

INDEX OF DOCUMENTS

S.No.	NAME OF DOCUMENTS	BRIEF SIGNIFICANCE OF THE DOCUMENTS	PAGE No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI AND EXCHANGFES			
1.	KRA Form and Account Opening Form	A. KYC Form - Document captures the basic information about the constituent and an instruction. B. Document captures the additional information about the constituent relevant to Trading/ Demat account and an instruction. C. HUF Declaration	3 to 11 21
2.	Tariff sheet	Document detailing the rate/amount of brokerage & other charges levied on the client for trading on stock exchange(s) & DP Service charges/Fee Structure	12 to 13
3.	SMS Registration	Terms and condition cum-Registration form	14 to 15
4.	Policies and Procedures	Document describing significant policies and procedures of the stock broker	SEPARATE COPY FOR CLIENT
5.	Rights and Obligations	Document stating the Rights & Obligations of stock broker/trading member, sub-broker/Authorised Person and client for trading on exchange (including additional rights & obligations in case of internet/wireless technology based trading).	
6.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	
7.	Guidance note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	
8.	Rights & Obligations of Beneficial Owners & Depository Participants:	Document stating the Rights & Obligations of Beneficial Owners and Depository Participants.	
VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER			
1.	Running Account Authorisation	Authorisation to maintain Running Account	16
2.	Voluntary Terms & Conditions	Additional terms & conditions specific to clients for the purpose of operational efficiency	16 to 18
3.	Fatca Declaration	Declaration of Fatca	19
4.	Power of Attorney for the purpose of settlement/Margin obligation	POA provided by BO to Angel for settlement / Margin purpose	22 to 23

We have received a copy of the duly complete all documents viz. KYC form, Right & Obligation Documents, Risk Disclosure Documents (RDD) and copy of other document executed by me/us as a Client.

- Please make payment in the Favor of **Safal Capital (India) Limited**.
- Third Party Cheque and Cash transaction not accepted .
- **Safal Capital (India) Limited** not liable / responsible for any Cash/Third-Party Transactions.

Correspondence Office:

Safal Capital (India) Limited

MEMBER OF: NATIONAL STOCK EXCHANGE OF INDIA LTD. (NSE), BSE LTD.

METROPOLITAN STOCK EXCHANGE OF INDIA LTD. (MSEI), CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED (CDSL)

CIN: U67110MP2000PLC014099

SEBI REGD. No.: INZ000155333, NSE Member Code : 11027, BSE Member Code : 296, CDSL : IN-DP-CDSL-168-2002 DP ID : 26200

Registered Office : 201, "Palika Plaza", Phase II, M.T.H. Compound, Indore -452 001 (M.P.)

Compliance Officer Name: **Mansi Vejani**, Mob.: 72279 06087, Email ID : mansi@safalcapital.in

Depository Division Compliance Officer Name: **Mansi Vejani** Mob. 72279 06087, Email ID:mansi@safalcapital.in

CEO Name: **Pratap K. Rajput** , Mob. : 72279 06092, Email ID : pratap@safalcapital.in

For any grievance / dispute please contact **SAFAL CAPITAL (INDIA) LIMITED** at the above address or

Email ID:investergrievancedesk@safalcapital.in

Phone No. : 0731-4008303 in case not satisfied with the response, please contact the concerned exchange(s)

Exchange Name, Email ID & Phone No.: NSE ignse@nse.co.in(022)26598190. BSE is@bseindia.com (022) 22728097

MCX-SX-investorcomplaints@mcx-sx.com (022) 67318933 / 9000

E-mail : contact@safalcapital.in, Website : www.safalcapital.in | CIN : U67110 MP2000 PLC 014099

Client Code 099A001

Signature _____

1/33

Devencha

FOR HEAD OFFICE USE ONLY

Client Code 0994001 **BO ID : 12026200**

	Date	Name	Signature
KYC Received			
Phone Verification			
KYC Punched			
UCC Upload			
KRA Upload			
CKYC Upload			
KYC Audit			
DP Audit			

INTRODUCER DETAILS

Status of Introducer Sub-broker/Authorised Person Employee Existing Client Others (Specify):

Introducer Name : RATLAM INVESTMENT (Sangeeta Bohra)

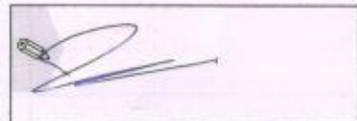
Address: 201 Palika Plaza Phase II
MTH Compound Indor

Mobile No: 9826555550

Mail ID : Vikas@safalcapital.in

Rubber Stamp

Signature of the Introducer



I/We Undertake we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s) RDD and Guidance Note. I/We have given/sent him a copy of KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake the any change the 'Rights and Obligations' and RDD would be made available on our website, if any, for the information of the clients.

For Safal Capital (India) Limited

Date 01/03/2018

Authorised Signatory

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the folio(s) or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, investor to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: <ol style="list-style-type: none"> a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p>If no Indian telephone number is provided</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p>If Indian telephone number is provided along with a foreign country telephone number</p> <ol style="list-style-type: none"> 1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India (other than depository accounts)	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

SAFAL CAPITAL (INDIA) LIMITED

Regd. Office: 201, Palika Plaza, Phase - II, M.T.H. Compound, Indore - 452001 (M.P.)



94568
KYC Regd. No.

Please fill this form in ENGLISH and in BLOCK LETTERS NEW CHANGE EXISTING (Please tick ✓ the appropriate)
(Please tick ✓ the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)

A IDENTITY DETAILS

1. Name of Applicant **DEVENDRA WARUDE**

2. Father's/Husband's Name **PANDIT WARUDE**

3. Mother's Name **MINAKSHEE WARUDE**

4a. Gender Male Female 4b. Marital Status Single Married 4c. Date of Birth **31 / 12 / 1990**

5a. Nationality Indian Other (Please specify)

5b. Status Resident Individual Non Resident Foreign National

6a. PAN **ACOPW0106H** 6b. Aadhaar Number, if any: **347596778509**

7. Specify Proof of Identity submitted PAN card Any Other (Please specify)

Please affix -
your recent passport
size photograph

Signature
across photograph

2/33

B ADDRESS DETAILS

Correspondence Address Residence Address

1. Residence / Correspondence Address **86-A DEENDAYAL NAGAR SUKHALIY**

A

City / Town / Village **INDORE** Pin Code **452010**

State **MADHYA PRADESH** Country **I N D I A**

2. Specify the Proof of Address submitted for Residence / Correspondence Address : **Aadhar**

3. Contact Details

E-mail Id **devendra@safalcapital.in**

Mobile No. **7227906081**

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

4. Permanent Address (If different from above mandatory for Non-Resident Applicant to specify overseas address)

SAME AS ABOVE

City / Town / Village Pin Code

State Country **I N D I A**

5. Specify the proof of address submitted for permanent address.

C 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 on the above registered number/email address.

Date **26 / 02 / 2018** Place : **INDORE**

3/33

Devendra
Signature of the Applicant

FOR OFFICE USE ONLY

1. Originals verified and Self-Attested Document copies received

ORIGINAL

In Person Verification (IPV) Details

a) Name of the person doing IPV: **Uday Bhanu**

b) Designation: **Manager** Date: **26/2/18**

c) Name of the Organization: **SAFAL**

#A.P. Regn.:

Seal/Stamp of the Intermediary

Uday
Name & Signature of the Authorised Signatory

Date **26 / 02 / 2018**

SAFAL CAPITAL (INDIA) LIMITED

Regd. Office: 201, Palika Plaza, Phase - II, M.T.H. Compound, Indore - 452001 (M.P.)

Please fill this form in ENGLISH and in BLOCK LETTERS NEW CHANGE EXISTING (Please tick ✓ the appropriate)
 (Please tick ✓ the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)



KYC Regd. No. _____

A IDENTITY DETAILS

1. Name of Applicant _____

2. Father's/Husband's Name _____

3. Mother's Name _____

4a. Gender Male Female 4b. Marital Status Single Married 4c. Date of Birth / /

5a. Nationality Indian Other (Please specify) _____

5b. Status Resident Individual Non Resident Foreign National

6a. PAN 6b. Aadhaar Number, if any:

7. Specify Proof of Identity submitted PAN card Any Other (Please specify) _____

Please affix your recent passport size photograph

Signature across photograph

B ADDRESS DETAILS

Correspondence Address Residence Address

1. Residence / Correspondence Address _____

City / Town / Village _____ Pin Code _____

State _____ Country I N D I A

2. Specify the Proof of Address submitted for Residence / Correspondence Address : _____

3. Contact Details

E-mail Id _____

Mobile No _____

Tel. (Off.) _____ Tel. (Res.) _____

4. Permanent Address (If different from above mandatory for Non-Resident Applicant to specify overseas address)

City / Town / Village _____ Pin Code _____

State _____ Country I N D I A

5. Specify the proof of address submitted for permanent address. _____

C 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 on the above registered number/email address.

