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EQ-25.05

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Invest **today** for a better **tomorrow**.

Globe Capital (IFSC) Limited –NSE (IFSC) & INDIA INX

Application No.	

Client Name ____________________

Client Code ____________________

Branch Name ____________________

Branch Code ____________________

Introducer RM Name ____________________

Emp. Code ____________________

Service RM Name ____________________

Emp. Code ____________________

Client/BO ID ____________________

DP Group Code ____________________

DP Scheme Code ____________________

Trading Scheme Code ____________________

SK ENQ No. ____________________

Remark ____________________

PART A

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3.	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (W-8BEN/W-8BEN-E)	Applicable for clients trading in NSE IFSC Receipts	Part A	5
4.	Know Your Client Form (For Non-Individual)	KYC Form - Basic information about the client	Part A	6
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6.	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (W-8BEN/W-8BEN-E)	Applicable for clients trading in NSE IFSC Receipts (For Non-Individual)	Part A	9-15
7.	Right & Obligations	Document stating the Rights & Obligations of stock broker/trading member, and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading) – (Separately for NSE IFSC and India INX Clients)	Part B	
8.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market (Separately for NSE IFSC and India INX Clients)	Part B	
9.	Guidance Note	Document detailing do's and don'ts for trading on exchange, for the education of the investors (Separately for NSE IFSC and India INX Clients)	Part B	
10.	Policies and Procedures	Document describing significant policies and procedures of the stock broker (Common for both NSE IFSC and India INX Clients).	Part B	
11.	Master Deed Poll (MDP)	Legal and operational framework that allows NSE IFSC clients for participating in trading activities on the NSE IFSC platform	Part B	
12.	Product Disclosure Statement (PDS)	To ensure that clients, particularly foreign or non-resident investors trading on the NSE IFSC platform, are fully informed about the nature, features, risks, and costs associated with the financial products they are dealing in	Part B	
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Name of Stock Broker/Trading Member/Clearing Member/Depository Participant : Globe Capital (IFSC) Limited
IFSCA Registration Number: INZ000097337 Date: 11 Jan 2017 DP-ID: IN350039
Regd. & Corporate Office: Unit No. 223, 2nd Floor, Signature Building, Block-13 B, Road 1C, Zone-1, Gift Sez, Gift City Gandhinagar, Gujarat-382355, Tel-91-079-68320712, Fax: 011-23720883, Email id: complianceifsc@globecapital.com, Website: www.globecapital.com
Correspondence Address: Unit No. 223, 2nd Floor, Signature Building, Block-13 B, Road 1C, Zone-1, Gift Sez, Gift City Gandhinagar, Gujarat-382355, Tel-91-079-68320712, Fax: 011-23720883, Email id: complianceifsc@globecapital.com, Website: www.globecapital.com

CEO/Director: Mr. Arpit Agarwal, Phone No.: 011-30412345, Email id: mail@globecapital.com

Compliance Officer Details :

INDIA INX & NSE IFSC Mr. Munish Kumar Mittal | Mob.: 9811178576 | Email id: complianceifsc@globecapital.com

TO BE FILLED BY INTERMEDIARY / EMPLOYEE

I/We undertake that we have made the client aware of 'Policy and Procedures', Master Deed Poll (MDP), Product Disclosure Statement (PDS) 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 all the 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 that any change in the 'Rights and Obligations' and RDD, Policies & Procedures. would be made available on my/our website, if any, for the information of the clients.

INTRODUCER DETAILS

Name of the Introducer: F I R S T N A M E   M I D D L E N A M E   S U R N A M E

Status of the Introducer:

☐ Remisier ☐ Authorized Person ☐ Existing Client ☐ Others: (Please Specify Others)

Address of the Introducer :

Employee Code : Employee E-mail :

Mobile : Phone(with STD Code) : –

Signature of the Introducer :

EXCHANGE-WISE REGISTRATION DETAILS

India INX	GLOBE CAPITAL (IFSC) LIMITED	DATED
TM Code-5014	IFSCA REGN. NO.- INZ000097337	11-01-2017

NSE IFSC	GLOBE CAPITAL (IFSC) LIMITED	DATED
TM Code - 10022	IFSCA REGN.NO.- INZ000097337	29-03-2017

For any grievance/dispute please contact Globe Capital (IFSC) Limited at the given address or email id- ifscigr@globecapital.com and Phone no. 91-079-68320712.
In case not satisfied with the response, please contact at the relevant Exchange Investor Grievance Cell.

