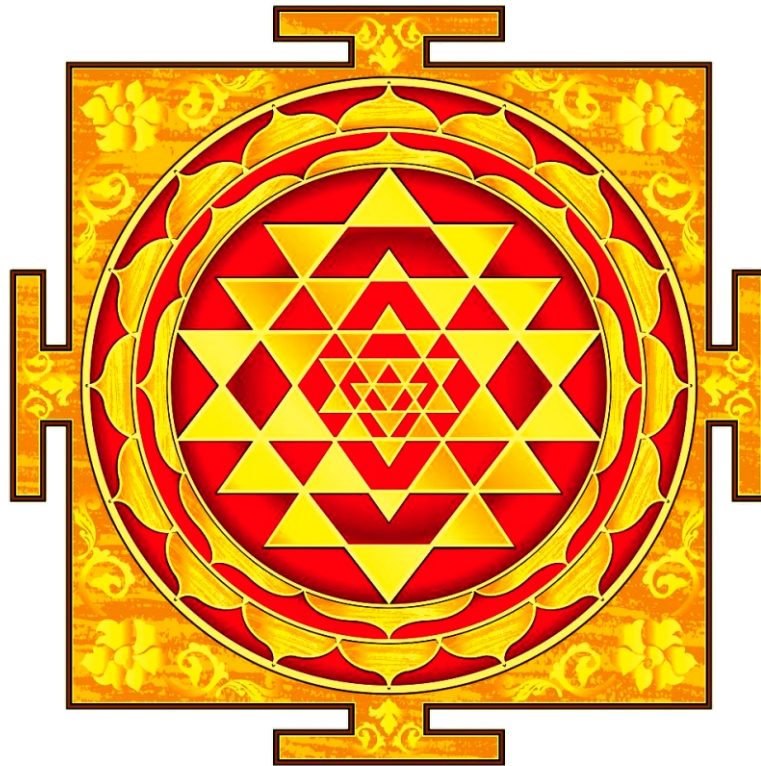




Gateway to your Financial Goals



CLIENT REGISTRATION FORM - NON INDIVIDUALS

Branch Name	
Name of Client	
Client Code	
BO ID	1 2 0 5 9 1 0 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Opening 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"/>


LAKSHMISHREE INVESTMENT & SECURITIES PVT. LTD.
CIN NUMBER : U74110MH2005PTC157942

Broking and Depository Services offered by Lakshmishree Investment & Securities Pvt. Ltd.
 SEBI Registration No. : INZ000170330 (Trading Member of NSE, BSE, MCX and NCDEX)

Depository participant with CDSL and CCRL having SEBI Registration No. : IN-DP-CDSL-490-2008 and
 CCRL SEBI Registration No. : 12059100.

Research Analyst Registration No. : INH000002681.

Registered Office :- Unit No. 401, 4th Floor, Marathon Icon Nextgen Campus, Ganpatrao Kadam Marg
 Opposite Peninsula Corporate Park, Lower Parel, Mumbai - 400 013, Phone : 022 43431818

Correspondence Office Address :- 2nd Floor, 57 Gandhi Nagar, Sagra, Varanasi - 221 010 | Phone : 0542-6600000

Website : www.lakshmishree.com

CEO Details :- Mr. Salil Kumar Shah (Phone No. :- 0542-6600000) | E-mail ID :- salil@lakshmishree.com

Name of the Compliance Officer :- Ms. Shobha Sharma (Phone No :- +91-9235395868) / 0542- 6600026
 E-mail ID :- compliance@lakshmishree.com

For any **grievance/dispute** please contact **Lakshmishree Investment & Securities Private Limited (LISPL)** at the above
 address or mail at :- **query@lakshmishree.com** or call us on 0542-6600000 or +91 9235395868

In case you are not satisfied with the response, please contact the concerned Exchange(s)/Depository(ies):


	NSE	BSE	MCX	NCDEX
E-mail ID	ignse@nse.co.in	is@bseindia.com	grievance@mcxindia.com	askus@ncdex.com
Phone No.	022-26598190	022-22728138	022-67318888	022-66406084

If not satisfied with response or your grievance is still unresolved you may register your complaint to the SEBI on the
SCORES website (link: <https://scores.gov.in/scores/welcome.html>)

FOR OFFICE USE ONLY	Client Name / Sole Holder	1 2 0 5 9 1 0 0														
	Second Holder (for DP A/c)															
	Third Holder (for DP A/c)															
	Client Trading Code / DP Code															
	Introducer Name & Code	Name										Signature				
	Documents Verified by															
	KYC Entered by															

ICONS FOR ILLUSTRATION


 First Holder/ Karta/ Partner/ Director Signature,



 Second Holder Signature,



 Third Holder Signature



 Witness



 Signature of Authorized Signatory

MANDATORY KYC DOCUMENTS - CHECKLIST

INDIVIDUAL (JOINT A/C)

1. Passport Size Coloured Front Face Photograph (All Holders)
2. PAN (All Holders)
3. Proof of Address (POA) (Any One)
 - Aadhar Card (All Holder)
 - Valid Passport (Name, Address, & Photo Page) (All Holder)
 - Voter Id (Front & Back) (All Holder)
 - Valid Driving Licence (name, Address, & Photo Page) (All Holder)
 - Bank Statement / Passbook With The Complete Address Of Client (Not More Than 3 Month Old) (All Holder)
 - Banker's Verification Letter (All Holder)
 - Electricity Bill (Not More Than 2 Months Old) (All Holder)
 - Residence Landline Telephone Bill (Not More Than 2 Months Old) (All Holder)
 - Registered Flat Sale Agreement Of Residence (All Holder)
 - Registered Lease / Leave & Licence Agreement (All Holder)
4. Bank proof with MICR Code (Cancel Cheque) (First Holder)
5. Income Proof (For Trading in derivatives segments) (Any One)
 - ITR Statement
 - Bank Statement
 - Holding Statement

HUF

1. Photograph of Karta & All Member
2. PAN - 1) HUF 2) Karta 3) All Member
3. Proof of Address (POA) 1) HUF 2) Karta 3) All Member
4. Bank proof with MICR Code (Any One)
 - Cancelled Personalized Original Cheque Leaflet (First Holder)
 - Bank Statement / Passbook with original cheque leaf (not more than 3 months old) (First Holder)
 - Banker's Certificate on letter head of the Bank (Original) (First Holder)
5. Income Proof (For trading in derivatives segments) (Any One)
 - Copy of ITR Acknowledgment (First Holder)
 - In case of Salary Income - Salary Slip, Copy of Form 16 (First Holder)
 - Net-worth certificate (not more than 1 year old) (First Holder)
 - Copy of Demat Account Holding Statement (First Holder)
 - Bank Account Statement for last 6 months reflecting income (First Holder)
 - Any other relevant documents substantiating ownership of assets (First Holder)
6. Deed of Declaration of HUF/List of coparceners
7. Bank Proof with MICR Code of the HUF (Cancelled Cheque)
8. Demat proof (required if opening only a trading account)
 - DP Statement / Transaction cum Holding Statement (First Holder)
 - Client Master (Duly attested by DP) (First Holder)
9. Additional Proof of Identity (any one) (If PAN Card is not visible OR PAN Card sign & signature in KYC form are different)
 - Aadhar Card
 - Valid Passport (Name, Address & Photo page)
 - Voter ID (front & back)
 - Valid Driving License (Name, Address & Photo page)
 - Other (Please specify)

CORPORATE

1. Photograph
 - a). Whole time directors/two directors in charge of day to day operations
 - b). Individual promoters holding control-either directly or indirectly
2. Proof of Address
 - a). Whole time directors/two directors in charge of day to day operations
 - b). Individual promoters holding control-either directly or indirectly
3. PAN -
 - a). Of Company
 - b). Whole time directors/two directors in charge of day to day operations
 - c). Individual promoters holding control-either directly or indirectly
4. POA
 - a). Whole time directors/two directors in charge of day to day operations
 - b). Individual promoters holding control-either directly or indirectly
5. DIN Number
 - a). Whole time directors/two directors in charge of day to day operations
6. Bank Proof with MICR Code (cancelled Cheque)
7. Demat Proof (required if opening only a trading account)
8. Income Proof (for trading in derivative segments)
9. Balance sheet and Profit & Loss account with net -worth Information for last two years or for applicable period.
10. Share Holding Pattern (as of last quarter or more recent)
11. Memorandum and Articles of Association and certificate of Incorporation.
12. Board Resolution
13. Form 18 with Challan / Form INC- 22
14. Form 32 with Challan / Form DIR-12
15. List of Directors
16. Authorized signatories List

PARTNERSHIP FIRM / LIMITED LIABILITY PARTNERSHIP (LLP)

1. Photograph of all the Partners
2. PAN CARD COPY:
 - PAN Card copy of the Firm.
 - PAN Card of all Partners (Attested by Each Individual Partner).
- ADDRESS PROOF COPY:
 - Address Proof copy of the Firm.
 - Address Proof copy of all the partners (Attested by Each Individual Partner).
3. INCOME PROOF COPY:
 - Proof of Bank Account (Specimen copy of cancelled check leaf/Bank Statement/Bank Passbook).
 - Bank Account Statement for last 6 months reflecting income (All Partners)
 - Copy of Balance Sheet of the Partnership Firm for the last 2 Financial Years* (to be submitted every year) if the firm is newly incorporated then, net worth certificate from CA. (The balance sheet should have the seal and signature of the Authorized Signatory on all the pages)
 - Declaration for IT returns if it's a new firm.
4. Balance Sheet and Profit & Loss account for last two years or for applicable period.
5. Copy of Partnership Deed
6. Certificate of Registration (for registered Partnership Firm / LLP only)
7. Authorized Signatories list with specimen signatures
8. UBO Declaration

GENERAL INSTRUCTIONS FOR COMPLETING THE CLIENT REGISTRATION FORM

1. Please ensure that form is complete in all aspects. Strike off whichever option is not applicable.
2. Please fill all information in capital letters and in blue / black ink only.
3. In case of any correction in the form - Sign next to the correction done and sign has to match the original signature.
4. Name & Address of the client mentioned in the KYC form, should match with the documentary proof submitted.
5. Email ID & Mobile number is mandatory for account related passwords and transaction details.
6. Original documents are to be produced for verification at the time of submission of the form.
7. All supportive documents are to be self attested by Client.
8. Sole Proprietor must make the application in his individual name & capacity.
9. Please remit cheque of ₹(600 + GST) = ₹708 for account opening charges for Life Time Demat AMC of Demat scheme selected in favour of **"Lakshmishree Investment & Securities Pvt. Ltd."** only. (For Individual A/C)
10. Please remit cheque of ₹ 750 + GST for A/C opening charges every year in favour of **" Lakshmishree Investment & Securities Pvt. Ltd. "** (For Corporate)

ACCOUNT OPENING KIT - INDEX

This KIT is valid for opening Trading Account and Demat Account with Lakshmishree Investment & Securities Pvt Ltd. Clients desirous of opening both or any one can utilise the relevant segments of this KIT. The Trading Code for same desired segments of the respective Exchanges and Demat account number will be provided on successful generation of the same.

