GIIN	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="height: 20px;"> </td></tr></table>		
		Note: <i>If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</i>			
		Name of sponsoring entity <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="height: 20px;"> </td></tr></table>			
		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="height: 20px;"> </td></tr></table>			
		GIIN not available <i>(please tick as applicable)</i>			
		<input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <table border="1" style="width:20px; border-collapse: collapse;"><tr><td style="width:10px;"> </td><td style="width:10px;"> </td></tr></table>			
		<input type="checkbox"/> Not obtained – Non-participating FI <table border="1" style="width:20px; border-collapse: collapse;"><tr><td style="width:10px;"> </td><td style="width:10px;"> </td></tr></table>			

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

1.	Is the Entity a <i>publicly traded company</i> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i> Name of stock exchange _____		
2.	Is the Entity a <i>related entity</i> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i> 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 <i>active</i> NFE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Nature of Business _____ Please specify the sub-category of Active NFE <table border="1" style="width:20px; border-collapse: collapse;"><tr><td style="width:10px;"> </td><td style="width:10px;"> </td></tr></table>		
4.	Is the Entity a <i>passive</i> NFE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Nature of Business _____		

FATCA Terms and Conditions

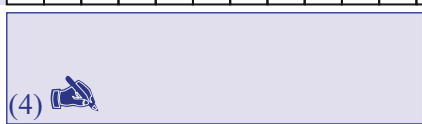
Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any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

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

Certification:

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

Name	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="height: 20px;"> </td></tr></table>									
Designation	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="height: 20px;"> </td></tr></table>									
Signature	Place: <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="height: 20px;"> </td></tr></table>									
Date: <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10px;"> </td><td style="width:10px;"> </td><td style="width:10px;"> </td><td style="width:10px;"> </td><td style="width:10px;"> </td><td style="width:10px;"> </td><td style="width:10px;"> </td><td style="width:10px;"> </td><td style="width:10px;"> </td><td style="width:10px;"> </td></tr></table>										



Date:
To,
M/s. Khandwala Securities Limited
G-II, Ground Floor, Dalamal House, Nariman Point, Mumbai 400021

Dear Sir/Madam,

Sub: TRADING PREFERENCES.

With reference to my application for opening of trading account with you, I/We _____
hereby giving my consent of Trading Preferences as per the below for my UCC _____

C. TRADING PREFERENCES					
Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.					
Exchanges	NSE & BSE				MCX, NCDEX, BSE & NSE
All Segments	Cash/Mutual Fund	F&O	Currency	Debt	Commodity Derivatives
			Not Applicable		Not Applicable
If you do not wish to trade in any of segments / Mutual Fund, please mention here					

(6) 

TARIFF SHEET

Cash Market/ Capital Market						
	TRADING			DELIVERY		
	Min (P)	(%)	Slab No.	Min (P)	(%)	Slab No.
Brokerage						
1st Side	5	0.05 %		5	0.50 %	
2nd Side (Same Day 2nd Side)	5	0.05 %		5	0.50 %	
Brokerage for Trade to Trade / ODD Lot / Z Group Scrips /				5	0.50 %	

F & O / Derivative Market / WDM

	EQUITY DERIVATIVES			EQUITY OPTION		NIFTY			BANK NIFTY		
	Min (P)	(%)	Slab No.	Per Lot	Slab No.	Min (P)	(%)	Options	Min (P)	(%)	Options
Brokerage											
1st Side	5	0.05 %		Rs.100/-		5	0.05 %	Rs.100/-	3	0.05 %	Rs.100/-
2nd Side	5	0.05 %		Rs.100/-		5	0.05 %	Rs.100/-	3	0.05 %	Rs.100/-

Other Charges

Stamp Duty Yes No Service Tax Yes No
Turnover Tax Yes No STT Yes No

OTHER CHARGES

STATUTORY COST Yes No

Khandwala Securities Ltd. reserves the right to levy additional charges including the following:

Particular	Amount
Duplicate / Physical Contract Notes (CN) issued	Rs.25/- for 1 month period**
Duplicate Sauda Summery issued	Rs.50/- for 2 month period**
	Rs.100/- for 3 month period**
Bounced Cheque / Stop Payment of Cheque	Rs.50/- per instance / instruments**
Interest on debit balance - Standard Rate per Annum	Upto 24%

* For prevailing rates please refer back office interface

** These charges are subject to revision at the sole discretion of Khandwala Securities Ltd. and shall be informed by ordinary post/ email / quarterly account statements / SMS / Notification on the Back office interface




(7) 

NOMINATION FORM

**(Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021
on Mandatory Nomination for Eligible Trading and Demat Accounts)**

TM : NSE – 06000 BSE – 3165 DP : DP ID-81000 Khandwala Securities Limited G-II, Ground Floor, Dalamal House, Nariman Point, Mumbai 400021		FORM FOR NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>	
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	UCC/DP ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I/We wish to make a nomination. [As per details given below] [Client Name]		Client ID	
Nomination Details			
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.			
Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee
1	Name of the nominee(s) (Mr./Ms.)		
2	Share of each Nominee Equally <small>[If not equally, please specify percentage]</small>	%	%
		<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>	
3	Relationship With the Applicant (If Any)		
4	Address of Nominee(s)		
	City / Place		
	State		
	Country		
	PIN Code		
5	Mobile / Telephone No. of nominee(s)		
6	Email ID of nominee(s)		
7	Nominee Identification details – <small>[Please tick any one of following and provide details of same]</small> <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat A/c ID		
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:			
8	Date of Birth		
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }		
10	Address of Guardian(s)		
	City / Place		
	State		
	Country		
	PIN Code		

11	Mobile / Telephone No. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with Nominee			
14	Guardian Identification Details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat A/c ID			

	Name(s) of holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms.)		(15) 
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

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

- Note:**
- This nomination shall supersede any prior nomination made by the account holder(s), if any.
 - The Trading Member / Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)




DECLARATION FORM FOR OPTING OUT OF NOMINATION

(Annexure B to SEBI Circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts)

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

BO UCC/DP IDID																	
Client ID (only for Demat account)																	
Sole/First Holder Name																	
Second Holder Name																	
Third Holder Name																	

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

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

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

ADDENDUM TO ADDITIONAL DETAILS REQUIRED FOR DEMAT ACCOUNT




DP ID	1	2	0	8	1	0	0	0	Client ID								Trading code:											
Name of the First / Sole Holder																												
Name of the Second Holder																												
Name of the Third Holder																												
Reason for Closure																												

● **MODE OF OPERATION** for execution of transactions (Transfer ,Pledge & Freeze)

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the Holder
----------------------------------	---

- Consent for Communication to be received by first account holder /all Account holders :(Tick the applicable box. If not marked the default option would be first holder.

All Holder	<input type="checkbox"/> First Holder	Email:	
	<input type="checkbox"/> Second Holder	Email:	
	<input type="checkbox"/> Third Holder	Email:	

Particulars	First / Sole Holder Signature	Second Holder Signature	Third Holder Signature
Signatures	(21) 		

Acknowledgment Receipt

We hereby acknowledge the receipt of your instruction for closing the following Account subject to verification.

DP ID	1	2	0	8	1	0	0	0	Client ID								Trading code:												
Name of the First / Sole Holder																													
Name of the Second Holder																													
Name of the Third Holder																													
Reason for Closure																													

Instructions to Account Holder(s):

1. Submit a duly-filled RRF if the balances are to be rematerialized.
2. Submit a duly-filled Delivery Instruction Slip (DIS) (off market instruction slip) if the balances are to be transferred to another A/c. This requirement is not applicable in case of “Shifting of Account”.