Date / / Place : _____

Signature of the Applicant

FOR OFFICE USE ONLY

1. Originals verified and Self-Attested Document copies received

In Person Verification (IPV) Details:

a) Name of the person doing IPV: _____

2. b) Designation: _____

c) Name of the Organization: _____

Seal/Stamp of the Intermediary

Name & Signature of the Authorised Signatory

Date / /

SAFAL CAPITAL (INDIA) LIMITED

Regd. Office: 201, Palika Plaza, Phase - II, M.T.H. Compound, Indore - 452001 (M.P.)



Acknowledgment No. _____

Please fill this form in ENGLISH and in BLOCK LETTERS NEW CHANGE EXISTING (Please tick ✓ the appropriate)
 (Please tick ✓ the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)

A IDENTITY DETAILS

1. Name of Applicant _____

2a. Date of incorporation dd / mm / yyyy 2b. Place of incorporation _____

3. Date of Commencement of business dd / mm / yyyy

4a. PAN _____

4b. Registration No. (e.g. CIN) _____

5. Status (Please tick ✓ the appropriate)

<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Bank	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Limited Co.	<input type="checkbox"/> Government Body
<input type="checkbox"/> FI	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Non-Government Organization	<input type="checkbox"/> FII	<input type="checkbox"/> Trust
<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> HUF	<input type="checkbox"/> Charities	<input type="checkbox"/> Society	<input type="checkbox"/> AOP
<input type="checkbox"/> NGO's	<input type="checkbox"/> LLP	<input type="checkbox"/> BOI	<input type="checkbox"/> Others (Please specify)	

B ADDRESS DETAILS

1. Address for Correspondence _____

City / Town / Village _____ Pin Code _____

State _____ Country I N D I A

2. Specify the Proof of Address submitted for Correspondence Address : _____

3. Contact Details

E-mail Id _____

Mobile No _____ Tel. (Res.) _____

Tel. (Off.) _____

4. Registered Address (If different from above)

City / Town / Village _____ Pin Code _____

State _____ Country I N D I A

C OTHER DETAILS

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and Whole Time Directors :
 (If space is insufficient enclose these details separately [Illustrative format enclosed])

2. DIN of Whole Time Directors : _____

3. Aadhaar number of Promoters / Partners / Karta _____

D 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 here by consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date dd / mm / yyyy Place : _____

Signature of the Applicant _____

FOR OFFICE USE ONLY

1. Originals verified and Self-Attested Document copies received

In Person Verification (IPV) Details:

a) Name of the person doing IPV: _____

2. b) Designation: _____

c) Name of the Organization: _____

Seal/Stamp of the Intermediary _____

Name & Signature of the Authorised Signatory _____

Date dd / mm / yyyy

Detail of Promoters / Partners / Karta / Trustees and Whole Time Directors forming a part of KYC Application form for Non-Individuals

<p>A</p> <p>1. Name <input style="width: 90%;" type="text"/></p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) <input style="width: 90%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN / UID <input style="width: 20%;" type="text"/></p> <p>4. Residential / Registered Address</p> <p>City / Town / Village <input style="width: 60%;" type="text"/> PIN <input style="width: 10%;" type="text"/></p> <p>State <input style="width: 30%;" type="text"/> Country <input style="width: 10%;" type="text"/></p>	<p>PHOTOGRAPH</p> <p>Please affix Your recent passport size photograph and sign across it</p>
<p>B</p> <p>1. Name <input style="width: 90%;" type="text"/></p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) <input style="width: 90%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN / UID <input style="width: 20%;" type="text"/></p> <p>4. Residential / Registered Address</p> <p>City / Town / Village <input style="width: 60%;" type="text"/> PIN <input style="width: 10%;" type="text"/></p> <p>State <input style="width: 30%;" type="text"/> Country <input style="width: 10%;" type="text"/></p>	<p>PHOTOGRAPH</p> <p>Please affix Your recent passport size photograph and sign across it</p>
<p>C</p> <p>1. Name <input style="width: 90%;" type="text"/></p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) <input style="width: 90%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN / UID <input style="width: 20%;" type="text"/></p> <p>4. Residential / Registered Address</p> <p>City / Town / Village <input style="width: 60%;" type="text"/> PIN <input style="width: 10%;" type="text"/></p> <p>State <input style="width: 30%;" type="text"/> Country <input style="width: 10%;" type="text"/></p>	<p>PHOTOGRAPH</p> <p>Please affix Your recent passport size photograph and sign across it</p>
<p>D</p> <p>1. Name <input style="width: 90%;" type="text"/></p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) <input style="width: 90%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN / UID <input style="width: 20%;" type="text"/></p> <p>4. Residential / Registered Address</p> <p>City / Town / Village <input style="width: 60%;" type="text"/> PIN <input style="width: 10%;" type="text"/></p> <p>State <input style="width: 30%;" type="text"/> Country <input style="width: 10%;" type="text"/></p>	<p>PHOTOGRAPH</p> <p>Please affix Your recent passport size photograph and sign across it</p>
<p>E</p> <p>1. Name <input style="width: 90%;" type="text"/></p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) <input style="width: 90%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN / UID <input style="width: 20%;" type="text"/></p> <p>4. Residential / Registered Address</p> <p>City / Town / Village <input style="width: 60%;" type="text"/> PIN <input style="width: 10%;" type="text"/></p> <p>State <input style="width: 30%;" type="text"/> Country <input style="width: 10%;" type="text"/></p>	<p>PHOTOGRAPH</p> <p>Please affix Your recent passport size photograph and sign across it</p>

Name & Signature of the Authorized Signatory(ies)

Date / /

PART-II - ACCOUNT OPENING FORM (DEMAT ACCOUNT) (Please fill all the details in CAPITAL LETTERS only)



DP ID :

1 2 0 2 6 2 0 0

Client - ID

Date :

26 02 2018

(To be filled by Participant)

I/We request you to open a depository account in my/our name as per the following details :

A) DETAILS OF ACCOUNT HOLDER(S):

Name Sole / First Holder	DEVENDRA WARUDE	PAN	ACOPW0106H
Name Second Holder		PAN	
Name Third Holder		PAN	

B) For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

a) Name		b) PAN	
---------	--	--------	--

C) TYPE OF ACCOUNT

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non Repatriable	<input type="checkbox"/> Margin	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Minor
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Individual Resident	<input type="checkbox"/> Others (Please specify)	

D) GUARDIAN DETAILS (Where sole holder is a minor) :

[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian Name		
Address		PAN
Relationship of guardian with minor		

E) DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Name(s) of the holder(s)	Signature(s) of the holder(s)
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)	DEVENDRA WARUDE 4/33
Second Holder (Mr./Ms.)	
Third Holder (Mr./Ms.)	

G. Option for issuance of DIS booklet alongwith account opening

(To be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stock broker / Portfolio Manager and do not intend to open a Basic Services Demat Account)

Option for Issue of DIS booklet (please tick any one)

Option 1

I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

Option 2

I/We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at any later date.

PART-II ACCOUNT OPENING FORM (FOR NON-INDIVIDUALS)



SAFAL CAPITAL (INDIA) LIMITED

Regd. Office: 201, Palika Plaza, Phase - II, M.T.H. Compound, Indore - 452001 (M.P.)