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

Sr. No.	Name of the Document	Brief Significance of the Document	Page No.
1	Know Your Client Form (Individuals)	KYC Form captures the basic information about the Client (Trading & Demat) First Holder Second Holder Third Holder	1-3 4-6 7-9
2	Know Your Client Form (Non- Individuals)	KYC Form captures the basic information about the Client (Trading & Demat)	10-11
3	Additional KYC Form	Additional KYC related details for Trading & Demat Account (Both Individual & Non-Individuals)	12-14
4	Account Opening Form-Trading & Demat Account related details	Additional KYC Form - Document Captures the additional information about the constituent relevant to Trading and Demat Account	15-16
		Declaration for opening Trading and Demat Account along with acceptance of KYC Document Booklet and nominee addition	17-19
5	Tariff Sheet (Trading & Demat)	Document detailing the rate / amount of brokerage & other charges	20
6	Policies & Procedures	Document describing significant policies and procedures of member with respect to dealing with the clients (Investment & Securities)	Client Copy
7	Policies & Procedures	Document describing significant policies and procedures of member with respect to dealing with the clients (Commodities)	
8	Rights & Obligations of the Members, Authorised Persons and Clients	Document stating the Rights & Obligations of Member, Authorised Person and Client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	
9	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the Equity market & Commodities Market.	
10	Do's and Dont's guidance for the investor's.	Document detailing do's and dont's for trading on Equity exchange, for the education of the investors.	
11	Rights & Obligation of Beneficial Owner & Depository Participant	Document detailing rights and obligations of beneficial owner and depository participant	
12	Executed copy of KYC	Scan copy of executed KYC kit.	
13	Information on Anti-Money Laundering	Policy and Information on Anti-Money Laundering Law	
14	Other Disclosures	Terms and Conditions for availing Transaction Using Secured Texting (TRUST) Service offered by CDSL. / Terms & Conditions-cum-Registration/Modification Form for receiving SMS Alerts from CDSL	

VOLUNTARY DOCUMENTS AS PROVIDED BY LAKSHMISHREE INVESTMENT & SECURITIES PVT. LTD.

15	Power of Attorney (POA)	Authority to operate Demat Account & other powers given for smooth operation	21-22
16	Voluntary Authorisations	1. Authorisation by client for settlement of the fund 2. For receiving ECN and documents / communications in electronic form from Stock Broker and Depository Participant 3. For debiting various Depository Charges 4. Commodity Forward Contracts 5. Acceptance of Securities 6. Other Declaration	23-26
17	Margin Trading Facility	Consent to avail Margin Trading Facility and Common Mobile Number	27-29
18	Common Mobile Number / Email ID & Declaration on Open Interest Position	Declaration of common Email ID / Mobile Number by Client / Declaration on Open Interest Position.	29
19	BSE STAR MF / Running A/c MF	Investor form for Mutual Fund / it contains the authorisation by the client to the member to maintain running account of funds / securities / MF	30-31

CENTRAL KYC REGISTRY KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | (FIRST HOLDER)



Important Instructions:

- A) Fields marked with '*' are mandatory fields.
 B) Please fill the form in English
 C) Please fill the form in BLOCK Letters
 D) Please fill the date in DD-MM-YYYY format.
 E) Please read section wise detailed guidelines / instructions at the end.
 F) Tick (✓) wherever applicable.
- G) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not applicable
 H) The 'OTP based E-KYC check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.
 I) KYC number of applicant is mandatory for the update of application.

**FOR OFFICE USE ONLY (TO BE FILLED BY FINANCIAL INSTITUTION)**

Application Type* ☐ New ☐ Update
 KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in one-face to face mode)

☐ **PERSONAL DETAILS**

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's / Spouse's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	PAN No. <input type="text"/>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTO  Signature / Thumb Impression </div>
Aadhar No. (UID)	<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-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code) <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			<div style="border: 1px solid black; padding: 5px; text-align: center;">  First Holder Signature </div>
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"/> B-Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> X- Not Categorised			

☐ **TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA**

ADDITIONAL DETAILS REQUIRED* Mandatory only if (jurisdiction outside India)

ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (if issued by jurisdiction)* ISO 3166 Country Code of Birth* Place / City of Birth*

☐ **PROOF OF IDENTITY (POI)***

(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="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="checkbox"/> B - Voter ID Card	<input type="text"/>								
<input type="checkbox"/> C - PAN Card	<input type="text"/>								
<input type="checkbox"/> E - Aadhar (UID)	<input type="text"/>								
<input type="checkbox"/> F - NREGA Job Card	<input type="text"/>								
<input type="checkbox"/> G - 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="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"/>

Specific proof of address submitted for Correspondence/Local address

☐ **PROOF OF ADDRESS (POA)***

☐ **CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS**

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

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

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

☐ Simplified Measures Account - Document Type code ☐ Others please specify

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

Specify proof of address submitted for Permanent/Overseas address

☐ **CORRESPONDENCE / LOCAL ADDRESS DETAILS***

☐ Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

Specify proof of address submitted for Permanent/Overseas address

☐ ***ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES**

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State State / U.T. Code* ISO 3166 Country Code*

☐ **CONTACT DETAILS** (All communications will be sent on provided Mobile Number / Email ID)

Tel. (Off) - Tel. (Res.) -

Mobile - Email ID

☐ **REMARKS (IF ANY)**
☐ **APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email ID on the above registered Mobile number/Email ID.

Date : - -

First Holder Signature



Place :

☐ **ATTESTATION / FOR OFFICE USE ONLY**

☐ Originals verified and Self attested / certified document copies received

Details	KYC Verification & Documents Verified with Original carried out by	Client Interviewed By	In person Verification done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			

☐ **INSTITUTION DETAILS**

Name

Code

[Institution Stamp]



Signature of Authorised Signatory

CENTRAL KYC REGISTRY KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | (SECOND HOLDER)


Important Instructions:

- A) Fields marked with '*' are mandatory fields.
 B) Please fill the form in English
 C) Please fill the form in BLOCK Letters
 D) Please fill the date in DD-MM-YYYY format.
 E) Please read section wise detailed guidelines / instructions at the end.
 F) Tick (✓) wherever applicable.
- G) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not applicable
 H) The 'OTP based E-KYC check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.
 I) KYC number of applicant is mandatory for the update of application.

**FOR OFFICE USE ONLY (TO BE FILLED BY FINANCIAL INSTITUTION)**

Application Type* ☐ New ☐ Update
 KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in one-face to face mode)

☐ **PERSONAL DETAILS**

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's / Spouse's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	PAN No. <input type="text"/>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTO  Signature / Thumb Impression </div>
Aadhar No. (UID)	<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-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code) <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"/> B-Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> X- Not Categorised			

Second Holder Signature

☐ **TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA**

ADDITIONAL DETAILS REQUIRED* Mandatory only if (jurisdiction outside India)

ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (if issued by jurisdiction)* ISO 3166 Country Code of Birth* Place / City of Birth*

☐ **PROOF OF IDENTITY (POI)***

(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="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="checkbox"/> B - Voter ID Card	<input type="text"/>								
<input type="checkbox"/> C - PAN Card	<input type="text"/>								
<input type="checkbox"/> E - Aadhar (UID)	<input type="text"/>								
<input type="checkbox"/> F - NREGA Job Card	<input type="text"/>								
<input type="checkbox"/> G - 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="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"/>

Specific proof of address submitted for Correspondence/Local address

☐ **PROOF OF ADDRESS (POA)***

☐ **CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS**

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

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

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

☐ Simplified Measures Account - Document Type code ☐ Others please specify

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

Specify proof of address submitted for Permanent/Overseas address

☐ **CORRESPONDENCE / LOCAL ADDRESS DETAILS***

☐ Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

Specify proof of address submitted for Permanent/Overseas address

☐ ***ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES**

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State State / U.T. Code* ISO 3166 Country Code*

☐ **CONTACT DETAILS** (All communications will be sent on provided Mobile Number / Email ID)

Tel. (Off) - - Tel. (Res.) - -

Mobile - Email ID

☐ **REMARKS (IF ANY)**
☐ **APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email ID on the above registered Mobile number/Email ID.

Date : - -

Second Holder Signature



Place :

☐ **ATTESTATION / FOR OFFICE USE ONLY**

☐ Originals verified and Self attested / certified document copies received

Details	KYC Verification & Documents Verified with Original carried out by	Client Interviewed By	In person Verification done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			

☐ **INSTITUTION DETAILS**

Name

Code

[Institution Stamp]



Signature of Authorised Signatory

CENTRAL KYC REGISTRY KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | THIRD HOLDER



Important Instructions:

- A) Fields marked with '*' are mandatory fields.
 B) Please fill the form in English
 C) Please fill the form in BLOCK Letters
 D) Please fill the date in DD-MM-YYYY format.
 E) Please read section wise detailed guidelines / instructions at the end.
 F) Tick (✓) wherever applicable.
- G) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not applicable
 H) The 'OTP based E-KYC check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.
 I) KYC number of applicant is mandatory for the update of application.

**FOR OFFICE USE ONLY (TO BE FILLED BY FINANCIAL INSTITUTION)**

Application Type* ☐ New ☐ Update
 KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in one-face to face mode)

☐ **PERSONAL DETAILS**

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's / Spouse's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	PAN No. <input type="text"/>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTO  Signature / Thumb </div>
Aadhar No. (UID)	<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-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code) <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"/> B-Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> X- Not Categorized			Third Holder Signature 

☐ **TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA**

ADDITIONAL DETAILS REQUIRED* Mandatory only if (jurisdiction outside India)

ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (if issued by jurisdiction)* ISO 3166 Country Code of Birth* Place / City of Birth*

☐ **PROOF OF IDENTITY (POI)***

(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="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="checkbox"/> B - Voter ID Card	<input type="text"/>								
<input type="checkbox"/> C - PAN Card	<input type="text"/>								
<input type="checkbox"/> E - Aadhar (UID)	<input type="text"/>								
<input type="checkbox"/> F - NREGA Job Card	<input type="text"/>								
<input type="checkbox"/> G - 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="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"/>

Specific proof of address submitted for Correspondence/Local address

☐ **PROOF OF ADDRESS (POA)***

☐ **CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS**

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

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

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

☐ Simplified Measures Account - Document Type code ☐ Others please specify

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

Specify proof of address submitted for Permanent/Overseas address

☐ **CORRESPONDENCE / LOCAL ADDRESS DETAILS***

☐ Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

Specify proof of address submitted for Permanent/Overseas address

☐ ***ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES**

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State State / U.T. Code* ISO 3166 Country Code*

☐ **CONTACT DETAILS** (All communications will be sent on provided Mobile Number / Email ID)

Tel. (Off) - - Tel. (Res.) - -

Mobile - Email ID

☐ **REMARKS (IF ANY)**
☐ **APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email ID on the above registered Mobile number/Email ID.

