

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

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters / Partners / Karta / Trustees and whole time directors and persons authorised to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorised for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form. should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. **Sole proprietor must make the application in his individual name & capacity.**
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government / judicial / military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI): -List of documents admissible as Proof of Identity:

1. Unique Identification Number (UID) (Aadhaar) / Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): - List of documents admissible as Proof of Address:

- (*Documents having an expiry date should be valid on the date of submission.)
1. Passport / Voters Identity Card/Ration Card/Unique Identification Number (UID)/Aadhar

Letter/Registered lease or Sale Agreement of Residence/Driving License/ Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill -Not more than 2 months old.
3. Bank Account Statement/Passbook-Not more than 2 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks / Scheduled Co-Operative Bank / Multinational Foreign Banks / Gazetted Officer / Notary public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For Fil/sub account, Power of Attorney given by Fil/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

- (Sufficient documentary evidence in support of such claims to be collected.)
1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
 2. Investors residing in the state of Sikkim.
 3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
 4. SIP of Mutual Funds upto Rs 50,000/- p.a.
 5. In case of institutional clients, namely, Flis, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

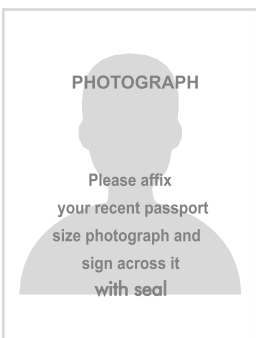
E. List of people authorised to attest the documents:

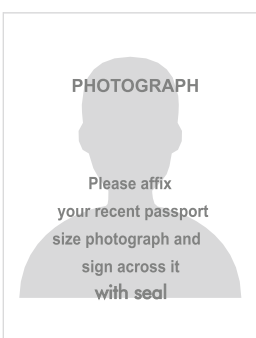
1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial / Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorised officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

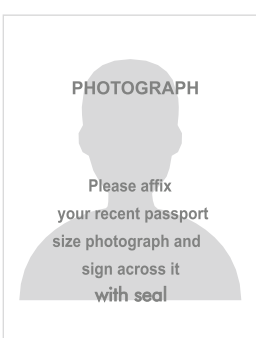
Types of entity	Documentary Requirements
Corporate	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). <input type="checkbox"/> Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. <input type="checkbox"/> Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. <input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation. <input type="checkbox"/> Copy of the Board Resolution for investment in securities market. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Partnership firm	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered partnership firms only). <input type="checkbox"/> Copy of partnership deed. <input type="checkbox"/> Authorised signatories list with specimen signatures. <input type="checkbox"/> Photograph, POI, POA, PAN of Partners.
Trust	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered trust only). <input type="checkbox"/> Copy of Trust deed. <input type="checkbox"/> List of trustees certified by managing trustees/CA. <input type="checkbox"/> Photograph, POI, POA, PAN of Trustees.
HUF	<input type="checkbox"/> PAN of HUF. <input type="checkbox"/> Deed of declaration of HUF/ List of coparceners. <input type="checkbox"/> Bank pass-book/bank statement in the name of HUF. <input type="checkbox"/> Photograph, POI, POA, PAN of Karla.
Unincorporated association or a body of individuals	<input type="checkbox"/> Proof of Existence/Constitution document. <input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on its behalf. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Banks/ Institutional Investors	<input type="checkbox"/> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<input type="checkbox"/> Copy of SEBI registration certificate. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Army/ Government Bodies	<input type="checkbox"/> Self-certification on letterhead. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Registered Society	<input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act. <input type="checkbox"/> List of Managing Committee members. <input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures.

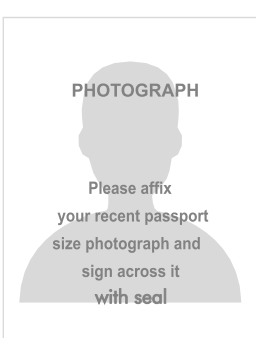
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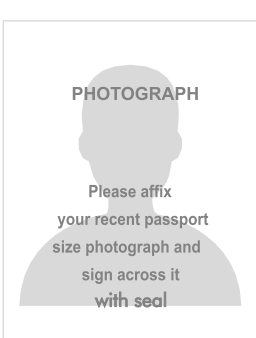
For Abbreviation of PEP / RPEP / NPEP / NRPEP please refer to page no. 12

1. Name															 <p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it with seal</p>				
2. Please tick, if applicable : <input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NPEP <input type="checkbox"/> NRPEP																			
3. Relationship with Applicant (i.e. promoters, whole time directors etc.)																			
4a. PAN					4b. DIN														
4c. Aadhar (UID) Number * * * * * * * *										Tel/Mobile									
5. Residential/ Registered Address																			
City / Town / Village										Country					Pin Code				
State																			

1. Name															 <p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it with seal</p>				
2. Please tick, if applicable : <input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NPEP <input type="checkbox"/> NRPEP																			
3. Relationship with Applicant (i.e. promoters, whole time directors etc.)																			
4a. PAN					4b. DIN														
4c. Aadhar (UID) Number * * * * * * * *										Tel/Mobile									
5. Residential/ Registered Address																			
City / Town / Village										Country					Pin Code				
State																			

1. Name															 <p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it with seal</p>				
2. Please tick, if applicable : <input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NPEP <input type="checkbox"/> NRPEP																			
3. Relationship with Applicant (i.e. promoters, whole time directors etc.)																			
4a. PAN					4b. DIN														
4c. Aadhar (UID) Number * * * * * * * *										Tel/Mobile									
5. Residential/ Registered Address																			
City / Town / Village										Country					Pin Code				
State																			

1. Name															 <p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it with seal</p>				
2. Please tick, if applicable : <input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NPEP <input type="checkbox"/> NRPEP																			
3. Relationship with Applicant (i.e. promoters, whole time directors etc.)																			
4a. PAN					4b. DIN														
4c. Aadhar (UID) Number * * * * * * * *										Tel/Mobile									
5. Residential/ Registered Address																			
City / Town / Village										Country					Pin Code				
State																			

1. Name															 <p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it with seal</p>				
2. Please tick, if applicable : <input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NPEP <input type="checkbox"/> NRPEP																			
3. Relationship with Applicant (i.e. promoters, whole time directors etc.)																			
4a. PAN					4b. DIN														
4c. Aadhar (UID) Number * * * * * * * *										Tel/Mobile									
5. Residential/ Registered Address																			
City / Town / Village										Country					Pin Code				
State																			

PAN*		Name			
Type of address given at KYC KRA	Residential <input type="checkbox"/>	Residential or Business <input type="checkbox"/>	Business <input type="checkbox"/>	Registered Office <input type="checkbox"/>	
City of incorporation		Country of incorporation			
Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Money Laundering / Pawning
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Entity Constitution Type <i>Please tick as appropriate</i>	<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		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 _____ _____
GIIN not available <i>(please tick as applicable)</i> <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="checkbox"/>		<input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/>		

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 <input type="checkbox"/>
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	
Designation	
Signature	Place: _____
	Date: _____



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) 

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
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- 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	
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

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

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