DP ID :

1	2	0	2	6	2	0	0
---	---	---	---	---	---	---	---

Client - ID

(To be filled by Participant)

0	0						
---	---	--	--	--	--	--	--

Date :-

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

We request you to open a depository account in my/our name as per the following details :
(Please fill all the details in CAPITAL LETTERS only)

A) DETAILS OF ACCOUNT HOLDER(S):

Name Sole / First Holder		PAN
Name Second Holder		PAN
Name Third Holder		PAN

B) TYPE OF ACCOUNT

- | | | | | |
|---|-------------------------------|------------------------------|---|---|
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> FI | <input type="checkbox"/> FII | <input type="checkbox"/> Qualified Foreign Investor | <input type="checkbox"/> Mutual Fund |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Bank | <input type="checkbox"/> CM | <input type="checkbox"/> HUF | <input type="checkbox"/> Other (Please Specify) |

C) For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

Name	PAN
------	-----

D) INCOME DETAILS (please specify)

Income Range per annum <input type="checkbox"/> Below ₹ 20 Lac <input type="checkbox"/> ₹ 20 - 50 Lacs <input type="checkbox"/> ₹ 50 Lacs - 1 Crore <input type="checkbox"/> Above ₹ 1 Crore	and	Networth Amount ₹ <table border="1" style="display: inline-table; width: 100px; height: 15px;"></table> As on (date) <table border="1" style="display: inline-table; width: 100px; height: 15px;"></table> (Networth should not be older than 1 year)
--	-----	--

E) IN CASE OF NRIS / FOREIGN NATIONALS

RBI Approval Reference Number	RBI Approval Date
SEBI Registration Number (for FIIs)	<table border="1" style="display: inline-table; width: 100px; height: 15px;"></table>

F) BANK DETAILS

1. Bank Account Type	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Other (Please specify) _____
2. Bank Account Number			
3. Bank Name			
4. Branch Address	City/Town/Village	PIN Code	
	State	Country	
	5. MICR Code	6. IFSC	

G) Please tick, if applicable, for any of your authorized signatories/promoters/partners/karta/trustees/whole time directors:

- Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (PEP)

H) CLEARING MEMBER DETAILS (to be filled up by Clearing Members only)

Name of Stock Exchange	
Name of Clearing Corporation/ Clearing House	
Clearing Member ID	
SEBI Registration Number	
Trade Name	
CM-BP-ID (to be filled up by Participant)	

II- ADDITIONAL INFORMATION FOR DEMAT AND TRADING ACCOUNT

Please fill this form in ENGLISH and in BLOCK (CAPITAL) LETTERS



A. IDENTITY DETAILS

Name of Applicant/ Corporate / HUF / Firm

DEVENDRA WARUDE

B. DEPOSITORY ACCOUNT DETAILS : [Please enclose, Demat Master or Recent Holding Statement issued by DP bearing name of the client]

	DP 1 (With in Safal)	DP 2 (Outside Safal)
Depository	<input checked="" type="checkbox"/> CDSL	<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL
DP Name	Safal Capital (India) Limited	
Client Name	DEVENDRA WARUDE	
DP ID	1 2 0 2 6 2 0 0	
Client ID		

C. BANK DETAILS

1. Bank Account Type	<input checked="" type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Other (Please specify) _____
2. Bank Account Number	98765432101XXXX0		
3. Bank Name	BANK OF INDIA		
4. Branch Address	SIYAGANJ MAIN ROAD		
City/Town/Village	INDORE	PIN Code	452001
State	MADHYA PRADESH	Country	INDIA
5. MICR Code	452010034	6. IFSC	BKID0009938

D. TRADING PREFERENCES : [Please Sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client -

Name of Segment/Exchange	NSE	BSE	MSEI (MCX - SX)
Capital Market	5/33 <input checked="" type="checkbox"/> <i>Devendra</i>	6/33 <input checked="" type="checkbox"/> <i>Devendra</i>	7/33 <input type="checkbox"/>
Futures & Options	8/33 <input checked="" type="checkbox"/> <i>Devendra</i>	9/33 <input checked="" type="checkbox"/> <i>Devendra</i>	10/33 <input type="checkbox"/>
Currency Derivatives	11/33 <input type="checkbox"/>	12/33 <input type="checkbox"/>	13/33 <input type="checkbox"/>
Mutual Fund	14/33 <input type="checkbox"/>	15/33 <input type="checkbox"/>	16/33 <input type="checkbox"/>

E. GST No.

[Blank box for GST No.]

Location

F. PAST ACTIONS

Details of any action / proceeding initiated / pending / taken SEBI / Stock Exchange / any other against the applicant / constituent or its partner / promoters / Wholetime Director / authorized person in charge of dealing in securities during the last three years.

G. DEALING THROUGH SUB-BROKERS & OTHER STOCK BROKERS

If client is dealing through the sub-broker, provide the following details

Sub-Broker Name	
SEBI Reg. No. :	NSE <input checked="" type="checkbox"/> BSE <input type="checkbox"/>
Regd. Office Address	
Tel. No.:	Fax : Website :

A) GROSS ANNUAL INCOME DETAILS													
Income Range per annum (Please tick (✓) any one : <input type="checkbox"/> Below ₹ 1 Lac <input checked="" type="checkbox"/> ₹ 1 - 5 Lacs <input type="checkbox"/> ₹ 5 - 10 Lacs <input type="checkbox"/> ₹ 10 - 25 Lacs <input type="checkbox"/> More than ₹ 25 Lacs													
Or Networth (Networth detail is compulsory for non-individuals clients) As on date : <input type="text"/> Rs.: <input type="text"/>													
Network should not be older than 1 year.													
B) IN CASE OF NRIS / FOREIGN NATIONALS													
RBI Approval Reference Number	RBI Approval Date <input type="text"/>												
C) STANDING INSTRUCTIONS													
1	I/We hereby authorise you to receive credits automatically into my/our account. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
2	Account to be operated through Power of Attorney (POA) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
3	SMS Alert facility : [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]												
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Sr. No.</th> <th>Holder</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Sr. No.	Holder	Yes	No								
Sr. No.	Holder	Yes	No										
D) ADDITIONAL DETAILS													
Mode of receiving Physical / Electronic Statement of Account / Contract Note (Please Specify) A. Physical Contract Note / SOA <input type="checkbox"/> B. Electronic Contract Note / SOA (If yes give E-mail ID) <input checked="" type="checkbox"/> (Read Note 4 on page no. 3 and ensure email id is provided in KYC Application form)													
Whether you wish to avail the facility of Internet Trading / Wireless Technology (Please Specify) Internet Trading <input checked="" type="checkbox"/> Wireless Technology / Mobile Trading <input checked="" type="checkbox"/>													
Number of Years of Investments / Trading Experience _____ Years													
Occupation (please tick any one and give brief details) <input checked="" type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify)													
Account Statement Requirement <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly													
I / We Request you to send electronic Transaction-cum-Holding Statement at the email ID _____ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
I / We would like to share the email ID with the RTA Yes No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
I / We would like to receive the Annual Report <input type="checkbox"/> Physical <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not market the default option would be in Physical)													
I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not market, the default option would be 'No') <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
Easi/Easiest To register for easi, please visit our website : www.cdslindia.com Easi allows a BD to view his ISIN balances, transactions and value of the portfolio online.)													
Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Sole / First Holder</th> <th>Name</th> <th>Signature(s)</th> </tr> </thead> <tbody> <tr> <td>First Signatory</td> <td> </td> <td></td> </tr> <tr> <td>Second Signatory</td> <td> </td> <td></td> </tr> <tr> <td>Third Signatory</td> <td> </td> <td></td> </tr> </tbody> </table>		Sole / First Holder	Name	Signature(s)	First Signatory			Second Signatory			Third Signatory		
Sole / First Holder	Name	Signature(s)											
First Signatory													
Second Signatory													
Third Signatory													
Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign)													
<input type="checkbox"/> Any one singly <input type="checkbox"/> Jointly by <input type="checkbox"/> As per resolution <input type="checkbox"/> Others (please specify)													
E) PLEASE TICK (✓) IF APPLICABLE Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/>													
I / We want to receive transaction alerts in SMS / E-mail from SAFAL CAPITAL (INDIA) LIMITED <input checked="" type="checkbox"/>													
I / We want to receive research call / alerts in SMS / E-mail from SAFAL CAPITAL (INDIA) LIMITED <input checked="" type="checkbox"/>													
DECLARATION													
1. I / We hereby declare that the details furnished above are true & correct to the best of my / our knowledge and brief, and I / We undertake to inform you of any changes therein immediately in writing. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / we are aware that I / We may be held liable for it. 2. I / We confirm having read / been explained and understood the contents of the Documents on policy & procedures of the stock brokers and the tariff sheet. 3. I / We further confirm having read & understood the contents of the 'Mandatory as well as Voluntary', Rights & Obligation' documents(s) and 'Risk Disclosure Document. 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 stock broker's designated website, if any. 4. I / We hereby confirm that the member discloses that it undertakes proprietary trading in addition to client base trading.													
17/33													
Date : <input type="text"/>	Place : <u>INDORE</u>												
(10)													

NOMINEE DETAILS FOR DEMAT & TRADING ACCOUNT



E) NOMINATION OPTION

I/We wish to make a nomination. (as per details given below)

I/We do not wish to make a nomination. (strike off the nomination details below)

Please refer to the General instructions for assistance

PERSONAL DETAILS

Name of Sole/First Unit Holder **DEVENDRA WARUDE**
 PAN **ACOPW0106H** Mob. No. **7227906081** E-mail ID **devendra@safalcapital.in**

REGISTRATION OF NOMINATION

I/We do hereby nominate the person(s) named below to receive the units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to Nominee(s), and signature(s) of the Nominee(s) acknowledging receipt thereof, will be noted as a valid discharge by the AMC/Mutual Fund/Trustee. This instruction supercedes all previous nominations made by me/us in respect of the folio indicated above.