Date : - -

Third Holder Signature



Place :

☐ **ATTESTATION / FOR OFFICE USE ONLY**

☐ Originals verified and Self attested / certified document copies received

Details	KYC Verification & Documents Verified with Original carried out by	Client Interviewed By	In person Verification done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			

☐ **INSTITUTION DETAILS**

Name

Code

[Institution Stamp]



Signature of Authorised Signatory

KYC APPLICATION FORM FOR TRADING AND DEMAT A/C
 (Non-individual :- HUF, Partnership Firm, Company, Others)

A. IDENTITY DETAILS

1	Name of the Applicant																
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation							
3	a. Business Commencement date								PAN								
4	b. Regn. No. (eg. CIN)																
5	Status (Please tick if any One)	<input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Bank <input type="checkbox"/> BOI		<input type="checkbox"/> Public Ltd.Co. <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> LLP		<input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> AOP		<input type="checkbox"/> Partnership <input type="checkbox"/> Defense Establishment <input type="checkbox"/> Non Govt. Organization <input type="checkbox"/> Government Body		<input type="checkbox"/> Others (Please specify) _							

B. ADDRESS DETAILS
☐ **CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS**

 Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Address

 Line 1*

 Line 2

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

 State / U.T. Code* ISO 3166 Country Code*

Specify proof of address submitted for Permanent/Overseas address _____

☐ **CONTACT DETAILS** (All communications will be sent on provided Mobile Number / Email ID)

 Tel. (Off) - - Tel. (Res.) - -

 Mobile - Email ID _____

☐ **CORRESPONDENCE / LOCAL ADDRESS DETAILS***
☐ Same as Current / Permanent / Overseas Address details

 Line 1*

 Line 2

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

 State / U.T. Code* ISO 3166 Country Code*

Specify proof of address submitted for Permanent/Overseas address _____

C. DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my 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/We are aware that I/We may be held liable for it and the same will render my account liable for termination and suitable action.


 Date
☐ **ATTESTATION / FOR OFFICE USE ONLY**
☐ Originals verified and Self attested / certified document copies received

Details	KYC Verification & Documents Verified with Original carried out by	Client Interviewed By	In person Verification done by
Name of the Employee			
Designation of the Employee			
Signature & Date			

**DETAILS OF PROMOTERS / PARTNER / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS FORMING
(Non-individual :- HUF, Partnership Firm, Company, Others) A PART OF KNOW YOUR CLIENT (KYC)**

Form should be filled in English and in block Letter

Name of Applicant _____		PAN NO.
-------------------------	--	--

1	First Name	Middle Name	Last Name	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <div style="text-align: left;">Paste Photo (Self Attested)</div> </div>
	Name 			
	Relationship with Applicant (promoters, whole time directors etc) 			
	Address 			
	PAN No. 	DIN / UID 		
	Contact : 	Aadhar No. 		
	PEP <input type="checkbox"/> Yes <input type="checkbox"/> No			
	2	First Name	Middle Name	
Name 				
Relationship with Applicant (promoters, whole time directors etc) 				
Address 				
PAN No. 		DIN / UID 		
Contact : 		Aadhar No. 		
PEP <input type="checkbox"/> Yes <input type="checkbox"/> No				
3		First Name	Middle Name	Last Name
	Name 			
	Relationship with Applicant (promoters, whole time directors etc) 			
	Address 			
	PAN No. 	DIN / UID 		
	Contact : 	Aadhar No. 		
	PEP <input type="checkbox"/> Yes <input type="checkbox"/> No			
	4	First Name	Middle Name	Last Name
Name 				
Relationship with Applicant (promoters, whole time directors etc) 				
Address 				
PAN No. 		DIN / UID 		
Contact : 		Aadhar No. 		
PEP <input type="checkbox"/> Yes <input type="checkbox"/> No				

<div style="border: 1px solid black; width: 100%; height: 40px; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <div style="text-align: left;">4</div> </div> <p>First Authorized Signatory</p>	<div style="border: 1px solid black; width: 100%; height: 40px; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <div style="text-align: left;">4</div> </div> <p>Second Authorized Signatory</p>	<div style="border: 1px solid black; width: 100%; height: 40px; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <div style="text-align: left;">4</div> </div> <p>Third Authorized Signatory</p>
---	--	---

OTHER DETAILS

1st Holder/ Non Individual	Gross Annual Income range p.a. And Net-worth ₹ (Net worth should not be old than 1 year)	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> ₹ 25 Lac -1 Crore <input type="checkbox"/> ₹ 1 Crore-5 Crore <input type="checkbox"/> < ₹ 5 Crore As on <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"/>
	Please tick if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)
	Client Category (Only for Commodity Derivative Market)	<input type="checkbox"/> Farmers/FPOs <input type="checkbox"/> Value Chain Participants (VCPs) <input type="checkbox"/> Proprietary Traders <input type="checkbox"/> Domestic Financial Institutional Investors <input type="checkbox"/> Foreign Participants <input type="checkbox"/> Others
2nd Holder	Gross Annual Income range p.a. And Net-worth in ₹ (Net worth should not be old than 1 year)	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> ₹ 25 Lac -1 Crore <input type="checkbox"/> ₹ 1 Crore-5 Crore <input type="checkbox"/> < ₹ 5 Crore As on <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"/>
	Please tick if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)
3rd Holder	Gross Annual Income range p.a. And Net-worth in ₹ (Net worth should not be old than 1 year)	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> ₹ 25 Lac -1 Crore <input type="checkbox"/> ₹ 1 Crore-5 Crore <input type="checkbox"/> < ₹ 5 Crore As on <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"/>
	Please tick if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)

BANK DETAILS (MANDATORY)

	Primary	Secondary, if any
Bank Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Specify)
Bank A/c Number	<input type="text"/>	<input type="text"/>
Bank Name	<input type="text"/>	<input type="text"/>
Branch Address / City	<input type="text"/>	<input type="text"/>
MICR Code	<input type="text"/>	<input type="text"/>
IFSC Code	<input type="text"/>	<input type="text"/>

DP DETAILS

Sr. No.	Particulars	Primary DP Details	Secondary DP Details
1	DP	<input type="checkbox"/> CDSL	<input type="checkbox"/> NSDL
2	DP Name	Lakshmishree Investment & Securities Pvt. Ltd.	
3	DP ID	1 2 0 5 9 1 0 0	
4	Beneficiary Name		
5	BO / Client ID		

DEALINGS THROUGH AUTHORISED PERSONS AND OTHER MEMBERS

If the client is dealing through any other Member / Authorised Person (AP), provide the following details (incase dealing with multiple Members/APs, provide details of all in a separate sheet containing all the information as mentioned below) :

Member's / AP's Name :

Exchange :

Exchange's Registration Number :

Concerned Member's Name with whom the AP is registered :

Registered Office Address :

Pin Code:

Phone :

Fax :




Email ID:



Website:

Client Code

Details of disputes/dues pending from/to such Member/AP:

TRADING PREFERENCES Please sign in the relevant boxes where you wish to trade. Please strike-off the segment not chosen by you

NSE		
Cash	F&O	CDS
		

BSE	MCX
Cash	Commodity
	

(Strike off, if not applicable)

"In future, if you wish to trade on any new segment / exchange, please submit a duly signed authorisation / letter to us."

Please sign here if you are choosing all Exchanges and all the Segments :-

Signature of Client 

PURPOSE OF TRADING

☐ Hedging ☐ Investment ☐ Others (Specify)

GST DETAILS

GST Registration No. : GST Location :

INTRODUCER DETAILS

Name of the Introducer :

(First Name)

(Middle Name)

(Surname)

Status of the Introducer : ☐ Authorised Person ☐ Existing Client ☐ Others, please specify :

Address of the Introducer :

PAN No.

Client Code

Signature of the Introducer : 

Mobile No.

TYPE OF DEMAT ACCOUNT (Please Tick in relevant boxes)

- | | |
|---|---|
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Mutual Fund |
| <input type="checkbox"/> OCB | <input type="checkbox"/> FII |
| <input type="checkbox"/> CM | <input type="checkbox"/> FI |
| <input type="checkbox"/> Clearing House | <input type="checkbox"/> Other (Specify)_____ |

CLEARING MEMBER DETAILS (TO BE FILLED UP BY MEMBER ONLY)

1) Name of Stock Exchange:-	2) Name of CC/ CH:-
3).Clearing Member ID :-	4) SEBI Regn. No.:-
5). Trade Name:-	6). CM-BP-ID:-
7). TM ID:-	

FOR NEW DEMAT ACCOUNT WITH AKSHMISHREE INVESTMENT & SECURITIES PVT. LTD.

