

 $G-II,\,Ground\,\,Floor,\,Dalamal\,\,House,\,Nariman\,\,Point,\,Mumbai\,\,400021.\,\,Tel:\,022\,\,4076\,\,7373,$ 

Fax: 022 4076 7377, Email Id: compliance@kslindia.com,

DP ID: 12081000 SEBI Regn No.: INZ000176837, SEBI DP Regn No.: IN-DP-55-2015

CIN No.: L67120MH1993PLC070709

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## **CKYC & KYC KRA FORM**

☐ New

Application **Know Your Client** Type\* ☐ Update KYC Number\* Application Form (For Individuals only) (Please fill the form in English and in BLOCK Letters) KYC Type\* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K) Fields marked with '\*' are mandatory fields 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 Name\* (same as ID proof) Maiden Name (if any\*) Father / Spouse Name\* Mother Name Date of Birth' Photo Gender\* M- Male ☐ F- Female T-Trans gender Marital Status\* Married Others Unmarried Citizenship\* □ IN- Indian Others - Country Country Code Residential Status\* Resident Individual ■ Non Resident Indian Foreign National Person of Indian Origin Occupation Type\* S-Service Private Sector Public Sector ☐ Government Sector O-Others Professional Self Employed Retired Housewife Student X-Not Categorised B-Business (1)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 [Pol] 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 Identification Number ☐ Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type Code Identification Number 3. Proof of Address (PoA)\* 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end) Address Line 1 Line 2 City / Town / Village\* Line 3 District\* State/UT Code as per Indian Motor Vehicle Act, 1988 State/UT\* Country Code as per ISO 3166 Country\* ☐ Business Address Type\* Residential / Business Residential Registered Office Unspecified (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) Proof of Address\* ☐ Passport Number Passport Expiry Date ☐ Voter ID Card ☐ Driving Licence Driving Licence Expiry Date ☐ Aadhaar Card / Virtual ID \* Please note for Aadhar number only last 4 digit are to be written ☐ NREGA Job Card Identification Number Others (any document notified by the central government) 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 City / Town / Village\* Line 3 District\* Zip / Post Code<sup>\*</sup> State/UT Code as per Indian Motor Vehicle Act, 1988 State/UT\* Country Code Country' as per ISO 3166



4. Contact Details (A	All communications will be sent on provided Mobile no. / Er	nail-ID) (Please refer instruction <b>F</b> at the end)
Email ID Mobile	Tel. (Off)	Tel. (Res)
5. FATCA/CRS Infor	mation PART I (Tick if Applicable) ■ Residence for Tax	Purposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)
Additional Details R Country of Jurisdict	Required* (Mandatory only if above option (5) is ticked tion of Residence*	
lax Identification N	lumber or equivalent (If issued by jurisdiction)*	
TIN issued country		Date of Birth dddmm y y y y
Place / City of Birth	*	Country Code as per ISO 3166
US person YES	G OR NO Country of Birth*	
Address Line 1*		
Line 2		
Line 3	7: / Park Carlat	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 Numb	per of Related Person (if available*)
Related Person Type*	Guardian of Minor Assignee	Authorized Representative
Name*	Prefix First Name	Middle Name Last Name
Name	(If KYC number and name are provided, below details of s	section 6 are optional)
	[Pol] of Related Person* (Please see instruction (H) at the	end)
	e of the following Proof of Identity [Pol] needs to be submitted)	
A- Passport Numb	per	Passport Expiry Date
☐ B- Voter ID Card		
☐ D- Driving Licence	e	Driving Licence Expiry Date   d   d   m m   y   y   y
☐ E- Aadhaar Card / V	rirtual ID   *   *   *   *   *   *   *   *	* Please note for Aadhar number only last 4 digit are to be written
☐ F- NREGA Job Ca	ard	
` •	cument notified by the central government) cures Account - Document Type Code	Identification Number  Identification Number
7. Remarks (If any)		
8. Applicant Declara	ttion letails furnished above are true and correct to the best of my knowledge and b	
therein, immediately. In ca liable for it. I hereby decl legislation or any notification	see any of the above information is found to be false or untrue or misleading are that I am not making this application for the purpose of contravention ons/directions issued by any governmental or statutory authority from time to the ing information from Central KYC Registry through SMS/Email on the above re-	or misrepresenting, I am aware that I may be held of any Act, Rules, Regulations or any statute of time.  [Signature / Thumb Impression]
Date: d d m m	n	Signature / Thumb Impression of Applicant
9. Attestation / For C	Office Use Only	
Documents Rece	eived Certified Copies	
In-Person Verification	n (IPV) & KYC Verification Carried Out by (Refer Instruction J&I)	Institution Details
Date	d   d   m m   y   y   y	Name KHANDWALA SECURITIES LIMITED
Emp. Name		Code   I   N   1   0   8   5
Emp. Code		2015
Emp. Designation		SECURITION
	[Employee Signature]	SECURITIES LIMITED
		*