Depository Participant Seal and Signature

Khandwala Securities Limited

SEBI DP Regn. No. IN-DP-55-2015, CDSL DP ID -12081000
 G-II, Ground Floor, Dalamal House, Nariman Point, Mumbai 400021
 Tel.: 91-22-4076 7373 Fax : 91-22-4076 7377
 Email : compliance@kslindia.com, Website : www.kslindia.com



DEPOSITORY PARTICIPANT WITH CDSL


SCHEDULE OF CHARGES FOR CDSL - BENEFICIARY ACCOUNT

DP Scheme	ONE TIME PLAN UPFRONT					
	<input type="checkbox"/> INDIVIDUAL		<input type="checkbox"/> INDIVIDUAL (NRI)		<input type="checkbox"/> CORPORATE	
Account Category						
Annual Maintenance Charge	1100+GST		2000+GST		3000+GST	
Debit Instruction from the account	0.03% of the value of the transaction (Min. ₹ 15/-)	0.03% of the value of the transaction (Min. ₹ 15/-)	0.03% of the value of the transaction (Min. ₹ 15/-)	0.03% of the value of the transaction (Min. ₹ 15/-)	0.03% of the value of the transaction (Min. ₹ 15/-)	0.03% of the value of the transaction (Min. ₹ 15/-)
Demat						
Dematerialisation	₹ 5/- per certificate or Min. 80/- per DRF request	₹ 5/- per certificate or Min. 80/- per DRF request	₹ 5/- per certificate or Min. 80/- per DRF request	₹ 5/- per certificate or Min. 80/- per DRF request	₹ 5/- per certificate or Min. 80/- per DRF request	₹ 5/- per certificate or Min. 80/- per DRF request
Rematerialisation	₹ 50/- per certificate Or INR 50/- per 100 securities	₹ 50/- per certificate Or INR 50/- per 100 securities	₹ 50/- per certificate Or INR 50/- per 100 securities	₹ 50/- per certificate Or INR 50/- per 100 securities	₹ 50/- per certificate Or INR 50/- per 100 securities	₹ 50/- per certificate Or INR 50/- per 100 securities
Pledge						
Creation/closure /Invocation	₹ 50/- or 0.03% whichever is higher	₹ 50/- or 0.03% whichever is higher	₹ 50/- or 0.03% whichever is higher	₹ 50/- or 0.03% whichever is higher	₹ 50/- or 0.03% whichever is higher	₹ 50/- or 0.03% whichever is higher
Defreeze	INR 25/-					
SLBM	INR 100/- or 0.02% whichever is highest					


Notes

1. Power of Attorney (POA) charges Rs. 510 (Rs. 510/- stamp paper one Time only at time of account opening)
2. For availing 'Easiest' facility of CDSL, the charges as levied by CDSL would be collected from clients at actual.
3. In case of every Corporate Account, CDSL AMC of Rs.500/- shall be charged extra.
4. Lifetime Scheme account will be moved to default scheme of BASIC PLAN charges if the lifetime amc fund is not credited within 15 days of application date.
5. Service tax, education cess and other statutory levies (if any) would be charged extra wherever applicable as per the prevailing rates.
6. We reserve the rights to change / add charges with 30 days prior notice.
7. All payments should be in favour of "Khandwala Securities Limited."
8. In case of NRI Clients, separate cheque required for any of the special plan in favour of Khandwala Securities Limited and special plan charges are not refundable

I/We have read the understood the "Schedule of Charges" prescribed above and agree to abide by the same.

(18) 

Signature of First Holder



Signature of Second Holder



Signature of Third Holder

Date :

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

To,
Khandwala Securities Limited
G-II, Ground Floor,
Dalamal House, Nariman Point,
Mumbai 400021

Date:

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Dear Sirs,

Re: Opening of Trading and Demat Account.

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

Email ID: _____

Mobile

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No:

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

Name of the family Member: _____

Relationship with the Client: _____

Trading account with **Khandwala Securities Limited** (if Any): _____

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

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

Thanking You,

Yours Faithfully,

Client Name: _____

(18) 
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Signature