I/We request you to open a Demat Account in my name as per following details :

1st Holder Name : _____

Pan No. : _____

UID No. : _____

2nd Holder Name : _____

Pan No. : _____

UID No. : _____

3rd Holder Name : _____

Pan No. : _____

UID No. : _____

GUARDIAN DETAILS (SAME IN LINE WITH KYC FORM - MUST BE FILLED UP WHERE SOLE HOLDER IS MINOR)

1	Guardians Name		
2	Guardians Address		
	City/Town/Village	PIN Code	
	State	Country	
3	Relationship with Minor	4	Guardian's PAN
5	Contact Details of Guardian	Phone (Office)	Phone (Res.)
		Fax No.	Mobile No.
	E-mail - ID		
6A	Gross Annual Income Income Range per Annum (Plz tick)		
	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> ₹ 25 Lac -1 Crore <input type="checkbox"/> ₹ 1 Crore-5 Crore <input type="checkbox"/> ₹ < 5 Crore		
6B	Net-worth in (*Net-worth should not be older than 1 year)		As on (Date)
7	a. Gender	b. Marital Status	c. Date of Birth
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Indian <input type="checkbox"/> Other please specify (if other)
	e. Status	f. Occupation	
	<input type="checkbox"/> Indian Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Other (Please specify)	
8	Please tick, if applicable		
	<input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person		

STANDING INSTRUCTION LISPL

I/We instruct the DP to receive each and every credit in my account (If not marked, the default option would be 'Yes')		(Automatic Credit) <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
I/We request you to send Electronic Transaction-cum-Holding Statement at the Email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We would like to share the Email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We would like to receive the Annual Report (Tick the applicable box) (If not marked the default option would be in 'Physical')	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic	
I/We would like to instruct the DP to accept all the pledge instructions in my account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account to be opened through Power of Attorney (POA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We wish to receive dividend / interest directly in to my bank account as given in SARAL AOF through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time.]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SMS Alert Facility Mobile Number belong to <input type="checkbox"/> SELF <input type="checkbox"/> FAMILY	MOBILE NO. +91 _____ (Mandatory, if you are giving Power of Attorney (POA) (if POA is not granted & you do not wish to avail of this facility, cancel this option.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic service Demat A/c <input type="checkbox"/> Yes <input type="checkbox"/> No	Pledge Processing Flag <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL DETAILS

Whether you wish to receive Physical Contract note or Electronic Contract Note (ECN)/Statement of A/c please specify : ☐ Physical ☐ Electronic

Specify your Email ID, if applicable : _____ Number of years of Investment / Trading experience : _____ (strike off, if not applicable)

Whether you wish to avail of the facility of Internet Trading/Wireless Technology (please specify) : ☐ Yes ☐ No (strike off, if not applicable)

Any other information :

PAST ACTIONS


Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock Exchange/any other authority against the applicant/constituent or its partners/promoters/whole time directors/authorised persons in charge of dealing in securities during the last 3 years:

☐ No ☐ Yes - If yes, provide details: _____

HIGH VALUE TRANSACTIONS :-

I/We may undertake high value transaction of ₹ 5 lakhs or more in a day depending on market volatility in any of the Exchange/s, where I/We are registered as client with Lakshmishree Investment & Securities Pvt. Ltd

Purposes of doing transaction are: (Please tick the option whichever is applicable.)
☐ Trading / Speculation ☐ Arbitrage ☐ Hedging ☐ All of the above

Signature of Client 

FATCA/CRS DECLARATION/SELF CERTIFICATION (For Individual / Joint A/C)

		First/Sole Holder	2nd Holder (if any)	3rd Holder (if any)
1	Are you a U.S. Person ? (Refer note blow)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2	Specify country of residence for tax purpose (Tax Residency)	<input type="checkbox"/> Indian <input type="checkbox"/> Other	<input type="checkbox"/> Indian <input type="checkbox"/> Other	<input type="checkbox"/> Indian <input type="checkbox"/> Other
3	Specify country of citizenship	<input type="checkbox"/> Indian <input type="checkbox"/> Other	<input type="checkbox"/> Indian <input type="checkbox"/> Other	<input type="checkbox"/> Indian <input type="checkbox"/> Other

US Person means:

In case of individual, U.S. person means a citizen or resident of the United States. Persons who would qualify as U.S. persons could be born in United States, born outside the United States of a US parent, naturalized citizen, Green Card Holders, tax residents.

Note : If you are U.S. person and / or if your tax residency / nationally / citizenship is other than India, then please provide declaration / self certification under FATCA / CRS. This declaration form can be download from our website : www.lakshmishree.com

FATCA / CRS DECLARATION FOR NON-INDIVIDUAL ACCOUNTS
Part A - Preliminary details (All field Mandatory)

Trading Code :	
Client ID (To be provided if DEMAT account is with LISPL):	1 2 0 5 9 1 0 0
Name of the Entity	
Address Type	<input type="checkbox"/> Business <input type="checkbox"/> Registered
Address for Tax Residence (Including city, state, country and pin code)	
Entity Constitution Type. (Refer Instruction 6 in annexure)	

DO YOU SATISFY ANY OF THE CRITERIA MENTIONED BELOW?

A). Is the entity a U.S. person	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please refer 'other definitions' in the instructions)
B). Is the entity Specified U.S. Person	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Entity's exemption code: ____ Refer instruction 5 in annexure)
C) Is the Entity formed / incorporated outside of INDIA	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If yes, please specify city and country of incorporation / Formation)
D) Is the entity having Tax Residency in any countries Other than INDIA	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If yes , Please provide the following details)

Country of Tax Residency	Tax Identification No. / Functional equivalent of the foreign country	Identification on Type

In case Tax identification on number is not available , kindly provide functional equivalent or company identification on Number or Global entity identification Number

Is the entity a Financial Institution (FI) (including an Foreign Financial Institution) (refer instruction 1 in annexure) Or A Direct Reporting NFFE (Refer 'other definitions' in Annexure)	<input type="checkbox"/> Yes (Please II Part B)	<input type="checkbox"/> No (Go to Next Question)
Is the entity a publicly traded corporation / a related entity of a publicly traded corporation / Active NFFE (For clarification, refer instruction 3 in Annexure)	<input type="checkbox"/> Yes (Please II Part C)	<input type="checkbox"/> No (Please II Part D)

Note: Part D needs to be filled for all accounts opened, irrespective of answer to this section.

PART D - IF YOUR ANSWER TO QUESTION IN PART A IS A NO, PLEASE PROVIDE FOLLOWING DETAILS:

Entity is Passive NFFE <input type="checkbox"/>	Entity is Active NFFE <input type="checkbox"/>	(Other than Direct reporting NFFE:)								
Please specify nature of business : _____										
Provide details of all UBO/s or Controlling Person/s , [natural persons as per PMLA] (including owner documented FFI's [for clarification, refer 'other definitions in the Annexure]) in the table below										
Are you an Owner-Documented FFI's- Yes <input type="checkbox"/> No <input type="checkbox"/>										
If 'yes' , <u>in addition to the below details</u> , please provide a duly filled form W8BEN E along with FFI Owner reporting statement and Auditor's Letter.										
If 'No', Please provide below details only.										
Name of UBO	Date of Birth	Gender	Country of tax residency	Nationality	Residence Addr. for Tax Purposes	Father Name if (Pan no available	Tax identification number or equivalent & Tax identification / functional equivalent documents	Identification Document: Passport , PAN , Etc	City and Country of birth	UBO code (for clarification , refer instruction 7 in the annexure

Note:- In case of a multiple intermediaries, please provide the shareholding / controlling structure of each such intermediary / ies.

A. if any of the UBO is a resident / citizen of 'other than INDIA or citizen / tax resident / green card holder of country, please provide tax payer ID number or equivalent / Social Security number [SSN]

B. Submit documentary proof like shareholding pattern duly self-attested by Authorized Signatory / Company Secretary

C. If number of UBOs are greater than 4 or the space required is insufficient, information in the given format can be given in additional sheets Please also fill the Beneficial Owner Form for the UBOs

DECLARATION & ACKNOWLEDGEMENT

I/We _____ being the beneficial owner of the account opened / to be opened with **lakshmishree investment & Securities Pvt. Ltd. (LISPL)** and the income credited therein declare that the above information and information in the submitted documents to be true , correct and updated, and the submitted documents are genuine and duly executed.

I/We acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, LISPL may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if LISPL does not receive a valid self-certification from me/us) the LISPL may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me/us, I/We ensure that I/We will advise LISPL promptly, i.e., within 30 days. Towards compliance with such laws, LISPL 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, LISPL may also be constrained to withhold and pay out any sums from my account or close or suspend my account(s).



1st Holder Sign



2nd Holder Sign



3rd Holder Sign

Designation _____

Date _____

Note:- Part B & Part C Instruction provided by Separately, If Applicable**OPTION FOR ISSUE OF DELIVERY INSTRUCTION BOOKLET (DIS)****Mandatory to select any one option**

Kindly confirm the manner of receiving DIS booklet

(To be filled by person seeking to open a Depository account where Power of Attorney has been granted to operate the depository account)

☐ I/We require you to issue Delivery Instruction Slip (DIS) booklet to me immediately on opening my CDSL account though I/We have issued a Power of Attorney (POA) executed in favour of **LISPL** with for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through LISPL.

☐ I/We do not require the Delivery Instruction Slip (DIS) for the time being since I/We have issued a POA in favour of Lakshmishree Investment & Securities Pvt. Ltd. for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through **LISPL**. However, the Delivery Instruction Slip (DIS) booklet should be issued to me immediately on my request at any later date.


1st Holder Sign



2nd Holder Sign



3rd Holder Sign

ACKNOWLEDGEMENT TO LAKSHMISHREE INVESTMENT & SECURITIES PRIVATE LIMITED
FROM CLIENT
MANDATORY

Lakshmishree Investment & Securities Private Limited
 401, Marathon Icon, Marathon Nextgen Campus, Ganpatrao Kadam Marg,
 Opp. Peninsula Corporate Park, Lower Parel, Mumbai - 400013

I/We hereby confirm that I/We have gone through all the relevant clauses at the time of execution of KYC and has sought the relevant clarification wherever required from the officials of **LISPL**. Further I/We had read below mentioned document available on company website www.lakshmishree.com as well as it was read in handbook of the company. Moreover please arrange to provide the same documents in ☐ Electronic via E-mail ☐ Physical

Sr. No. Brief Description of the Document

1	Right and Obligations of Stock & Commodity Brokers, Authorised Person and Clients.
2	Right and Obligations of Beneficiary Owner and Depository Participant as prescribed by SEBI & Depository.
3	Rights and obligation of clients, in Internet and Wireless technology based trading of Stock & Commodity facility provided by Broker to Client.
4	Risk and Disclosure document for Security & Commodity Market.
5	Guidance note - Do's and Dont's for trading on Exchange(s) for Investors.
6	Terms and Conditions for aviating Transaction Using Secured Texting (TRUST) Service offered by CDSL.
7	Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL
8	Executed Copy of KYC
9	Information on Anti-Money Laundering
10	Policy and Procedure (Equity + Derivative)
11	Policy and Procedure (Commodity)

CLIENT COPY

 For _____
 Client Code : _____

BO ID : 12059100_____

Client's Signature



(Should be Signed with Rubber Stamp, if applicable)

Note: The standard documents (Client Copy) are also available in vernacular language on our Website: www.lakshmishree.com and can be downloaded at any point of time for reference.