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2.	Is the En	itity	a <i>relat</i>	ed en	tity (	of a	publicl	y trac	ded com	pany		Yes	<u> </u>	1	No	/	(If ye	s, pleas	e spec	ify nam	e of th	e listed o		my and zularly			hange or	which	the stock	:	
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3.	Is the Er	ntity	an <i>act</i>	ive N	FE						_	Yes	_	1	No	Ť	l Na	ture (	of B	usine	SS_										
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4.	Is the Er	ntitv	a pass	ive N	fΕ							Yes		1	No		a			usine											
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with th note th	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.																														
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Date: To.

M/s. Khandwala Securities Limited

G-II, Ground Floor, Dalamal House, Nariman Point, Mumbai 400021

Dear Sir/Madam,

### **Sub: TRADING PREFERENCES.**

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 & BS	E		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													



### **TARIFF SHEET**

	Cash Market/ Capital Market												
	TRADING				DELIVERY								
Brokerage	Min (P)	(%)	Slab No.	Min (P)	(%)	Slab No.							
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	r	EQUITY					
	DE	RIVATIV	OPT	ION					
Brokerage	Min (P)	(%)	Slab No.	Per Lot	Slab No.				
1st Side	5	0.05 %		Rs.100/-					
2nd Side	5	0.05 %		Rs.100/-					

	NIFTY		BANK NIFTY							
Min (P)	(%)	Options	Min (P)	(%)	Options					
5	0.05 %	Rs.100/-	3	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%

<sup>\*</sup> For prevailing rates please refer back office interface

<sup>\*\*</sup> 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





# **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

	Khandy	00 BSE – 3165 DP : vala Securities Limi mal House, Nariman Poir	ited	ı			21	FORM FOR NOMINATION  (To be filled in by individual applying singly or joint)									'y)			
Date	D D M M Y	Y Y Y UCC/DP I	D								Clier	nt ID								
[As		omination. below] [Client Name	]																	
Noi	nination Details																			
		nomination and do he the event of my / ou			mir	nate	the	foll	lowi	ng p	person(s) v	who sha	11 re	ecei	ve a	ll the	e ass	sets	held	ļ
	nination can be n ninees in the acco		Ι	<b>Detai</b>	ls o	of 1°	st No	omii	iee	De	etails of 2	<sup>d</sup> Nomi	nee	D	eta	ils of	f 3 <sup>rd</sup>	No	min	ee
1	Name of the nor	ninee(s) (Mr./Ms.)																		
2	Share of each	Equally				%	ı				%						%			
	Nominee	[If not equally, please specify percentage]	A	ny od	d lo	t afte	er di	visio	n sha	ll be	transferred	to the firs	st no	mine	e me	ntion	ed in	the	form.	
3	Relationship Wi ( If Any)	th the Applicant																		
4	Address of Nom	inee(s)																		
	City / Place																			
	State																			
	Country																			
	PIN Code																			
5	Mobile / Telephonominee(s)	one No. of																		
6	Email ID of non	ninee(s)																		
7	Nominee Identif  [Please tick any of and provide detail  □ Photograph & S  □ Aadhaar □ Sav  □ Proof of Identit	one of following ils of same] Signature □ PAN																		
		Sr. Nos. 8-14	sho	uld k	oe f	ille	d o	nly i	f no	mir	nee(s) is a	minor:								
8	Date of Birth																			
9	Name of Guardi																			
10	177																			
	City / Place																			
	State													$\perp$						
	Country																			
	PIN Code																			