EXCHANGE-WISE INVESTOR GRIEVANCE CELL

Exchange	Web Address	Contact No.	Email - Id
India INX	www.indiainx.com	91-79-61993146	inx.regulatory@indiainx.com
NSE IFSC	www.nseifsc.com	07966743609/10	igr@nseifsc.com

ACKNOWLEDGMENT TO GLOBE FROM CLIENT

To,

GLOBE CAPITAL (IFSC) LIMITED
Unit No. 223, 2nd Floor, Signature Building, Block-13B, Road IC, Zone-I,
Gift Sez, Gift City, Gandhinagar, Gujarat-382355

I/we hereby confirm that I/we have read, understood, agreed and received a duly executed copy of the:-

- Account Opening Form, Master Deed Poll (MDP), Product Disclosure Statement (PDS)
- Trading Account Related Details & Tariff Sheet (Trading & Demat Account)
- Rights and Obligations of Stock Brokers and Clients
- Internet and Wireless technology based trading facility provided by Stock Brokers to Client
- Risk Disclosure Document associated with dealing in the Securities Market.
- Guidance note-Do's and Don't for trading on the Exchange(s) for Investors
- Policies and procedures

I/we am/are abiding by these terms & conditions. I/we reconfirm that I/we and stock broker shall refer any claim and/or disputes with respect to deposits, margin money, etc, to arbitration as per the Rules, Byelaws, and Regulation of the Exchanges where the trade is executed and circulars/notices issued there under as may be in force from time to time. I/We reconfirm that I/we and Stock Broker shall refer all claims, differences or disputes between us arising out of or in relation to dealings, contracts and transaction made subject to the Bye-Laws, Rules and Regulations of the Exchange or with reference to anything incidental thereto or in pursuance thereof or relating to their validity, construction, interpretation, fulfillment or the rights, obligations and liabilities of the parties thereto and including any question of whether such dealings, transactions and contracts have entered into to arbitration in accordance with the provisions of these Byelaws and Regulations.

Thanks and Best regards,

Client Code :________________________

For______________________________

Sign here : ☞

For **Globe Capital (IFSC) Ltd.**

Authorised Signatory / Director

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For Individuals - (KYC Application No.______________)

CERSAI

A. Identity Details — **Please fill in ENGLISH and BLOCK LETTERS with black ink**

	Prefix	First Name	Middle Name	Last Name
1. Name of Applicant				
Name as per Income Tax Record				
Maiden Name (if any)				
Father / Spouse Name				
Mother Name				

2. A. Gender ☐ Male ☐ Female ☐ Transgender **B. Marital status** ☐ Single ☐ Married ☐ Others__________

3. PAN **Nationality / Citizenship** ☐ **Indian** ☐ **Other** (Please specify)

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

4. **Residential Status** ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Orign

Occupation (Please tick (3) any one and give brief details):

☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife ☐ Student ☐ Others (Please specify) _______________

5. **UID/Aadhaar** : X X X X X X X X **Date of Birth** d d m m y y y y

6. **Proof of Identity** Type of Documents: ____________________ Identification No.__________________
Date of issue:_________________ Date of Expiry (if applicable)___________________

B. Address Details

1. Address for Correspondence

City/Town/Village

State Country Pin Code

2. Contact Details

Mobile (Primary) (ISD) (STD) **Mobile** (Secondary) (ISD) (STD)

Tel. (ISD) (STD) Fax (ISD) (STD)

MOBILE (Primary) given by me belongs to ☐ **Me** ☐ **Spouse** ☐ **Dependent children** ☐ **Dependent Parent**

Mobile No. is registered in name of ____ who's PAN No. is ______________________

E-Mail ID.
(In Capital Letters only)

E-MAIL ID given by me belongs to ☐ **Me** ☐ **Spouse** ☐ **Dependent children** ☐ **Dependent Parent**

E-mail-ID is registered in name of ____ who's PAN No. is ______________________

3. Specify the Proof of Address submitted for Residence / Correspondence Address ☐ UID ☐ Bank Statement ☐ Other ________

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City/Town/Village

State Country Pin Code

5. Specify the Proof of Address submitted for Residence / Permanent Address ___________________________________

C. Fatca & CRS Detail — **Nationality/Tax Residency/Citizen ship Other than India** ☐ **No** ☐ **Yes**

Country of Birth Place/City of Birth
Country of Citizenship/Nationality
Country of Tax Residency (Other Than India)
Tax Payer Identification Number (Other Than India)

2.Gross Annual Income Details : (tick✓) ☐ $ 1000-99,999 ☐ $ 1,00,000-2,49,999 ☐ More then $ 2,50,000

Declaration : I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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. I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA agencies only for the specific purpose validating/ maintaining/ sharing my KYC record and as an audit evidence. I will have an option to request for deleting of my Aadhaar record. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered mobile number/email address. I am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Dig locker XML file, along with pass code and as applicable, with IFSCA, KRA, CKYC and other Institutions/ agencies/ Intermediaries with whom I have a business relationship for KYC purposes only.