NOMINEE DETAILS FOR TRADING AND DEMAT ACCOUNT
☐ I/We wish to nominate

☐ I/We do not wish to nominate
BO Account Details : DP ID Client ID Trading Code Name of the Sole Holder **Nomination Details**

Nominee Name	Nominee 1	Nominee 2	Nominee 3
*First Name			
Middle Name			
*Last Name			
*Address			
*City			
*State			
*Pin			
*Country			
Telephone No. / Mobile No.			
Fax No.			
PAN No.			
UID			
E-mail ID			
*Relationship with the BO			
Date of birth (mandatory if Nominee is a minor)			

Name of the Guardian of Nominee (if the nominee is minor)

*First Name			
Middle Name			
*Last Name			
*Address			
*City			
*State			
*Pin			
*Country			
AGE			
Relationship of the Guardian with the Nominee :			
Residual Securities [please tick any one nominee.If tick not marked default will be first nominee]			
Percentage of allocation of securities	%	%	%

Note : Residual securities : In case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

 1st Holder Sign

 2nd Holder Sign

 3rd Holder Sign

This nomination shall supersede any prior nomination made by me and also any testamentary document executed by me. Note: One witness shall attest signature(s) / thumb impression(s)

Details of the Witness

Name of Witness	
Address of Witness	
Signature of Witness	

FOR OFFICE USE ONLY

(To be Filled by Depository Participant)

DP ID Client ID Nomination form accepted and registered with Registration No. Signature of the Authorised Signatory 

Seal / Stamp of the Stock Broker

CLIENT DECLARATION

1. 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/We am aware that I/We may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non mandatory documents.
3. I/We further confirm having read and understood the contents of the Rights and Obligations document(s), Risk Disclosure Document and Do's and Dont's. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on Member's designated website, if any.
4. I/We am hereby submitting self-certified Aadhar copy with My/Our due consent for opening the above said account associated to My/Our investment with LISPL .

Place _____

Date 

1st Holder Sign



2nd Holder Sign



3rd Holder Sign

OFFICE USE ONLY

I/We undertake that we have made the client aware of tariff sheet and all the voluntary/non-mandatory documents. I/We have also made the client aware of Rights and Obligations document (s), RDD, Do's and Dont's and Guidance Note. I/We have given/sent him a copy of all the KYC documents.

I/We undertake that any change in the tariff sheet and all the voluntary/non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the Rights and Obligations and RDD would be made available on our website, if any, for the information of the clients.

For Lakshmishree Investment & Securities Pvt. Ltd.**Authorised Signatory****DISCLOSURE OF PROPRIETARY TRADING BY BROKER TO CLIENT****MANDATORY**

With reference to the SEBI Circular No. SEBI/MRD/SE/Cir-42/2003 dated Nov. 19, 2003 intended to increase the transparency in the dealing between the trading member and their clients, all trading members are required to disclose to its/their clients whether they do client based business or proprietary trading as well.

Pursuant to the above, we wish to inform you that Lakshmishree Investment & Securities Pvt. Ltd. at present does trade on proprietary account in the Cash, Derivatives, Commodity and Currency segment at NSE/BSE/MCX/NCDEX.

I/We _____ having client code _____ with

Lakshmishree Investment & Securities Pvt. Ltd. acknowledge receipt and Understanding of the above.

Signature of Client



Name _____

Client Code _____

TARIFF SHEET (For Trading)

MANDATORY

Sr. No.	Segment wise Brokerage	Standard Rate		Your Tariff for all Segment	
A	Capital Market Segment	%	Minimum Paise Per Share	%	Minimum Paise Per Share
1	Delivery Brokerage (On Turnover)	0.40	4		
2	Square Up Brokerage (On Turnover)	0.04	4		
B	Derivative Segment	%	Minimum Paise Per Share	%	Minimum Paise Per Share
1	Delivery Brokerage (On Turnover)	0.40	4		
2	Future Square off Brokerage (On Turnover)	0.04			
3	Options Brokerage (Per Lot)	100			
C	Currency Segment	%	Minimum Paise Per Share	%	Minimum Paise Per Share
1	Delivery Brokerage (On Turnover)	0.04			
2	Options Brokerage (Per Lot)	25			
D	Commodity Segment	%	Minimum Paise Per Share	%	Minimum Paise Per Share
1	Delivery Brokerage (On Turnover)	0.40			
2	Future Brokerage (On Turnover)	0.04			
2	Options Brokerage (Per Lot)	100			

TARIFF SHEET (DEMAT) (Effective from 01/11/2020)

MANDATORY

Sr. No.	Activity	Fees
1	Account Opening Charges (HUF, Firm)	Nil
2	Annual Maintenance Charges (Individual, HUF)	₹350 <input type="checkbox"/>
3	If Opted For Life Time AMC (Individual)	₹600 <input type="checkbox"/>
4	Annual maintenance charges (Corporate)	₹ 750 <input type="checkbox"/>
5	Pledge Charges	₹15/ ISIN
6	Unpledge Charges	₹15/ ISIN
7	Dematerialization Charges	₹3 per Certificate subject to Minimum ₹20
8	Off Market Transaction	0.03% of the transaction value or ₹20 per transaction whichever is Higher
9	Account Closing Charges	Nil

Note:

1. Turnover Means (Buy Qty+ Sell Qty) * Trade Rate
2. Minimum Brokerage Per Contract Note ₹15 (subject to maximum of 2.5% or maximum slab as per Regulatory Guidelines)
3. If Tariff is not filled, then standard rates will be applicable.
4. GST will be levied separately on all above charges separately.
5. Postal & Courier Charges will be charged separately at ₹ 75/- Per DRF
6. Any other Taxes and Govt. levies will be charged extra as applicable

List of Other charges on Actual Basis

1. Transaction Charges
2. Stamp Duty
3. Securities Transaction Tax
4. Commodities Transaction Tax
5. SEBI Turnover Tax
6. Clearing Charges ₹ 15/Crore
7. GST on Brokerage and other charges as applicable
8. Other charges as levied by Clearing Member/ Clearing Corporation/ Exchange/ Regulatory Authorities
9. Payment Gateway Charges
10. Postal & Courier Charges
11. Cheque Bouncing Charges etc
12. Delay Payment Charges not exceeding 2% per month will be charged on debit balance if any
13. Delay Payment Charges not exceeding 2% per month on Margin Funding by us on amount of Margin shortage if any
14. Margin Shortage Penalty as levied by the Exchanges/SEBI/ Regulatory Authorities.

 1st Holder Sign

 2nd Holder Sign

 3rd Holder Sign

POA FOR PAY-IN OF SECURITIES FOR THE PURPOSE OF SETTLEMENT

VOLUNTARY

I/We hold a Beneficiary Account No. **12059100** (BO-ID) with Central Depository Services (India) Limited, through **Lakshmishree Investment & Securities Private Limited** bearing **DP-ID 12059100 (DP SEBI Registration No. IN-DP-CDSL-490-2008)**

And whereas I/We are engaged in buying and selling of securities through **Lakshmishree Investment & Securities Private Limited** incorporated under the provisions of Companies Act, 1956 (Amendment, 2013). A member of NSE, BSE, MCX, NCDEX (Collectively) referred to as "Stock Exchange" and having SEBI registration no. **INZ000170330** and whereas due to exigency and paucity of time, I/We are desirous of appointing an attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the hereinafter appearing.

I/We and the present witnesses know that I/We and the above named do hereby nominate constitute/and appoint **Lakshmishree Investment & Securities Private Limited**, as my/our true and lawful attorney (hereinafter referred to as the attorney) for me/us and on my/our behalf and in my/our name to do instruct the aforesaid purpose of Depository Participant to operate my/our Beneficiary Account and issue instructions relating to debit of securities / or to transfer of securities in respect of securities sold, to initiate pledge and re-pledge, pledge closure instructions and all such other instructions that may be required to facilitate the transactions as specified by SEBI from time to time, undertaken by me/us from aforesaid account for the purpose of the delivering, re-pledge the same to the clearing house of the recognized stock exchange towards any segment in respect of securities sold by me/us through them.

This authority is restricted to the settlement obligation arising out of the transactions executed by **Lakshmishree Investment & Securities Private Limited**. As instruction confirmed to us by aforesaid clearing member on behalf of SEBI circular I/we provide the following below mentioned demat accounts for the purpose of execution of such Power of Attorney (POA), to pledge shares/securities/mutual funds/debentures (herein after called as 'securities') as margin against the trading exposures which might be taken by the clients in capital market, derivative segment, currency derivative, commodity derivative and Margin Trading Facility of NSE/BSE/MCX/NCDEX or any other recognized stock exchange provided that client has agreed to trade on such exchange through **Lakshmishree Investment & Securities Private Limited**.

As per SEBI Circular No. CIR/MRD/DMS/28/2010 dated 31st August 2010, list of demat accounts where Securities can move is listed as per mentioned below:-

List of Demat Accounts (NSE Pool / BSE Principal / NSE & BSE Early Paying): - 12059100 00002790, 12059100 00017558, 11000011 00017252, 11000010 00023249 respectively. We hereby authorise Lakshmishree Investment and Securities Private Limited to pledge the securities lying in his/her/their above said demat account in favor of Lakshmishree Investment & Securities Private Limited in their account no. 1205910000290392 (TM/CM CMPA) for client Pledge & Re-Pledge in NSE/BSE/MCX/NCDEX Segment, 1205910000290675 (TM/CM CMPA) for client Pledge in MTF Collateral & 1205910000291757 (Client Securities Margin Funding Account) in MTF Segment with CDSL.

Lakshmishree Investment & Securities Private Limited has maintained settlement accounts for the purpose of settlement of trades executed by me/us on any recognized stock exchange through **Lakshmishree Investment & Securities Private Limited**. However the said power will be restricted to only re-pledge, un-pledge, closer of pledge securities to the Clearing member ID allotted to the stock broker by any existing or future exchange that **Lakshmishree Investment & Securities Private Limited** has joined /will join as a member, any demat account linked to the said Clearing Member ID provided that I/We have executed a Client Member Agreement with **Lakshmishree Investment & Securities Private Limited** for such exchanges. It is agreed that **Lakshmishree Investment & Securities Private Limited** would return to the client(s), the securities that may have been received by it erroneously or those securities that it was not entitled to receive from the client(s).

It is authorised to the Depository Participant to send consolidated summary of client's script-wise buy and sell positions taken with average rates to the client by way of SMS / Email on daily basis, not with-standing any other document to be disseminated as specified by SEBI from time to time.



1st Holder Sign



2nd Holder Sign



3rd Holder Sign

To submit copies of the POA to the Depository Participant/s with whom designated DP Account or other beneficiary accounts are maintained in my/our name(s) and obtain acknowledgment thereof and to do all such acts and deeds as may be deemed fit and appropriate from time to time by my/our attorney in pursuance of these presents.

