

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

FATCA-CRS Declaration - Individual Non - Individual Entities
(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

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"/>	Any other information (if applicable)

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 <input type="text"/>	<p>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></p> <p>Name of sponsoring entity <input type="text"/></p>
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="text"/>		<input type="checkbox"/> Not obtained – Non-participating FI <input type="text"/>	

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



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 Souda 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) 

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
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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
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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

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