SIGNATURE OF APPLICANT

Place:

Date:

IPV TO BE FILLED BY - EMPLOYEE/OTHERS

Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received Main Intermediary

☐ **IN-PERSON VERIFICATION (IPV)** ☐ **DOCUMENTS VERIFIED WITH ORIGINALS** ☐ **CLIENT INTERVIEWED BY**

Date : d d / m m / y y y y Institution Name & Code : **Globe Capital (IFSC) Limited**

Name : ____________________ Code : ____________________

Designation : ____________________ Signature : ____________________

Version 25.05

*See Instructions cum check list at the last page

PART II - ACCOUNT OPENING FORM (FOR INDIVIDUALS)

DP ID :

DP ID		Client ID	

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

Date D D M M Y Y Y Y

A. TYPE OF ACCOUNT (Please tick whichever is applicable)

☐ Resident ☐ NRI-Repatriable ☐ FPI
☐ Foreign National ☐ NRI-Non Repatriable ☐ Stock Broker ☐ Others (Specify)________________

Sub Type ☐ TM Client Securities Margin Pledge Account ☐ Stock Broker-Proprietary
☐ CM Client Securities Margin Pledge Account ☐ Promoter
☐ TM/CM Client Securities Margin Pledge Account ☐ Others (Specify)

B. DETAILS OF ACCOUNT HOLDER(S)

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN			
Date of Birth	— —	— —	— —
UCC			
Exchange Name & ID		—	—
Brief Details		—	—

C. 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. STANDING INSTRUCTIONS

1.	I/We authorise you to receive credits automatically into my/our account (If not marked default option would be Yes)	☐ **Yes** ☐ No
2.	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 marked, the default option would be 'No')	☐ Yes ☐ **No**
3.	Client option to receive e-statement	☐ **Yes** ☐ No
4.	Receive Annual Reports, AGM notices and other communication from Issuer & RTA in Electronic form (If not marked default option would be Yes)	☐ **Yes** ☐ No
5.	For joint accounts communication to be sent to ☐ **First Holder** ☐ All Joint Account Holders	
6.	Account to be operated through (DDPI) (If not marked default option would be No)	☐ Yes ☐ **No**
7.	SMS Alert facility : [Mandatory if you are giving (DDPI). Ensure that the mobile number is provided in the KYC Application Form]	

Sr. No.	Holder	Yes	No
1.	Sole / First Holder	☐	☐
2.	Second Holder	☐	☐
3.	Third Holder	☐	☐

E. Mode of Operation for Joint Accounts (*see notes) ☐ **Jointly** ☐ Anyone of the holder or survivor(s)

If Mode of Operation for Joint Account is choosen as anyone of the holder or survivor(s), only specified operation such as transfer of securities including Inter-Depository Transfer pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and /or securities and / or specific number of securities will be permitted.

F GUARDIAN DETAILS (where sole holder is a minor) :

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

Guardian Name			
PAN		Date of Birth	
Relationship of Guardian with Minor			

G In Case of NRIs/Foreign Nationals

RBI Approval Reference Number		RBI Approval Date	D D M M Y Y Y Y

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".

	Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Name			
Signatures	☞	☞	☞

NOMINATION OPTION (For DP & Trading both)

NOMINATION DETAILS (Annexure A) I/We nominate the following persons who is/are entitled to receive fund and security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

	Nomination can be made upto three nominees in the account.	Details of Ist Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	*Percentage of allocation of securities Equally [If not equally, please specify percentage] Or ☐ Share of each Nominee	%	%	%
		Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s)			
	PIN Code			
5	Mobile/Telephone No. (Optional)			
6	Email ID (Optional)			
7	Nominee Identification details : [Please tick any one of following and provide details of same] Photograph & Signature	Photograph of Ist nominee Signature of Nominee across photograph Signatue	Photograph of 2nd nominee Signature of Nominee across photograph Signatue	Photograph of 3rd nominee Signature of Nominee across photograph Signatue
	☐ PAN			
	☐ Aadhaar	X X X X X X X X	X X X X X X X X	X X X X X X X X
	☐ Saving Bank Account No.			
	☐ Proof of Identity			
	☐ Demat Account ID (Optional)			
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:				
8	Date of Birth {in case of minor nominee(s)}	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
9	Name of Guardian (Mr.Mrs.) {in case of minor nominee(s)}			
10	Address of Guardian			
	PIN Code			
11	Mobile/Telephone (Optional)			
12	Email ID (Optional)			
13	Relationship of Guardian with Nominee			
14	Guardian Identification details : [Please tick any one of following and provide details of same] ☐ Photograph & Signature	Photograph of Ist Guardian Signature of Guardian across photograph Signatue	Photograph of 2nd Guardian Signature of Guardian across photograph Signatue	Photograph of 3rd Guardian Signature of Guardian across photograph Signatue
	☐ PAN			
	☐ Aadhaar	X X X X X X X X	X X X X X X X X	X X X X X X X X
	☐ Saving Bank Account No.			
	☐ Proof of Identity			
	☐ Demat Account ID (Optional)			