To incur and pay interest, all charges due to **Lakshmishree Investment & Securities Private Limited** by me and expenses in connection with all or any of the aforesaid matters.

To forward all such applications placed through the website or any other channels of communication, to the online-IPO module of the concerned Stock Exchange or owner/issuer of units of mutual funds, rights issue, offer for sale, collective investment scheme or tender securities in open offer or buy back of shares, or any other investment product .

To retain all originals of the documents executed by and on behalf of the Principal/s.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney is binding me. This POA may be revoked at any time by the Principal/s by lodging with **Lakshmishree Investment & Securities Private Limited**, a communication in writing duly signed by the Principal/s. Provided, however, that the revocation shall not so operate as to preclude or deny execution of transactions as are required for the purpose of fulfilling all obligations (towards settlement, delivery, or otherwise specified by SEBI), arising out of transactions executed for and on behalf of client/s by **Lakshmishree Investment & Securities Private Limited** on the Stock Exchanges prior to the time of receipt of such revocation by **Lakshmishree Investment & Securities Private Limited** and is exclusive to **Lakshmishree Investment & Securities Private Limited** except to the extent not permissible under the bye-laws, rules and regulations of the Exchanges and Depository and the directions issued by the Stock Exchanges there under. This document shall be subject to the jurisdiction of the courts in Mumbai

By signing on this document you authorize Lakshmishree Investment & Securities Private Limited to execute the following:

1. Delivery instructions on your trades
2. Settlement of trades

Signed and Delivered by
Client-Name and Signature

Name _____ Name _____ Name _____



1st Holder Sign



2nd Holder Sign



3rd Holder Sign

Lakshmishree Investment & Securities Private Limited.

Name _____

Authorised Signatory _____

Please go through the terms and conditions of agreement and risk disclosure documents carefully before signing
 Witness-Name and Signature

Name _____

Address _____

Signature 

Place _____

Name _____

Address _____

Signature 

Date ___/___/___ Attestation by Notary Public

The foregoing instrument was executed before me on the _____ day of _____ 20____ by _____

VOLUNTARY AUTHORISATION LETTER

From : _____

Client Code: _____

DP Client Code: 1 2 0 5 9 1 0 0 _____

Date :

Lakshmishree Investment & Securities Pvt. Ltd.
 Unit No 401, IV Floor, Marathon Icon Marathon Nextgen Campus
 Ganpat Rao Kadam Marg Opposite Peninsula Corporate Park
 Lower Parel, Mumbai-400013

 By ticking on Yes you authorise **LISPL** to maintain
 the trading as Running Account there by adjusting
 any obligations and receivables
Subject : Voluntary Authorisation Letter**1. Authorisation for Periodic Settlements of Funds** ☐ Yes ☐ No
 A) To maintain my/our account on a running account basis and adjust any amounts receivable from me/us against any credits standing into my/our account or from my/our forthcoming payouts payable by me/us to **LISPL**, where I/We am/are registered with you as a client.

B) I/We request you to keep my/our funds with you to meet my/our pay in obligations in the succeeding settlements in the same segment as well as other segments of BSE and/or NSE and/or MCX and/or NCDEX where I/We am registered with you as a client.

C) Further it is observed that many times the date on which payment is due to me/us from you and the date which I/We am required to make payment to you are very close and therefore exchange of payment become unnecessary paper work. Hence, I/We request you to maintain the Running Account facility with you. I/We agree that you shall not be required to pay any interest/ charges / cost in respect of funds on a Running Account basis.

D) I/We hereby give my/our constant for periodic settlement of my/our funds.

E) However my/our preference for periodic settlement of funds is as follows:-

A. Monthly ☐B. Quarterly ☐
 F) I/We declare that this authorisation is revocable by me/us at any time without giving any prior notice of such revocation to **LISPL**.

 G) I/We agree that for any payouts from my/our trading account, I/We specifically shall intimate above the same and **LISPL** shall upon due scrutiny of my/our account and upon adherence to its policy/procedure, shall release eligible amount to me/us. I/We agree that this authorisation shall have an equal binding effect to the successors, executors and assigns of Lakshmishree Investment and Securities Pvt. Ltd.

H) I/We hereby authorise you to transfer/adjust all the additional fund lying in my/our ledger account after meeting my/our obligation dues, to the collateral account to avail exposure of keep all fund in your margin account with you to meet my/our margin obligations to keep the same with any exchange and / or with clearing member in the form of fixed deposit or any other form to avail exposure / meet margin requirements. This arrangement would be without any consideration or the funds so moved will not be any interest / commission payable to me/us / is in the event of above arrangement.

2. Authorisation for receiving ECN 's and any document / communication in electronic form by E-mail from the stock broker (all exchanges/segment) and Depository Participant ☐ Yes ☐ No
 I/We am registered as a client and having the captioned Trading account and Depository Account hereby authorise **LISPL** for the SMS or following :-

 By ticking on Yes you authorise **LISPL** to send all
 important communication like notices, contract
 notes etc. from **LISPL** by mail or sms

 A) I/We authorise **LISPL** to issue me/us electronic Contract notes (ECN's), bill, trade confirmations, ledgers, daily margin statements, statements for accounts for periodical settlement of funds and securities, any notices, circulars, amendments and such other correspondence or communication related to my/our trading account (here in after referred to as "documents") and wherever required duly authenticated by means of a digital signature as specified in the Information Technology Act, 2000 and the rules made there under to the E-mail ID as mentioned hereunder.

To be Continued...

B) I/We understand that the documents received on E-mail/displayed on website are for my/our convenience. I/We take all the necessary step to ensure confidentiality and secrecy of the login name & password of the internet / E-mail account. I/We are aware that the documents as may be accessed by other entities in case the confidentiality / secrecy of the login name and password is compromised.

C) I/We shall verify the authenticity of the E-mails which I/We shall receive. LISPL shall not be responsible, if I/We do not receive the documents due to incorrect email ID and /or technical reasons.

D) I/We authorise LISPL to issue me bills, ledgers, monthly/quarterly/yearly demat transaction cum holding statements, any notices, circulars, amendments and such other correspondence or communication related to my/our demat account (here in after referred to as "Documents") and wherever required duly authenticated by means of a digital signature as specified in the Information Technology Act, 2000 .

E) I/We understand that wherever the E-mails have not been delivered to me or has been rejected (bouncing of mails) from the E-mail ID of mine, LISPL would send physical documents to me. I/We further hereby agree that LISPL have fulfilled the legal obligation, if the above documents are sent electronically to the below mentioned E-mail ID. I/We agree that LISPL will not be responsible for non-receipt of documents sent via electronic delivery due to change in Email address or for any other reason which inter alia include my/our Email/inbox running out of capacity, malfunction of my/our computer system/server/internet connection, mails received by frauds/imposters etc. I/We also agree that LISPL shall not take cognizance of out-of office/ out-of-station auto replies and I/We shall be deemed to have received such electronic mails.

I/We shall inform LISPL in writing if there is any change in my/our registered E-mail ID:- _____

3. Authorisation for debiting various Depository Charges :-

☐ Yes

☐ No

By ticking on YES you authorise LISPL to deduct all DP charges from your Account

A) I/We hereby give my/our consent/authority to debit/recover all types of depository charges viz annual maintenance charges, inter settlement charges, any type of transaction charges as is levied on me for the transactions carried out in my/our demat account including any statutory levies, services tax or any other tax/charges/fees in/from my/our trading ledger having the captioned client code as maintained with LISPL. I/We understand and agree that such depository charges will be debited in my/our trading ledger maintained with LISPL irrespective of the ledger balance on periodically and/or as per the details provided by LISPL.

B) I/We instruct LISPL to provide the requisite information periodically and/or on occasion basis of such charges levied on me to LISPL with whom I/We have opened the trading account. I/We understand and consent that LISPL shall have the right to recover the depository charges like any other trade dues payable by me from my/our trading ledger. I/We hereby further authorise LISPL to set off a part or whole of the collateral/ledger balances/securities in my/our demat account I/We.e. by way of appropriation of the relevant amount of cash or by way of sell or transfer or liquidation/close out positions of all or some of the securities placed as collateral or lying in my/our demat account as stated above for the purpose of clearing any outstanding amount related to the aforesaid demat account maintained with LISPL. All losses and financial charges on account of such liquidation/close-out shall be borne by me/us.

4. Request for trading in commodity forward contracts/commodity derivatives on MCX and NCDEX

☐ Yes

☐ No

I/We the undersigned, have taken cognizance of circular no. MCX/338/2006 dated August 21, 2006, MCX/541/2006 dated December 7, 2006, and MCX/T&S/014/2012 dated January 12, 2012, issued by Multi Commodity Exchange of India Ltd (MCX) and I/We the undersigned, have taken cognizance of circular no. NCDEX/TRADING-114/2006/247 date September 28, 2006, NCDEX/TRADING-070/2007/188 dated August 01, 2007, and NCDEX/TRADING-003/2012/010 dated January 10, 2012, on the guidelines for calculation of net open positions permitted in any commodity. I/We hereby undertake to comply with the same. I/We hereby declare and undertake that we will not exceed the position limits prescribed from time to time by MCX/NCDEX or SEBI, and such position limits will be calculated in accordance with the contents of the above-stated circular of NCDEX and MCX as notified from time to time.

To be Continued...

I/We undertake to inform you and keep you informed if I/any of our partners /directors / karta /trustee or any of the partnership firms /companies /HUFs/trusts in which I/We or any of above such person is a partner /director / karta /trustee, takes or holds any position in any commodity forward contract/ commodity derivative on MCX/NCDEX through you or through any other member, to enable you to restrict our position limit as prescribed by the above-referred circulars as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts /commodity derivatives for me/us as your clients on MCX / NCDEX only on the basis of our above assurances and undertaking.

5. Acceptance of securities as collateral for any or all segment(s) ☐ Yes ☐ No

I/We _____ (PAN - _____) having my/our Trading Account with do hereby provide my/our consent/ authorisation to further pledge /deposit my/our securities lying with you or in my/our/our Beneficial Account (Demat Account No) with the clearing member / clearing corporation for additional exposure availed by me/us during the period of my/our relationship with you.