Name and Address of 1st Nominee		Guardian detail to be furnished in case Nominee is a minor (Strike out if not applicable)	
Name	DINESH WARUDE	Name	
Address	32 BOMBAY PLOT KHETIA	Address	
City	KHETIA State M.P. Pin Code 451-881	City	State Pin Code
Allocation %	100% Date of Birth 08/08/1988	Signature of Guardian (Mandatory)	
(in case Nominee is a minor)			
Name and Address of 2nd Nominee		Guardian detail to be furnished in case Nominee is a minor (Strike out if not applicable)	
Name		Name	
Address		Address	
City	State Pin Code	City	State Pin Code
Allocation %	Date of Birth	Signature of Guardian (Mandatory)	
(in case Nominee is a minor)			
Name and Address of 3rd Nominee		Guardian detail to be furnished in case Nominee is a minor (Strike out if not applicable)	
Name		Name	
Address		Address	
City	State Pin Code	City	State Pin Code
Allocation %	Date of Birth	Signature of Guardian (Mandatory)	
(in case Nominee is a minor)			

I/We have read the rights & obligations and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I / We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this from. I / We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

Signature of Account Holder's

	First / Sole Holder	Second Holder	Third Holder
Name	DEVENDRA WARUDE		
Signatures 18/33			

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note : Two witnesses shall attest signature(s) / thumb impressions(s)

Details of the Witness	First Witness	Second Witness
Name of Witness	NARENDRA TAWDEKAR	RAVINDRA JAIN
Signature of Witness		
Address of Witness (As per Proof)	201 PALIKA PLAZA MTH COMPOUND INDORE 452001	201 PALIKA PLAZA M.T.H. COMPOUND INDORE 452001

Date: **26/02/18**

For : SAFAL CAPITAL (INDIA) LIMITED

A. DEMATE TARIFF SHEET



SCHEMES	AMC Based (Trader)	One Time Charges(I) (Investor)	One Time Charges(II) (Investor)	BSDA Tariff	
				Upto Rs. 50000	Rs. 50001 to Rs. 200000
Account Opening Charges	Nil	Nil	Nil	Nil	Nil
Documentation Charges	Nil	Nil	Nil	Nil	Nil
POA Charges	Rs.100	Nil	Nil	Rs.150	Rs.150
AMC for Individual & HUF Account	Rs.300	(Non-refundable)	Rs. 575 (Non-refundable)	Nil	Rs.100
Entities other than above mentioned	Rs. 250/- + (Rs.500 CDSL Charges)		-	N.A.	N.A.
Transaction Charges:-					
On purchase	Nil	Nil	Nil	Nil	Nil
On sale :-					
Within Safal Group	(Min.Rs.15)	(Min.Rs.15)	(Min.Rs.15)	(Min.Rs.30)	(Min. Rs.30)
Outside Safal Group	0.02% Or (Min. Rs.20)	0.02% Or (Min. Rs.20)	0.02% Or (Min. Rs.20)	0.05% Or (Min. Rs.30)	0.05% Or (Min. Rs.30)
Demat charges	Rs. 3per certificate**	Rs. 3per certificate**	Rs. 3 per certificate**	Rs. 3per certificate	Rs. 3per (Min. certificate
Remat charges	Rs.15 Per Certificate	Rs.15 Per Certificate	Rs.15 Per Certificate	Rs.15 Per Certificate	Rs.15 Per Certificate
Pledge Creation, Closure:-	0.03% Or (Min. Rs.25)	0.03% Or (Min. Rs.25)	0.03% Or (Min. Rs.25)	0.03% Or (Min. Rs.25)	0.03% Or (Min. Rs.25)
Account Freezing	Rs.50	Rs.50	Rs.50	Rs.50	Rs.50
KRA charges	Rs. 30	Rs. 30	Rs. 30	Rs. 30	Rs. 30
Addition account statement	Rs. 25	Rs. 25	Rs. 25	Nil	Nil

B. TRADING TARIFF SHEET

Segment	Brokerage Type	Normal %	Minimum
Capital Market NSE/BSE	Square Up		
	Delivery Based		
Equity Derivatives NSE/BSE	Future		
	Option		Per Lot
Currency Derivatives NSE/BSE/MSEI	Future		
	Option		Per Lot

Signature of Account Holder's

	First / Sole Holder	Second Holder	Third Holder
Name	DEVENDRA WARODE		
Signature 19/33			

Client Code ZZZZZZ DP ID _____ Date 26/02/2018

Notes for Demat / Trading Tariff Sheet :

- 1 SCIL reserves the right to tariff structure from time to time, with notice of 30 days. The notice may be given by Ordinary post, email or on the website of.
- 2 Rejection of DRF for BSDA Tariff will be charged at Rs.40/- plus Rs.2/- per certificate and Other than BSDA Tariff will be charged at Rs.50/-.
- 3 A penalty of 3% interest per month on the value outstanding on the bill from the due date of Rs.25/- whichever is higher.
- 4 Demat of jumbo certificate will attract special rates for BSDA Tariff.
- 5 GST and other levies would be extra as applicable.
- 6 Free transaction will be provided monthly and quarterly as per CDSL norms and extra Rs.10/- per statement other than BSDA Tariff.
- 7 Any services that is not indicated above will be charged separately as per the rates applicable from time to time.
- 8 ** Postage Charges will be charged on actual basis.
- 9 Basic Service Demat Account (BSDA) facility will be available as per Security Exchange Board of India (SEBI) Circular for opening a BSDA and any amendment from time to time. In case of Demat account under BSDA facility does not meet the eligibility for BSDA facility as per SEBI guidelines or any such authority at any point to time, BSDA account will be converted to regular demat account without reference and will be levied charges as applicable to regular accounts as informed by the Depository Participant.
- 10 Corporate A/c AMC will be charged 750/- p.m.
- 11 Life time scheme charges are for 1st Quarter and are non-refundable / transferable.
- 12 There are no charges for Account Opening, Transaction charges on purchase & custody charges.
- 13 SCIL reserves the right to freeze accounts for debit instructions in case client fails to pay service charges by due mentioned in bills.
- 14 Dispute, If Any, Will Be Settled Under The Exclusive Jurisdiction Of Civil Courts In Indore Where Exchange Has Been Made A Party, And In All Other Matters, Proper Courts Within The Area Covered Under The Regional Arbitration Centre Shall Have Jurisdiction In Respect Of The Arbitration Proceedings Falling Under Or Conducted In That Regional Arbitration Centre.

Signature of account Holder's

	First/Sole Holder	Second Holder	Third Holder
Name	DEVENDRA WARUDE		
Signatures 20/33			

Details of the Witness		
	First Witness	Second Witness
Names of Witness	NARENDRA TAWDEKAR	RAVINDRA JAIN
Address of witness	201 PALIKA PLAZA INDORE-452001	201 PALIKA PLAZA INDORE
Signature of Witness		452001

Request for updation of same mobile number / email id

[Please tick (3) wherever applicable]

	Sole / First Holder	Second Holder	Third Holder
Name of account holder	DEVENDRA WARUDE		
Mobile Number	7227906081		
Email ID	devendra@safalcapital.in		

I hereby declare that the aforesaid mobile number of E-mail ID belong to :

[Family includes spouse, depended children and dependent parents]	<input type="checkbox"/> Me	<input type="checkbox"/> Me	<input type="checkbox"/> Me
	<input checked="" type="checkbox"/> My Family	<input type="checkbox"/> My Family	<input type="checkbox"/> My Family

21/33		
1) Sole / First Holder	2) Second Holder	3) Third Holder

Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalai Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing

Signature of account Holder's

	First/Sole Holder	Second Holder	Third Holder
Name	DEVENDRA WARUDE		
Signatures 22/33			

Place : **INDORE**

(14)

Date **26/02/18**

Fees:

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments:

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/ our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

BOID

1	2	0	2	6	2	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name : DEVENDRA WARUDE

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent +91 7 2 2 7 9 0 6 0 8 1

(Please write only the mobile number without prefixing country code or zero)

The mobile number is registered in the name of: Devendra warude

Email ID. devendra@safalcapital.in

(Please write only ONE valid email ID on which communication; if any, is to be sent)

Signature of Account Holder's

	First / Sole Holder or	Second Holder	Third Holder
Name	<u>DEVENDRA WARUDE</u>		
Signatures 23/33	<u>Devendra</u>		

-Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure - 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility, have read and understood the Terms and Conditions prescribed by CDSL for the same <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
	I / We wish to register the following clearing member IDs under my/our below mentioned BO Id registered for TRUST										
	<table border="1"> <thead> <tr> <th>Stock Exchange Name/ ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name/ ID	Clearing Member Name	Clearing Member ID (Optional)							
Stock Exchange Name/ ID	Clearing Member Name	Clearing Member ID (Optional)									

Place : INDORE

Date 26/02/18

I/We have been /shall be dealing through you as my/our broker on the Capital Market and / or Futures & Options Segments / Currency Derivative Segments. As my/our broker i.e. agent I/we direct and authorize you carry out trading / dealings on my/our behalf as per instructions given below.