Signature of Witness for Nomination (In Case of Thump Impression)

Name of the Witness	Address	Signature of Witness
		Date D D M M Y Y Y Y

	Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Name			
Signatures	☞	☞	☞

Notes:

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
   I. Client must ensure the confidentiality of the password of the email account.
   II. Client must promptly inform the Participant if the email address has changed.
   III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder (s) with required documents within one year of the date of demise.
5. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders" is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to first holder', if no option selected.
6. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
7. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
8. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange / depository controls in force, from time to time.
9. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
10. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
11. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly | by the same persons who made the original nomination. Non- individuals including society karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
12. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(S).
13. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be a settle the claims equally amongst all the nominee.
14. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
15. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents.
16. Savings bank account details shall only be considered if the account is maintained with the same participant.
17. DP ID and client ID shall be provided where demat details is required to be provided.
18. Strike off whichever is not applicable

Declaration Form for opting out of nomination (Annexure B)

UCC/DP ID	
Client ID (only for Demat account)	
Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

	Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Name			
Signatures	☞	☞	☞

Form : **W-8BEN** (Rev. October 2021) Department of the Treasury Internal Revenue Service	**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)** For use by individuals. Entities must use Form W-8BEN-E. Go to www.irs.gov/FormW8BEN for instructions and the latest information. Give this form to the withholding agent or payer. Do not send to the IRS.	OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States.......................... ....8233 or W-4
- You are a person acting as an intermediary

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGAjurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner	2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country
4 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	2 Country of citizenship
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Certification

9 I certify that the beneficial owner is a resident of ....within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable-see instructions): The beneficial owner is claiming the provisions of Article and paragraph.......................... ....of the treaty identified on line 9 above to claim a...................... % rate of withholding on (specify type of income):

....

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:..........................

....

Part III Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
  (a) income not effectively connected with the conduct of a trade or business in the United States;
  (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
  (c) the partner's share of a partnership's effectively connected taxable income; or
  (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

☐ I certify that I have the capacity to sign for the person identified on line 1 of this form.

Sign here : (1) ☞

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Print name of signer

Know Your Client (KYC)
Application Form (For Non-Individuals Only)

GLOBE money must grow

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. Identity Details

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. Date of Incorporation d d / m m / y y y y **Place of Incorporation**

3. Registration No. (e.g. CIN) **Date of commencement of business** d d / m m / y y y y

4. Status (Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust/Charities/NGOs ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ FPI-1 ☐ FPI-2 ☐ FPI-3 ☐ Others (Please specify) ____

5. Permanent Account Number (PAN) (MANDATORY) **6. GST/TIN**

7. Proof of Identity Type of Documents: ____ Identification No.____
Date of issue:____ Date of Expiry (if applicable)____

B. Address Details

1. Address for Correspondence/ Principle place of Business

City/Town/Village Postal Code
State Country

2. Contact Details

Mobile (Primary) (ISD) (STD) **Mobile** (Secondary) (ISD) (STD)
Tel. (ISD) (STD) Fax (ISD) (STD)
E-Mail ID. (In Capital Letters only)

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ *Latest Telephone Bill (only Land Line ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) (Please specify) ____
*Not more than 2 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

4. Registered Address (If different from above)

City/Town/Village Postal Code
State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ *Latest Telephone Bill (only Land Line ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) (Please specify) ____
*Not more than 2 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

2.Gross Annual Income Details : (tick✓) ☐ $ 1000-99,999 ☐ $ 1,00,000-2,49,999 ☐ More then $ 2,50,000

DECLARATION

Declaration : I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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. I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA agencies only for the specific purpose validating/ maintaining/ sharing my KYC record and as an audit evidence. I will have an option to request for deleting of my Aadhaar record. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered mobile number/email address. I am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Dig locker XML file, along with pass code and as applicable, with IFSCA, KRA, CKYC and other Institutions/ agencies/ Intermediaries with whom I have a business relationship for KYC purposes only.