I/We hereby declares and assure that

- (i) The said Securities are owned by me/us,
- (ii) the said Securities are in existence and are free from any charge, lien or encumbrance, whether prior or otherwise,
- (iii) the said Securities will be subject to the creation of pledge in favor of or for the benefit of Clearing Corporation and further that the Securities over which pledge may be created in future would be in existence and owned by me/us at the time of the creation of such pledge and that the said Securities to be given in future as security to clearing corporation would likewise be unencumbered, absolute and disposable property of the clients.
- (iv) **LISPL** or its Clearing Member is authorised to do all such acts and things, sign such documents, and pay and incur any such costs, debts and expenses as may be necessary, and the same shall be subject to terms and conditions as contained herein
- (v) Clearing Corporation may invoke the pledge without my/our reference or permission and upon receipt of the said Securities, Clearing Corporation may utilize the proceeds in meeting my/our obligations in such manner as it may deem fit and that such invocation of the pledge will be final and irrevocable against the Clearing Member and me/us.
- (vi) I/We shall not make any claims or demands for refund or any reimbursement in relation to the said Securities.
- (vii) I/We hereby confirm that I/We read the terms and conditions to this effect and fully aware of the consequences of the same.

6. OTHER DECLARATION :-

I/We are dealing in securities with Lakshmishree Investment & Securities Private Limited. (**LISPL**) at NSE/BSE/MCX/NCDEX in Cash, Derivative & Currency and Commodities Segment in order to facilitate ease of operations, I/We authorise **LISPL** as under :

1. I/We authorise **LISPL** to set off outstanding in any of my/our accounts against credits available or arising in any other accounts maintained with **LISPL** irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange or in any other exchanges and/or against the value of cash margin or collateral shares provided to **LISPL** by me/us.
2. I/We hereby authorise **LISPL** not to provide me/us Order Confirmation / Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We shall get the required details from contract notes issued by **LISPL**. If it is required additionally, I/We confirm that levy of charges as per broker policy on the physical issuance of the contract note and other documents.
3. I/We request **LISPL** to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give me/us all the confirmation on telephone unless instructed otherwise in writing. I/We am getting required details from contracts issued by **LISPL**.
4. I/We shall not hold **LISPL** or any of its employee/official/agent/affiliate responsible or liable for any information, recommendation or advice with respect to any investment/ trading decision or transaction, and if so acted upon by me/us the same shall be at my/our sole risk and cost.
5. **LISPL** may restrict my/our trading as per their risk management and/or due diligence policies, or any other reason in spite of my/our having paid full margin. I/We will comply to their requirements then which may include submission of updated documents, undertaking, financial etc.
6. **LISPL** and its directors, officers, employees, and agents shall not be responsible or liable for any losses suffered or which may be suffered by me/us arising from any delay or failure in the transmission, receipt, execution or confirmation of orders due to any breakdown, interruption or failure of transmission of the internet, computer network, software, hardware, other computer devices, internet system and any problem arising from my/our side.

To be Continued....

7. **LISPL** and/or its agents will not be liable for losses caused directly or indirectly by government restriction, exchange or market rulings, suspension of trading, computer, communication, telephone or system failure, war, earthquakes, flood, accident, power failure, equipment or software malfunction, strikes or any other conditions beyond its control.
8. I/We do hereby confirm that I/We shall not deposit any third party cheque towards meeting my/our obligation for the trades executed by me/us and hence shall not hold **LISPL** against any such credit.
9. It shall be my/our responsibility to check the data provided through SMS Alert Service or Email services with the actual Contract Notes/Financial Ledgers given by **LISPL**. The messages flashed shall be merely reminders for my/our convenience that I/We shall take all my/our actions based on the normal confirmation received by me/us. I/We agree to inform **LISPL** of any changes in the mobile number on which the updates are required.
10. I/We undertake that I/We shall not hold **LISPL**, its Directors or Officers liable towards my/our acceptance of any lucrative offer of fixed return on investment without the knowledge of the Company and the onus to bring the same to the notice of the Company lies with me/us.
11. I/We undertake that if any claim or dispute arises between us in respect of any transactions, contracts, etc. entered into on my/our account, I/We shall be bound to refer it to Arbitration as per the Rules, Bye-Laws and Regulations and conventions of the SEBI and/or exchange(s) which are applicable to me/us.
12. I/We agree to abide by client level position limit and authorise **LISPL** not to increase my/our open position beyond the stipulated limit, and if inadvertently exceeded, to actually reduce and bring it within acceptable limits. I/We further authorise **LISPL** to debit my/our ledger for any penalty imposed on you for my/our violation towards position limit.
13. I/We will not plant any false or misleading news which may induce sale or purchase of Shares/Securities.
14. I/We will not sell, deal or pledge any of the stolen or counterfeit security whether in physical or dematerialized form. I/We will not act in such a manner amounting to manipulation of the price of a security.
15. I/We will not advance or agree to advance any money to any person thereby inducing any other person to offer to buy any security.
16. I/We will not introduce any kind of money acquired illegally in the financial system. I/We will submit the necessary documents/information required under the PMLA and/or any other statute.
17. I/We will not carry out any unfair trade practices such as Synchronized deals, Structured deals, Circular Trading.
18. I/We request that **LISPL** may send/dispatch me/us contract notes other documents through E-mail on my/our Designated E-mail ID:-
_____. I/We will completely rely on the log reports of your dispatching software as a conclusive proof of dispatch of E-mail to me/us and will not dispute the same.
19. Trading of all Exchanges is in Electronic Mode, leased line, ISDN, Modem and VPN, combination of technologies and computer systems to place and route orders. I/We understand that there exists a possibility of communication failure or system problems or slow or delayed response from system or trading halt, of any such other problem/ glitch whereby not being able to establish access to the trading system/ network, which may be beyond your control and may result in delay in processing or note processing buy or sell orders either in part or in full. I/We agree that I/We shall be fully liable and responsible for any such problems / fault.
20. I/We confirm that I/We will never sublet the trading terminal on any term of connectivity, from my/our place to any other place without your prior approval.
21. I/We agree for & authorise **LISPL** to withhold funds pay-out towards all the applicable margins and debits.
22. All fine/penalties and charges levied upon **LISPL** due to my/our acts/deeds or transactions may be recovered by **LISPL** from my/our account.
23. I/We have a trading as well as depository relationship with you. Please debit the charges relevant with depository services from my/our trading account on monthly basis. Also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reasons.
24. I/We can revoke the above mentioned authority at any time.

Yours Faithfully,

Client Code : _____



1st Holder Sign



2nd Holder Sign



3rd Holder Sign

CONSENT TO AVAIL MARGIN TRADING FACILITY**VOLUNTR**

To

LAKSHMISHREE INVESTMENT AND SECURITIES PRIVATE LIMITED (LISPL), 401 MARATHAN ICON, G. K. MARG LOWER PAREL, MUMBAI-400013

Dear Sir,

I/We registered client with you and having Trading code & DEMAT A/c No.....willing to avail margin Trading Facility (MTF) offered by you. I/We hereby confirm that I/We had read and understood & agree with the right and obligation as prescribed by NSE & BSE. Also I/We had received hard copy of Right & Obligation as prescribed by NSE & BSE separately from you. The same is also available on the company website www.lakshmishree.com from where we can see and download the same in future if any change done.



1st Holder Sign



2nd Holder Sign



3rd Holder Sign

Further, I/We undertake, authorise, confirm and agree the term & condition prescribed by LISPL for Margin Trading Facility as given below...

1. The initial margin payable by the client to LISPL shall be in the form of cash, cash equivalent or Group 1 equity shares, with appropriate hair cut as specified in SEBI master Circular No. SEBI/HO /MRD/DP/CIR/P/2016/135 dated December 16, 2016. Such margin can be changed from time to time or may be decided by the management of LISPL. Such margin prescribed by LISPL may be higher than the quantum prescribed by regulatory provisions. The client shall pay applicable initial margin or such other margins as are considered necessary by the stock broker or as may be directed by SEBI / Exchange(s) from time to time as applicable to margin trading segment in which the client trades.

2. As per SEBI circular No. CIR/MRD/DP/54/2017 dated June 13, 2017, Equity Shares that are classified as "Group 1 Security" by SEBI only shall be eligible for MTF. LISPL, at its discretion, may not provide funding under MTF to certain equity shares though classified to be "Group 1 Security" by SEBI. Equity shares shortlisted by SEBI/EXCHANGE for funding (Approved List) shall be as displayed on LISPL website WWW.LAKSHMISHREE.COM from time to time. In order to avail of margin facility, the minimum initial margin required to be provided by the clients, as prescribed by SEBI/Stock Exchanges, is as under: VaR + 3 times of applicable ELM in case of F & O Stocks (I/We.e., stocks available for trading in the F&O Segment. VaR + 5 times of applicable ELM in case of stocks other than F & O Stocks. VaR and ELM shall mean VaR and ELM as applicable to respective stocks in the cash segment.

3. Leverage & exposure: LISPL shall provide exposure to client based on exposure limit as prescribed by SEBI/Exchange(s) from time to time. However based on market conditions and the risk perception about the market, LISPL may set the exposure limit on the basis of available collaterals which may comprise of ledger balance and stocks (after suitable margin haircut). In case overall position in particular scrip or across all scrip has reached the particular limit, then client may not be allowed to take further position. Collateral provided by client towards margin shall be free from any lien and be totally unencumbered.

4. Initial margin, increased margin, margin shortage, margin calls, maximum allowable exposure, maximum stock specific exposure, trade confirmation, square off intimation and such other information in relation to MTF shall be communicated electronically through one or many or all of the following modes, viz email, SMS & telephone calls.

5. The margin requirement of client may be changed due to but not limited to, the following factors - market volatility, risk management policy of LISPL, LISPL will communicate / advice the parameters for the calculation of the margin / collateral requirement as rate(s)/Percentage(s) of the haircut and/or as VAR / ELM requirement through any one or more means or methods such as by messaging on the computer screen of the client's computer by informing the client through employees / agents of LISPL, by publishing /displaying it on the website of LISPL/ making it available as a download from the website of LISPL; or any other suitable or applicable mode or manner. The client shall monitor his /her / its position (including valuation of collaterals) on his / her / its own and provide the require / deficit margin / collateral as required from time to time whether or not any margin call or such other separate communication to that effect is sent by LISPL to the client and / or whether or not such communication is received by the client to avoid any liquidation.

6 The client agrees that LISPL shall not be responsible for variation, reduction or imposition or the client's inability to create any position through LISPL's trading system on account of any such variation, reduction or imposition of limits. The client further agrees that LISPL may at anytime, at its sole discretion and without prior notice prohibit or restrict the client's ability to create position in securities through LISPL or it may liquidate the position/sell shares or subject any position by the client to a review before its creation and may refuse to create position due to the reason of lack of margin/collateral market perception and any other such reasons which LISPL may deem appropriate in the circumstances. The client agrees that the financial charges and losses, if any on account of such refusal, liquidation or due to delay caused by such review under MTF or otherwise, shall be borne exclusively by the client alone.