I am/we Aare aware that you and I/we have the option to deliver securities / make payment of funds to each other for settlement of dealings as per schedule in force at the relevant time pursuant to directives / regulations circulars issued by exchange regulatory authorities. However, I/we find it difficult to carry out repeated pay-in of funds and securities. Further, I/we also desire to use my/our securities and monies as margin / collateral without which we cannot deal/trade.

Therefore I/ We hereby direct and authorize you To maintain running (s) for me/us and from time debit these securities and funds from running accounts and make pay-in of securities and funds to exchanges/ clearing corporations-other receiving party (ies) to settle my/our trades/dealings. Similarly where I/we have to receive securities/funds in settlement of trades/dealings please keep the securities and monies with you ;and make credit entries for the same in running accounts of securities and funds maintained by you. Further, subject to your discretion and valuation please treat my/our securities and funds laying to my/our credit in running accounts as margin/ collateral for mu/our dealings/trading. In the event. I/we have outstanding obligations on the settlement date, you may retain the requisite securities/funds towards such obligation fir next 5 trading days, calculated in the manner specified by the exchanges .

Once in a Calender Quarter

Client code 22222

Whereas the client intends to open securities trading accounts with SCIL Securities Ltd., (hereinafter referred as SCIL) for the purpose of trading in Capital Market Segment , Futures & Options and Currency Derivative Segments of the National Stock Exchange of India Ltd., the Bombay Stock Exchange Ltd., and the MCX Stock Exchange Ltd. and Mutual Fund transactions Facilities offered by SEBI recognized Stock Exchange and whereas for the purpose of more fully and conveniently availing of the services agreed to be provided by SCIL and also the additional services that may be made available by SCIL from time to time, the Client, on its own free will and volition, agrees to accept and be bound by the following terms and conditions. The Client understands that these terms and conditions are voluntary i.e. non-mandatory in nature but on their acceptance, these shall constitute the contract between the parties and bind them fully and be enforceable by each party against the other.

- 1. Authorization to debit additional charges with regard to Trading and Demat Account:** Without prejudice to the other rights and obligations of the parties, the client understands and agrees that SCIL may levy additional charges including Annual Maintenance Charges and off market transfer/settlement pay-in/pledge charges from the your BEN/Pool account/all transaction charges with respect to Clients Demat account for any service rendered by SCIL and as may be required by the Client. and recover from the Client all reasonable costs, as may be incidental or consequential for rendering the said services. The said charges will be debited to the clients ledger account with SAFAL CAPITAL (INDIA) LIMITED. Penal charges will be charges in case of late payments of purchase Securities i.e. Maximum 3% P.M.
- 2. Payment by cheque:** Where payment by the client towards margin money is made through cheque / pay order / demand draft issued in favor of SCIL, trades may be executed at the discretion of SCIL only upon realization of the funds of the said cheque/ pay order/ demand draft.
- 3. Lien:** All securities, funds and/or properties of the Client as may be permitted by the Exchange(s) from time to time to be placed with SCIL shall be subject to a lien for the payments or fulfillment of all un-discharged liabilities and obligations of the Client in relation to its transactions or owing to any of the group companies of SCIL. I shall be entitled to withhold such securities, funds and/or property of the Client as security towards any such un-discharged liabilities or obligation of the

We hereby further direct and authorize you to retain net amount upto Rs.10,000/- (net amount across segment and across stock exchanges) as prescribed by the exchange while setting the account on monthly/quarterly (as the case may be) bases in additions to funds being withheld as permitted by SEBI Circular MIRS/SE/Cir-19/2009 in case I/we have traded even once during the last one month /quarter as the case may be. While setting the account please send a 'statement of accounts' containing an extract from ledger for funds and an extract from the register of securities displaying all receipts/deliveries of funds/securities. Please explain in the statement(s) being sent the retention of funds/securities and the details of the pledge, if any. I / We agree that I/We shall bring any discrepancy arising from the statement of a/c on settlement preferably within 7 working days from the date of receipt of funds/securities or statement as the case may be to the notice of Trading Member so as to allow the Trading Member to take remedial steps, if any are warranted. Please do not carry out above stated settlement of running account in the event I/we avail margin trading facility. Further, do not carry out settlement of running account referred to above for funds given by me/us to words collaterals/margin in the form of bank guarantee (BG) Fixed Deposit receipts (FDR). Please further note that I am entitled to revoke he Running Account Authorisation at any time.

My/ Our preference for actual settlement of funds and securities is at least:

Once in a Calender Month

Client Signature: 24/33 *Devedny*

4. Authorization for delivering / pledging shares: The client understands and agrees that SCIL may deliver to the Exchange any securities held by it on behalf of the client to discharge settlement obligations in respect of securities sold by the client or pledge the same with the clearing house of the recognized stock exchange in any segment where the Client is registered for trading for the purpose of providing margin for the trading positions contracted or to be contracted by the Client or with any scheduled commercial bank, Non-Banking Financial Institution or other financial institution for raising funds to the extent account of the client carries debit balance but without any obligation on its part to so raise funds by pledging the securities and without prejudice to the right of SCIL to enforce, at its option, the collateral security in the securities to recover the debit balance at any time without giving any prior intimation to me/us.

5. Authorization for Inter segment fund balance transfer and stock transfers: The client hereby authorizes SCIL to transfer its debit/credit balances in the ledger account arising during the course of trades in any segment/and or exchange to its ledger account in any other segment or to transfer any stock purchased/lying in its account in any segment to its account in any other segment as often as may be required. The transfers may be completed by passing journal entries in the books of SCIL.

6. Disclaimer: The Client understands and agrees that neither SCIL nor any other party disseminating any market data, message or information through the Website of SCIL or in any other media shall be liable for:

- Any inaccuracy, error, omission or delay in the transmission or delivery of any such data, information or message, or
- Any loss or damage arising from or occasioned by (i) Any such inaccuracy error, delay or omission, (ii) Non-performance, or (iii) Interruption in making available any such data, information or message. due to either any act or omission by SCIL or any disseminating party or to any "force majeure" (e.g. flood, extraordinary weather condition, earthquake or other act of nature, fire, war, insurrection, riot, labour dispute/unrest, accident, action of government, communications or power failure equipment or software.

7. Manner and Mode of placing orders/instructions: The Client may communicate orders and other instructions to SCIL or the sub-broker/authorised person as the case may be over phone at the designated contact telephone number, or in writing, or through designated email, or by personally visiting the designated office. Client may use any one or more of these means as may be permitted by the SEBI / Exchanges from time to time for placing orders.

8. Non-execution/delay/cancellation of Orders: The client hereby agrees that SCIL or the Exchanges shall not be liable for non execution or partial execution of any orders caused due to suspension, interruption, or malfunctioning of the online as well as offline trading services, disruptions or congestion of communication net works, hardware or software r the Exchange.

9. Client not to act on representations of agents, employees: Client is aware that SCIL has not authorized any agents, problems, or failure of the electronic trading system generally in any manner due to one or the other reasons beyond the control of SCIL representatives, employees or other persons to make any representation, or to give any promise, assurance, warranty, undertaking or commitment as to return on investment of the Client whether in writing or otherwise on behalf of SCIL.

10. Recording of Conversation: The client is aware and agrees that SCIL may tape record the conversation between the client/client's representative, and SCIL, whether over the telephone or in person. SCIL may produce before competent authorities, voluntarily or on such production being required by such authorities, recorded conversation or transcript thereof or both as valid evidence of the content of the conversation so recorded.

11 Confidentiality of Client Details: SCIL may disclose the client information to any person /entity as required under the law or to any broker's Association or organizations in case of dispute in order to take informed decision. The Client hereby agrees and give its consents for the disclosure by SCIL to any person or entity including but not limited to any independent third parties or any entities of SCIL Group, whether within or outside India, of any information and data relating to Client or relating to Client's trading account with SCIL for the purposes of or in connection with, any present or proposed initiatives, including but not limited to any marketing or cross sell initiatives, business proposals, activities, facilities or services availed of or to be availed, by Client in future.