11	Mobile / Telephone No. Guardian	of																	
12	Email ID of Guardian																		
13	Relationship of Guardia Nominee	an with																	
14	Guardian Identification	Details																	
	[Please tick any one of for and provide details of sa																		
	☐ Photograph & Signatur ☐ Aadhaar ☐ Saving Ban ☐ Proof of Identity ☐ De	re $\square$ PAN nk A/c no.																	
	,		Nam	e(s)	of h	older	r(s)					S	igna	ture(	s) of	hol	der*		_
Sole	/ First Holder (Mr./Ms.)										(15)								
Seco	ond Holder (Mr./Ms.)																		
Thir	d Holder (Mr./Ms.)																		
	DEC (Annexure B to SEBI Ci	Sitory Partic LARATIO ircular No.	N FO SEB	RM I/HO	FOR	ovide OPI	e ack	nowl OU' AMB	edgm F OF	NOI	of th  MIN.  021/	ATIC	) N lated					cou	nt
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Sole	e/First Holder Name																		
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the hole my	We hereby confirm that I/W issues involved in non-appder(s), my/our legal heirs w/our trading/demat accouded on the value of assets held	pointment of would need t nt, which m	of not to subta	mine mit a so in	ee(s) all the clude	and for require doc	furthe iisite	er are docu	awa ment	re th	at in form	case ation	of of of for c	leath laimi	of al	ll the	e acc ets he	ount eld in	t 1
			Nam	e(s)	of h	older	r(s)					S	igna	ture(	s) of	hol	der*		_
Sole	/ First Holder (Mr./Ms.)										(16)								
Seco	ond Holder (Mr./Ms.)											, W							
Thir	d Holder (Mr./Ms.)																		

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



G-II, Ground Floor, Dalamal House, Nariman Point, Mumbai 400021

Tel: 022 4076 7373, Fax: 022 4076 7377, Email Id: compliance@kslindia.com,

DP ID: 12081000 SEBI Regn No.: INZ000176837, SEBI DP Regn No.: IN-DP-55-2015

CIN No.: L67120MH1993PLC070709

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	acknowle	dge the	rece	eipt	of your ins	truc	tion	for o	clos	ing th	e fo	llov	ving Accoun	nt sub	ject t	o ve	rifi	catio	on.	
We hereby													Trading co	de:						
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	2 0 8 e First /	1 0	0	0	Client II	) [							Traums Co.							
DP ID 1  Name of the	2 0 8 e First /	1 0	0	0	Client II	) 							Truding 60							
DP ID 1 Name of the Sole Holder	2 0 8 e First / r e Second	1 0	0	0	Client II	)														

## **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

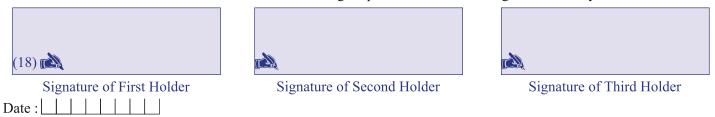
# **DP TARIFF SHEET-2025**

DP Scheme	KS	L DP FREE AMC								
<b>Account Category</b>	☐ INDIVIDUAL	☐ INDIVIDUAL (NRI)	☐ CORPORATE							
Annual Maintenance Charge	Free	Free	INR 999/-							
Debit Instruction from the account	0.05% of the value of the transaction (Min. INR 25/-)	0.05% of the value of the transaction (Min. INR 25/-)	0.05% of the value of the transaction (Min. INR 25/-)							
Demat										
Dematerialisation	INR 15/- per certificate or Min. 150/- per DRF request	INR 15/- per certificate or Min. 150/- per DRF request	INR 15/- per certificate or Min. 150/- per DRF request							
Rematerialisation	INR 50/- per certificate Or INR 150/- per 100 securities	INR 50/- per certificate Or INR 150/- per 100 securities	INR 50/- per certificate Or INR 150/- per 100 securities							
Pledge										
Creation/closure /Invocation	INR 50/- or 0.03% whichever is higher	INR 50/- or 0.03% whichever is higher	INR 50/- or 0.03% whichever is higher							
Defreeze	INR 25/-									
DIS Book issue	INR 100/-									
SLBM		INR 100/- or 0.02% whichev	er is highest							

#### **Notes**

- 1. For availing 'Easiest' facility of CDSL, the charges as levied by CDSL would be collected from clients at actual.
- 2. GST, education cess and other statutory levies (if any) would be charged extra wherever applicable as per the prevailing rates.
- 3. We reserve the rights to change / add charges with 30 days prior notice.
- 4. All payments should be in favour of "Khandwala Securities Limited."

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





# 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:
Dear Sirs,	
Re: Opening of Trading and Demat Account.	
With reference to my /our application for opening of a Trading and Demat account with SMS and E-Mail alerts on the following Email ID and Mobile No. which are mention 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 provided by us as under:	to our Family Member whose details have been
□ Name of the family Member:.	
☐ Relationship with the Client:.	
☐ Trading account with <b>Khandwala Securities Limited</b> (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 undertake to inform you of any changes therein, immediately. In case any of the abomisleading or misrepresenting, I am/we are aware that I/We may be held liable for it.	
Thanking You,	
Yours Faithfully, (1	8)
Client Name:	Signature
	Signature