Applicable minimum initial margin and increased margin, if any, shall be kept supplied at all times by the clients in respect of the stocks purchased under the MTF client shall pay any shortage in the required margin immediately on receiving demand (margin call) and in any case not later than 09.30 A.M on the trade day following the day of making the margin call (prescribed time) failing which LISPL shall be at liberty to liquidate the funded shares and/or collateral shares to recover the dues outstanding in the account of the clients. In case of extreme volatility in the market, LISPL may demand payment of margin forthwith and prescribed time for making margin payment shall be construed accordingly. Decision of LISPL in relation to market volatility shall be final and binding without LISPL having to provide any reason for the decision to the client.

7. If required margin is not provided within the prescribed time, client shall be treated as client in margin default. LISPL shall not be obliged to notify the client in margin default of the liquidation of shares, ahead of liquidation. LISPL shall be obliged to liquidate shares proportionate to the shortage in margin.
8. Client in margin default shall continue to be in margin default, until the required margin is furnished in full to eliminate the shortage. Partial payment of margin or a change in the required margin shall not extend the time stipulated for making margin payment which will run from the time of making margin call to the client.
9. In case margin is reduced by an amount equal to applicable ELM component of the total margin due to market volatility within a trading day (i.e. available margin becomes equal to or less than applicable VAR margin), LISPL reserves the right to liquidate the collaterals and/or funded shares forthwith without prior notice to the client.
10. MTF clients purchasing shares not specified in LISPL Approved List of Group 1 securities shall be required to 100% margin upfront for such purchases.
11. If any shares are delisted from Group 1 Approved List, client shall be required to make payment of full purchase consideration against such shares on receiving margin call with in the prescribed time, failing which LISPL shall be at liberty sell such shares without further notice to the client.
12. If a client is debarred by orders of lawful authority from trading in the securities market, LISPL shall liquidate collateral and funded shares of the client to recover its dues to the full extent forthwith.
13. In case of death of a client, LISPL shall be entitled to liquidate the collateral and funded shares under MTF and recover the unpaid outstanding due.
14. Any loss arising from liquidation of the shares shall be charged to the account of client. Client shall forthwith pay LISPL any unpaid dues outstanding in the account after liquidation of the shares.
15. LISPL reserves the right to withdraw MTF with respect to any client without assigning any reason after giving a reasonable notice to the client in which case dues if any outstanding in the account of the client shall become payable immediately. Failure to make payment of the outstanding dues shall result in liquidation of collateral and/or funded shares held in client's account.
16. Client may terminate the MTF account after paying all dues in the MTF account.
17. The stocks deposited as margin collateral and funded stock shall be identifiable separately and no compiling shall be permitted for the purpose of computing funding amount.
18. LISPL may at its option allow client to buy further shares under MTF on the basis of increase in the value of collateral shares, subject to applicable hair cut. Further purchase shall not be permitted on the basis of increase in the market value of funded shares.
19. IPF shall not be available for transactions done on the Stock Exchange, through MTF, in case of any losses suffered in connection with the MTF availed by the client.
20. LISPL shall restrict the maximum gross exposure as well as individual stock-wise exposure of a client under the MTF at any point in time according to its internal policies and market views without assigning any reasons to the client. Furnishing applicable margin shall not by itself entitle the client to seek exposure beyond the limit restricted by LISPL.
21. Admitting clients for MTF shall be at the discretion of the Stock Broker/Trading Member. Clients request for admission to MTF may be disallowed without assigning any reason.
22. By agreeing to avail of MTF, the client shall be deemed to have authorised LISPL to retain and/or pledge the shares purchased under MTF (funded shares) and collateral shares provided as margin till the amount due in respect of the purchase and all other dues are paid in full by the client.
23. LISPL shall maintain separate ledgers for funds and securities of the client availing of MTF.
24. Client agree to pay interest at the rate of 24% p.a (plus taxes, if any applicable) on debit arising out the exposure availed by the client (i.e the amount finance by LISPL) compounded monthly any charges as mutually agreed from time to time.

25. Until full payment of the outstanding dues in the MTF A/c is made by the client, collateral shares and funded shares, as far as may be required, shall be retained in the designated DEMAT A/c of LISPL, separately identified as collateral shares and funded shares.

26. Daily margin statement sent to the MTF clients shall identify margin/collateral for MTF transaction separately.

27. Margin Trading Account where there is no transaction for 90 days and no dues outstanding from the client shall be settled immediately.

28. In case client does not opt for MTF, all dues on account of purchase of shares, accrued /accruing, shall be payable immediately/on or after T+7 failing which LISPL shall sell the shares to liquidate /reduce the dues and remaining unpaid dues, if any, shall become payable forthwith.

29. Any disputes arising between the client and LISPL in connection with the MTF or anything incidental or ancillary therewith, the client shall raise/report the same to LISPL not later than within 24 hours of receipt of contract note for the disputed transaction, shall have the same treatment as normal trades and will be covered under the investor grievance redressal, mechanism, arbitration mechanism of the stock exchange.



1st Holder Sign



2nd Holder Sign



3rd Holder Sign

DECLARATION FOR MOBILE NUMBER AND EMAIL ID**VOLUNTARY****(Mandatory if E-mail ID or Mobile No. is already registered with us)**

Date:- _____

To,
Lakshmishree Investment & Securities Private Limited
 401, Marathon Icon, Marathon Nextgen Campus, Ganpatrao Kadam Marg,
 Opp. Peninsula Corporate Park, Lower Parel, Mumbai - 400013

Subject : Common Mobile Number / Email ID for Trading Account and Demat Accounts

Dear Sir,

I/We , Mr/Mrs/M/s _____ would like to confirm that the mobile number _____ and Email ID _____ is registered in my name. I/We am your registered client having trading code as _____ and demat account number as 12059100 _____ upon understanding from you that my/our mobile number/Email ID is registered with some of the clients who have trading and / or demat accounts with you. I/We have to state that this in my full knowledge and I/We have consented to the below clients who are my relative/s to state my mobile number/Email ID is their KYCs to which I/We have no objection. All the transactions in their accounts are not only done as per their respective instructions but they are well conveyed by us of all the SMS/Email belonging to them which are sent by you to us on our above mobile number/Email ID.

All these below clients also do not have any objection to the same, in consent they have also signed:

Sr. No.	Client Name	Trading Code	Demat A/c	Relation	Signature
1					
2					
3					
4					
5					

However, in case of any further regulatory requirements, I/We undertake to abide upon hearing from you.

Note : The close relatives ONLY to be included are - Spouse, Dependent Children and Dependent Parents.

Name : _____

Address : _____

Signature of Client



1st Holder Sign

BSE STAR MF (LETTER TO BR PROVIDED BY THE INVESTOR TO THE MFI)**VOLUNTARY**

To
Lakshmishree Investment & Securities Private Limited

Date : - -

Sir,

Sub: **BSE STAR MF**

I/We _____ am registered as your client with Client Code No. _____ and have executed the Trading Member and Client Agreement for the purpose of trading in the Capital Market segment of Bombay Stock Exchange Ltd. (Exchange).

I/We am interested in availing the trading facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE STAR MF.

For the purpose of availing this facility, I/We state that Know Your Client details as submitted by me for the stock broking may be considered for the purpose of BSE STAR MF and I/We further confirm that the details contained in same remain unchanged as on date.

I/We are willing to abide by the terms and conditions as mentioned in the circular dated December 2, 2009 and as may be specified by the Exchange from time to time in this regard.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).

I/We shall read and understand the contents of the of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/We choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/We therefore request you to register me as your client for participating in BSE STAR MF.

Thanking you,



1st Holder Sign



2nd Holder Sign



3rd Holder Sign

STANDING INSTRUCTION TO MAINTAIN RUNNING ACCOUNT WITH RESPECT TO MF TRANSACTION (VOLUNTARY)

I/We request you to maintain my accounts for funds on running accounts basis instead of 'bill to bill' settlement basis across exchanges, unless I/We specifically request you for a payout of available free funds in the account

I/We may settle the accounts at Monthly ☐ Quarterly ☐ [Tick (✓)] whichever is applicable, else the option will be considered as (Quarterly) or at such other intervals as SEBI / Stock exchanges may specify from time to time. I/We further authorise you to retain fund as may be permitted by Stock Exchanges / SEBI from time to time or towards other unbilled services and / or charges applicable on my account, while settling the accounts.

I/We confirm you that I/We will bring to your notice any dispute arising from the statement of accounts or settlement so made to LISPL in writing within 7 working days from the date of receipt of funds/ units or statement, as the case may

LISPL shall transfer the credit funds lying LISPL on client request within one working day of the request if the same are lying with him and within three working days from the request if the same are lying with the Clearing Member/Clearing Corporation.

I/We agree that Lakshmishree Investment & Securities Pvt. Ltd. shall not be liable for any claim for loss or loss of profit or for any consequential, incidental, special or exemplary damages, or otherwise, caused by retention of such funds.

This Standing Instruction shall remain valid till - -

The standing instruction / authorisation for maintaining my / our account as running account shall remain valid until revoked in writing, addressed to you.



1st Holder Sign



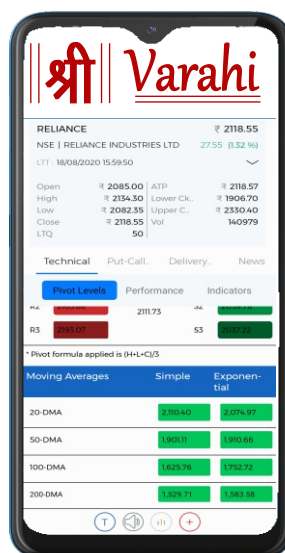
2nd Holder Sign



3rd Holder Sign

TRADE ON YOUR FINGERTIPS

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- Easy Fund Transfer
- Technical Scanners
- Mutual Fund*
- IPO Bidding*
- Stock SIP



- Advance Technical Chart
- Strategy Based Trading
- Fundamental Analysis
- Pivot Point Scanner
- Live Price Alert
- FII/DII Activity
- Insurance*

*Distributor

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February 2021

|| श्री || **LAKSHMISHREE**

Gateway to your Financial Goals

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Opposite Peninsula Corporate Park, Lower Parel, Mumbai - 400 013 | Phone : 022-43431818

Correspondence Office : 2nd Floor, 57 Gandhi Nagar, Siga, Varanasi - 221010 | Phone : 0542-6600000