12. Disclosure as to Proprietary Trades by SCIL: SCIL may carry out proprietary trades in addition to trades on behalf of its Clients.

13. Severance: In case any one or more of the terms and conditions contained in this document become invalid, illegal or unenforceable in any respect under any applicable law, the validity, legality and enforceability of the remaining provisions contained herein shall not in any way be affected or impaired thereby.

14. No Waiver: No forbearance, relaxation or inaction by any party to require from the other performance or discharge of under this document shall in any way affect, diminish, or prejudice the right of such party to require of the other party at any time such performance or discharge, or performance or discharge of any other obligations under this document or be considered to be a waiver of any rights, unless the waiver is specifically agreed in writing.

15. Notices: All notices or communications issued by SCIL shall be served on the Client in any one or more or all of the following ways at the known

ordinary business address and/or ordinary place of residence and/or last address of the client:

15.1 (a) By ordinary post or (b) By registered post (c) Under certificate of posting or (d) By express delivery post or (e) by SMS on registered mobile or by telephonic call or (f) By affixing it on the door at the last known business or residential address or (g) By oral communication to the party or on the last known telephone number or on the recording machine of such number or (h) By advertising it in at least one prominent daily newspaper having circulation in the area where the last known business or residential address of the client is situated or (i) By publishing it in the website of SCIL wherein secured log-id and password to Client is provided or (j) By a notice posted on the notice board of the Exchange if no address be known or (k) By electronic mail or fax or (l) By hand delivery or By Courier or any other mode as may be allowed for communication.

15.2 Notwithstanding anything stated above, communication relating to orders, margins, maintenance calls and other similar matters in the ordinary course of dealings between SCIL and the Client may be made orally.

16. Electronic Contract Note (ECN): 16.1. Client agree to receive contract notes in Electronic/Digital Form (ECN) authenticated by means of a digital signature in lieu of Physical Contract notes through e-mail by authorizing SCIL in this connection and providing the e-mail address(es) at which the Client wishes the ECN to be sent. 16.2 I / we / are registered clients with your _____ and dealing Capital Market / Derivatives / Currency derivatives Market having client code allotted _____. In reference to my/our dealings with you as your client, I / We am / are aware that Contract Notes, M2M Bills, Ledgers, Transaction statement (statements of Funds / Securities), report, letter, circulars, etc. can be received through electronic mode i.e. Email in order to facilitate ease of operations, I/We hereby undertake & confirm for the following: 1. To receive Contract Note, Bills, Ledgers, Transaction statement (Statement of Funds / Securities), report, letter, circulars, etc. In electronic form at below email id provided by me/us to SCIL in relations to trades / transaction done on the exchanges. 2. To complete the necessary formalities that is required under the provisions of the Information technology Act, 2000 for getting the above facility. I / We shall Initially download the specified software (signature verifier utility) or any other software as may be advised by stock broker from time to time on our computer and the same shall be used receiving, viewing, storing the Contract Note, Bills, Ledgers, Transaction statement (Statement of Funds / Securities), reports, letters, circulars, etc that shall be sent by the SCIL from time to time in respect of the trades / transactions that have been executed by me/us through the stock broker. 3. Contract Notes, Bills, Ledgers, transaction statement (Statement of Funds / Securities), report, letter circulars, etc sent by SCIL from time to my/our email id shall be deemed to have been delivered to me and it shall be presumed that the same is in order unless any discrepancies are given by me / us in writing to SCIL within 24 hours of receipt of the same (in case of transaction statement within 30 days). I/We confirm that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above mentioned e-mail ID. 4. In case of my / our written request for physical Contract Note, Bills, Ledgers, Transaction statement (Statement of Funds / Securities), reports, letters, circulars, etc, I / We shall personally collect or may be sent at address specified in requesting I agree with whatever we received transaction confirmation through SMS that will be treat as traded confirmation.

letter (at cost, if any, as applicable). 5. I / We hereby state that the handing over of the said contract note(s) / bill(s) / Ledgers / Confirmation notes or any communication in respect of my / our transactions relating to my / our trading account with SCIL, at Email addresses mentioned in my / our request letter shall be treated as due discharge of obligation of the Member under Rules and Regulations and bye-laws of SEBI and the stock exchange(s). 6. Contract notes, bills, ledgers, transaction statement (statement of Funds / securities) may also be kept on SCIL back office website which can be downloaded by me/us through the login id and password provided by SCIL to me/us. 7. The above service may require to, use password / digital signature and I / We will be responsible for confidentiality and proper use at all time of password / digital signature for all transactions initiated through the service. 8. I / We confirm / agree me/us electronic / digital contract notes on the above mentioned email id. I/We undertake the same be treated as the valid receipt of contract note in case of any change in my / our said Email id, I / We undertake to initiate the same to you in writing through physical letter.

17. Electronic Transmission of other Documents: The Client who have opted for ECN agrees that SCIL may transmit to the Client any statements, documents or intimation including, but not limited to, Margin Statement, Statements of Funds and Securities, margin and maintenance calls & other notices/ designated for delivery of ECN or to the mobile number of the Client or both and, in case of non receipt of bounced mail/non delivery of SMS notification, SCIL shall be deemed to have fulfilled his obligation to deliver to the Client such documents. Discrepancies if any in documents should be brought to the notice of SCIL within reasonable time from issuance failing which the documents shall be deemed to be true and correct record of transactions stated therein.

18. Electronic Payment Gateway for Net Banking Services: SCIL may provide on its internet trading website, without additional cost to the Client, access to Electronic Payment Gateways provided by various banks for facilitating transfer of funds from Client's bank account to the account of the Client with SCIL. Client understands that SCIL is only providing access to the electronic fund transfer facility provided by the banker of the Client through SCIL's website by means of an interface and is not liable or responsible for the proper functioning or otherwise of the Gateway or for any transaction errors, losses, malfunctioning or hacking of the system by unscrupulous elements, frauds, and/or any incidental or consequential claims arising thereout. Client undertakes not to make SCIL a party to any litigation, claim, dispute, difference or complaint that the Client may initiate in respect of, arising out of or in connection with any transactions on the Gateway and agrees that SCIL's liability shall at all time be limited to the amount actually received in its account by electronic transfer from Client's account with the Bank.

19. Internet/Wireless Technology based Trading facility: 19.1. SCIL offers Internet and mobile Trading facility for transaction in securities on the concerned Exchanges including facilities for online application of IPO / FPO / NFO / Bond issues or any other issues of securities or services to apply/purchase/redeem/sale/buyback or otherwise deal in the units of Mutual Funds (hereinafter referred to as "the Internet/wireless Trading system") through Exchange approved software. The Client can route its orders to SCIL over the internet/mobile/laptop with data card or any other devices which use internet protocol for purchasing, selling and dealing in securities. The Client may avail of such Trading facility provided by SCIL by complying with the formalities prescribed therefor.

19.2. Non-usage of Internet/Wireless Trading Facility: If the Client does not use the Internet/Wireless Trading Facility for a continuous period of 3 months or such other period as SCIL may notify, the facility may be deactivated without notice and the Client shall comply with the prescribed formalities for reactivating the facility. Trades

can, however, be executed at all time by placing orders off-line with the concerned branch of SCIL.

19.3. The client understands and agrees that SCIL has different product of the Internet Trading /Wireless Trading softwares which have been approved by the Exchanges and the client shall be allotted such product as may be chosen by him. The client also understands and agrees that depending on the trading activity of the client, SCIL shall have the exclusive right and liberty to change the product version allotted to the client and allot a different product version of the Internet Trading/Wireless Trading facility.

19.4. Orders of Client subject to review by SCIL: The Client agrees that the SCIL may, on being suspicious of any of the transactions, review any order placed by a Client, which may cause delays in the processing of the Client's order or may result in rejection of such order."

20. Extra Ordinary Events and termination/suspension of trading facility: SCIL will not be liable for losses caused directly or indirectly by government restriction, Exchange rulings, suspension of trading, computer, communication, telephone or system failure, war, earthquakes, flood, accident, power failure, equipment or software malfunction, lack of connectivity, congestion or disruption of communication network or links, software glitches or corruption, low processing speed, strikes or any other conditions beyond SCIL's control resulting in non-execution, partial or incomplete execution of orders and the resulting financial loss, if any SCIL may at any time terminate, discontinue or temporarily suspend trading facility provided to the Client in the event of any such extraordinary event occurring without giving prior notice to the Client.

21. Amendments to the terms and conditions: SCIL reserves the right to amend the terms and conditions herein contained by adding, deleting, modifying or varying the provisions thereof by giving 15 days notice to the Client. In the event where the client has not objected to revised terms and conditions within 15 days of receiving the notification, the same shall be binding on the client.

22. Mutual Fund Service system Facility/BSE Star MF: (Kindly note that these additional clause(s)/ documentation(s) are voluntary and at the discretion of the trading member and the client. The same are required in order to ensure smooth functioning. The client need not execute this document if he / she does not wish to use that facility. The client has the right to terminate the document, in which eventuality, the trading member may terminate the special facility). Sir, Sub : BSE STAR MF/ NSE New Mutual Fund Service System (MFSS) facility I/We am/are/ registered as your client/ applied to be your client and have executed the KYC and other Client Registration Documents for the purpose of trading in the Equity Segment of BSE/ NSE I/We am/are interested in availing the trading facility of BSE/ NSE for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE STAR MF/ NSE New MFSS. For the purpose of availing this facility, I/we state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE STAR MF/ NSE New MFSS 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 mentioned in the BSE Notice dated December 2, 2009/ NSE circular dated November 24, 2009 and as may be specified by BSE / NSE 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 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 all Mutual Fund Schemes. I/we therefore request you to register me/us as your client participating in BSE STAR MF/ NSE New MFSS.

To,

SAFAL CAPITAL (INDIA) LIMITED

Regd. Office: 201, Palika Plaza, Phase - II, M.T.H. Compound, Indore - 452001 (M.P.)

Subject: Authority to transfer of Stock in Collateral/Margin in Safal Capital (India) Limited or Group/associates companies

Dear Sir,

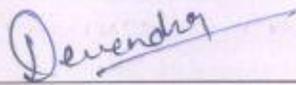
We hereby authorised to you for transfer and / or pledge of my/our shares which are available in your Beneficiary/pool and my/our demat account (POA) for the purpose of collateral/ Margin / settlement pay-in obligation in all exchanges / segments.

We understand that I/we have authorize to you and agree of the fact that collateral being provided will be split as per the initial margin / exposure margin / settlement pay-in obligation from time to time and the limit will be enhanced by the initial margin so derived, after valuing the shares and applying the respective haircut(s) as per company policy.

We have authorized to you further pledge shares to you professional clearing member (PCM)/NBFC /Bank for Derivative segment and / or exchange or the clearing corporation for derivative / currency or capital market segment or other segments.

Thanking You

Name : DEVENDRA WARUDE

Signature: 27/33 

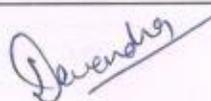
Client Code : 22222

FACTA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUAL

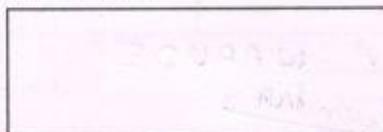
Client Code :				
		First / Sole Holder	Second Holder (if any)	Third Holder (if any)
1.	Are you U.S. Person ? (Refer KYC Handout - Customer Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Specify country of residence for tax purpose (Tax Residency)	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
3.	Specify Country of Citizenship	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other

Note : If you are a U.S. person and/ or if your tax residency / nationality / citizenship is other than India, then please provide declaration / self certification under FACTA/CRS.

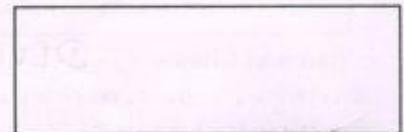
This declaration from can be downloaded from www.safalcapital.in


28/33

(First/Sole Holder Signature)



(Second Holder Signature)



(Third Holder Signature)

SAFAL CAPITAL (INDIA) LIMITED

Regd. Office: 201, Palika Plaza, Phase - II, M.T.H. Compound, Indore - 452001 (M.P.)

Date: 26/02/18

- Sub:- 1. Authority to debit Penal Charges.
 2. Authorisation for Debit/Margin adjustments in family accounts for Funds & securities.
 3. Authorisation for adjustments of Funds & securities in between group/associates companies

Dear Sir,

This is to apprise you that we are registered with you as client for trading through you in Cash Segment & or F&O Segment & or Currency Derivative Segment of NSE/BSE/MCX Stock Exchange & or any other applicable segments as per the details appended below:

S.NO.	Name of Client/Family Member	Unique client Code	(UCC)Relationship (Self attested documentary Proof enclosed)
1 (HOF)*			
2			
3			
4			
5			
6			

* Note : Name of the Head of the family (HOF) should be mentioned at serial no. 1 & penal charges, if any shall be debited to head of family Besides trading in aforesaid stock exchange, we are or may also be trading through your group / associate companies viz. Shree Safe Commodities Pvt. Ltd. / Safal Capital (IFSC) Pvt. Ltd. for NCDEX / MCX / ACE / NMCE. In this regard, we state that we together from the family group unit for the purpose of dealing with you & your group / associate companies. During the course of dealing through you & your group / associate companies, we may have credit balance in our account and debit balance in other account or we may have credit balance in one group / associate company(ies) and debit balance in other group / associate company(ies). So, in order to have smooth functioning of our accounts with you and or your group / associate companies, we give you authorization and undertaking as follows :

- We authorize you to treat the above named person as family for the purpose of any contract / agreement & or policies & procedure & or any authorization signed / executed by me / us with you & or your group / associate company.
- We authorize you to debit the penal charges, if any on outstanding net obligation including margin, any debit etc. of the entire family group, to the account of family member / client whose name is appearing at the serial in 1. above.
- We also hereby ratify and confirm that any / all penal charges which have been debited to the HOF account prior to the date of this authorize for any reason whatsoever.
- We authorize you on an ongoing basis to transfer the amount and or securities available in your account with you to any of the accounts stated above to set off debit balance in the respective accounts with you and or with your group / associate companies.
- We authorize you on ongoing basis to transfer the amount and or securities available in our account with you to any of the account stated above to apportion for the margin requirement(s) of the respective accounts with you and or in other account with your other group / associate company(ies).
- We also hereby ratify and confirm any / all transfer(s) of amounts / securities which have been done prior to the date of this authorization for any reason whatsoever.
- We also undertake to indemnify you from any loss, damage etc as may be incurred by you if any of the aforesaid information declaration is found to be untrue or upon your acting on the above authorization given by us or on account of any transaction done between the above mentioned accounts prior to the date of this authorization kindly do the needful and oblige.

Name	UCC	Signatures of All Family Members

Name of Client- DEVENDRA WARUDE

Signature of Client ^{29/33} *Devendra*

Client Code - 22222

Seal & Signature of A

Dear Sir / Madam,

We refer to the Trading / Demat Account to be opened with you in the name of _____
 Whereas the Hindu Undivided Family _____ (Hereinafter referred to as 'the said joint family')
 carrying on business in the firm name and style of _____ at _____
 or elsewhere (hereinafter referred to as 'the said HUF'), have or desire to have Securities Trading Account and Demat Account with Safal capital
 Limited (hereinafter referred to as 'Member'). We, the undersigned, hereby declare:

- a) that we are the present adult co-parceners of the said joint family.
- b) that Sh. _____ is the present Karta or Manager of the said joint family.
- c) that we are entitled to trade in shares and open Securities Trading and Demat Account of the said joint family.
- d) that each one of us has full and unrestricted authority to act on behalf of, and bind, the said HUF and all the present as well as future members, both adults and minors, of the said joint family, howsoever constituted from time to time. We confirm that the affairs of the said joint family and the business of the said HUF firm are carried on mainly by the Karta/Manager, the said Sh. _____ on behalf and in the interest and for the benefit of all the co-parceners of the said joint family. We hereby authorize Karta/Manager Sh. _____ on behalf of the HUF to deal on Capital Market Segment, Futures & Options Segment, Currency Segment, or any other segment that may be introduced by the National Stock Exchange of India Limited (NSE) or the Bombay Stock Exchange Limited (BSE) or MCX Stock Exchange Limited (MCX-SX) in future and the said Trading Member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. Sh. _____ is authorized to sale, purchase, transfer, endorse, negotiate documents and / or otherwise deal through Member on behalf of the HUF. He is also authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose.

We undertake to advise the Member in writing of any change that may occur in the Karta / Membership or in the constitution of the said joint family or to the said HUF firm and until receipt of such notice by the Member, the Member will be entitled to regard each of us as a Member of the said joint family and as a partner of the said HUF firm and all acts, dealings and transactions purporting to have been done on behalf of the said joint family or of the said HUF firm, before the Member shall have received notice in the manner aforesaid, shall be binding on the said joint family and the said HUF firm and on our respective estates. We shall, however, continue to be liable jointly and severally to the Member for all dues and obligations of the said HUF firm. The names and dates of birth of the present minor co-parceners of the said joint family are given below. We undertake to inform you in writing as and when each of the said Members attains the age of majority and is authorized to act on behalf of, and bind, the said HUF firm. We hereby undertake that any and all claims due to you from the said HUF firm shall be recoverable personally from all or any of us and also from the entire family properties of the HUF of which the first signatory is the Karta, including the share of the Minor Co-parceners. We also undertake to inform you of the death or birth of co-parceners or of any change occurring at any time in the membership of the HUF firm during the subsistence of the account. We have received and read a copy of the Member's rules and regulations for the conduct of Securities Trading & Demat Accounts and we agree to comply with and be bound by the said rules now in force or any changes that may be made therein from time to time.

DETAILS OF COPARCENERS			
Sl	Name	Date of Birth*	Signature
1			
2			
3			
4			
5			
6			

*Mandatory in case of Minor Co-parceners. Name & Signature of above Co-parceners have been verified by me.

Place : INDOR Name of the Karta: _____

Date : _____ Signature of the Karta: _____



POWER OF ATTORNEY

Stamp

TO ALL TO WHOM THESE PRESENTS SHALL COME I/We,

- (1) DEVENDRA WARUDE residing at 86-A DEENDAYAL INDORE
(2) _____ residing at _____
(3) _____ residing at _____

Indian inhabitant/Nonresident SEND GREETINGS.

Whereas I/We hold a Beneficiary Account no. 1202620000 (BO-ID) with Central Depository Services (India) Limited with SAFAL CAPITAL (INDIA) LIMITED (a Depository Participant registered with CDSL) bearing DP ID 12026200
And whereas I/We are registered as a client with SAFAL CAPITAL (INDIA) LIMITED (trading member of Bombay Stock Exchange Ltd. MCX Stock Exchange Ltd. And National Stock Exchange of India Ltd) vide my Trade Code/Back office Code 82222 for dealing in the securities market.

NOW KNOW WE ALL AND THESE PRESENTS WITNESS THAT I/We THE ABOVE NAMED DO HEREBY NOMINATE CONSTITUTE / AND APPOINT M/s SAFAL CAPITAL (INDIA) LIMITED a Company incorporated under the Companies Act., 1956 having its registered office India situated at 201, Palika Plaza, Phase - II, M.T.H. Compound Indore - 452001 acting through any of its directors and/or officers duly authorized by it said purpose, 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 the following :-

1. To debit my/our aforesaid beneficiary account and to transfer securities there-out for the purpose of delivering / pledging the same to the clearing house of the recognized stock exchange in any segment to discharge my/our settlement obligations in respect of securities sold by me/us or for the purpose of providing margins in respect of the trading positions taken up by me/us.
2. To apply for and subscribe to, on my/our instructions, initial Public offering made by any company registered under the provisions of the Companies Act, 1956 through online/offline bidding platform and to perform, do, undertake, discharge all incidental and ancillary acts, deeds, matters, things, functions and obligations in connection therewith
3. To apply, on my/our instructions (including redemption requests), for Mutual fund of various asset management companies through online/offline platform and to perform, do, undertake, discharge all incidental and ancillary acts, deeds, matters, things, functions and obligations in connection therewith.
4. I/We authorize my/our said Attorney to send me/us consolidated summary of scrip wise buy and sell positions, subscriptions to IPOs and Mutual Fund by way of short messaging services or e-mails on a daily basis.
5. The said Attorney shall return to me/us the securities that may have been received by it erroneously or that it was not entitled to receive.
6. I/w do hereby ratify and conform and agree to ratify and confirm whatsoever my/our said attorney shall have lawfully done or may lawfully do or cause to be done by virtue of or in exercise of any power hereby granted, given authorised or Implied or intended to be so granted, given or authorised and also all lawfully acts, deeds, matters and things done by the said attorney of the nature mentioned above or incidental or relating thereto or arising there-from or deemed by my/our attorney to be requisite or expedient to be done or performed in exercise of any power therein.
7. I/We further agree and confirm that the powers and authorities conferred by this POA shall continue to be good, valid and effective until revoked by me/us in writing given to my Attorney and that the POA shall not be affected by lapse of time. This POA shall continue in full force and effect until my/our Attorney shall receive written notice of revocation thereof, signed by me/us; or, in the event of termination thereof by my/our death, until my/our Attorney shall have received actual notice thereof, and such revocation or termination shall in no way affect the validity of this POA with reference to any transactions initiated by my/our Attorney, prior to the actual receipt by the Attorney of the notice of such revocation or termination, as above provided. Further without prejudice to the generality of the aforesaid, such revocation of this POA, in so far as any transaction, settlement of which is pending on the date of receipt of notice of revocation by my/our Attorney is concerned, shall become effective only after all pending obligations in respect of such transaction are settled on the respective settlement dates and all dues owing by me/us in connection herewith have been fully paid by me/us to the stock Broker. Further, such revocations of the power and authority given to my/our Attorney hereby shall in no way affect the validity of any acts, deeds or things done or action taken by my/our Attorney for discharging any of my/our settlement obligations in respect of any transaction settlement of which is pending on the date of receipt of the notice of revocation by the Attorney. The request of revocation in writing is to be send to our company's office mentioned above.
8. As per SEBI circular no. CIR/MRD/DMS/28/2010 dated 31st August, 2010, the list of demat a/c's where securities can move is listed as per schedule and /or any other account which may be opened by SAFAL CAPITAL (INDIA) LIMITED from time to time and intimated to me/us through e-mail or other mode of communication to hold securities as margin on my/our behalf and for meeting my/our sales obligation.
9. This Document shall be subject to the jurisdiction of courts of Indore only.

SCHEDULE A - LIST OF DEMAT ACCOUNT



Sr. No.	BO Account Nos.	Purpose of Transfer
1	1202620000177247	To meet Client BSE Delivery Obligation in cash segment
2	1202620000177251	To meet Client NSE Delivery Obligation in cash segment
3	IN30133021481604	To meet Client NSE Delivery Obligation in Cash Segment
4	1202620000177270	To meet Client Margin requirement in cash segment
5	IN30009511903321	To meet Client FNO Margin requirement on NSE
6	1N30009511903330	To meet Client Margin requirement for Cash segment on NSE
7	IN30133021483663	To meet Client BSE Delivery Obligation in cash segment
8	1100001100017383	To meet Client NSE Delivery Obligation in cash segment
9	IN30133021476443	To Meet Client BSE Delivery/Margin obligation in cash Segment
10	1202620000195262	To Meet Client BSE Delivery/ Margin obligation in cash Segment
11	1100001000014031	To Meet Client BSE Delivery obligation in cash Segment
12	IN301330321087024	To Meet Client NSE Delivery/ Margin obligation in cash & F& o Segment
13	IN30133021476824	To Meet Client NSE Delivery obligation in cash Segment

31/33 Sign *Devendra*

Signed & delivered by:

32/33 *Devendra*
First Holder's Signature

Second Holder's Signature

Third Holder's Signature

Witness Signature:	<i>Narendra</i>	<i>Ravi</i>
Witness Name	NARENDRA TAWDEFAR	RAVINDRA BABEL
Witness Address	201 PALIKA PLAZA M.T.H COMPOUND INDORE - 452001	201 PALIKA PLAZA M.T.H. COMPOUND INDORE - 452001

I/We accept (For **SAFAL CAPITAL (INDIA) LIMITED**)

Authorized Signatory

Date: / /

To,

SAFAL CAPITAL (INDIA) LIMITED

Regd. Office: 201, Palika Plaza, Phase - II, M.T.H. Compound, Indore - 452001 (M.P.)

I/we request you to send the following documents as part of Account opening kit to me/us:

- A. Rights & Obligations of stock broker, sub-broker and client for trading on Exchanges (including additional rights & obligations in case of internet/ wireless technology based trading).
- B. Rights and Obligations of beneficial owner and depository participant Prescribed by SEBI and depositories.
- C. Uniform Risk Disclosure Documents (for all segments/ Exchanges).
- D. Guidance Note detailing Do's and Don'ts for trading on stock exchanges In the following mode:

Electronic mode (In my Email ID)

Physical copy along with account opening kit.

Subject: Acknowledgment of Receipt of a Copy of KYC & Other Documents

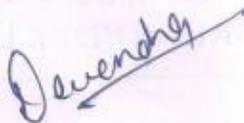
Dear Sir,

This is to acknowledge that I/We DEVENDRA WARUDE

with trading code 22222 have received a copy of the duly complete all documents viz. Client registration Form (KYC), Rights & Obligation Documents, Risk Disclosure Documents (RDD) and copy of other all voluntary & mandatory document executed by me / us as a Client.

I / We hereby declare that I / We have the full intimation of trading code and email id for the purpose of receiving electronic contract note and other.

Thanking you

33/33 

Note: This is to inform you that Aforesaid documents available on our www.safalcapital.in