NAME & SIGNATURE (S) OF AUTHORISED PERSON (S)

Place: Date:

IPV TO BE FILLED BY - EMPLOYEE/OTHERS

Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received Main Intermediary

☐ **IN-PERSON VERIFICATION (IPV)** ☐ **DOCUMENTS VERIFIED WITH ORIGINALS** ☐ **CLIENT INTERVIEWED BY**

Date : d d / m m / y y y y Institution Name & Code : **Globe Capital (IFSC) Limited**

Name : ____ Code : ____

Designation : ____ Signature : ____

ANNEXURE

Name of the Applicant ______________________________ **PAN of the Applicant**

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and Wholetime/Other Directors :

1. Name

Date of Birth d d / m m / y y y y Status PAN

Residential Address

DIN UID x x x x x x x x DPIN

Mobile

E-Mail ID. (In Capital Letters only)

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

☐ Not a Politically Exposed Person (PEP) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Related to a Politically Exposed Person (PEP)

2. Name

Date of Birth d d / m m / y y y y Status PAN

Residential Address

DIN UID x x x x x x x x DPIN

Mobile

E-Mail ID. (In Capital Letters only)

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

☐ Not a Politically Exposed Person (PEP) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Related to a Politically Exposed Person (PEP)

3. Name

Date of Birth d d / m m / y y y y Status PAN

Residential Address

DIN UID x x x x x x x x DPIN

Mobile

E-Mail ID. (In Capital Letters only)

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

☐ Not a Politically Exposed Person (PEP) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Related to a Politically Exposed Person (PEP)

4. Name

Date of Birth d d / m m / y y y y Status PAN

Residential Address

DIN UID x x x x x x x x DPIN

Mobile

E-Mail ID. (In Capital Letters only)

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

☐ Not a Politically Exposed Person (PEP) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Related to a Politically Exposed Person (PEP)

Date	D	D	M	M	Y	Y	Y	Y

Name & Signature of the Authorised Signatory(ies)

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

DP ID :

DP ID									Client ID								

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

Date D D M M Y Y Y Y

A. TYPE OF ACCOUNT (Please tick whichever is applicable)

☐ Body Corporate ☐ FI ☐ FII ☐ HUF ☐ Mutual Fund
☐ Trust ☐ Bank ☐ CM ☐ CUSPA ☐ Stock Broker ☐ Others (Specify)

Sub Type ☐ TM Client Securities Margin Pledge Account ☐ Stock Broker-Proprietary ☐ LLP
☐ CM Client Securities Margin Pledge Account ☐ Foreign Bodies ☐ Escrow
☐ TM/CM Client Securities Margin Pledge Account ☐ Unclaimed Securities ☐ Others (Specify)

B. DETAILS OF ACCOUNT HOLDER(S)

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN			
Date of Incorporation	– –	– –	– –
UID/Aadhaar			
UCC		–	–
Exchange Name & ID		–	–
Brief Details			

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. In Case of FIIs/Others (as may be applicable)

RBI Approval Reference Number		RBI Approval Date	D D M M Y Y Y Y
SEBI Registration Number (For FIIs)			

E. STANDING INSTRUCTIONS

1.	I/We authorise you to receive credits automatically into my/our account (If not marked default option would be Yes)	☐ **Yes** ☐ No
2.	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 marked, the default option would be 'No')	☐ Yes ☐ **No**
3.	Client option to receive e-statement	☐ **Yes** ☐ No
4.	Receive Annual Reports, AGM notices and other communication from Issuer & RTA in Electronic form (If not marked default option would be Yes)	☐ **Yes** ☐ No
5.	Account to be operated through DDPI) (If not marked default option would be No)	☐ Yes ☐ **No**
6.	SMS Alert facility :	

Sr. No.	Holder	Yes	No
1.	Sole / First Holder	☐	☐
2.	Second Holder	☐	☐
3.	Third Holder	☐	☐

Mode of Operation for Sole/First Holder (in case of joint holdings, all the holders must sign)

☐ As per resolution ☐ Any one singly ☐ Jointly by ☐ Others (Pl. Specify)

DECLARATION

I/we acknowledge the receipt of copy of document, "Rights and Obligations of the Beneficial Owner and Depository Participant". The rules and regulations of the Depository and Depository Participants pertaining to an account 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. Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name, Designation & Signatures	☞	☞	☞

(Signatures should be preferably in black ink) (In case of more authorised signatories, please add annexure)

Form : **W-8BEN**
(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)

- For use by entities. Individuals must use Form W-8BEN.
- Section references are to the Internal Revenue Code.
- Go to www.irs.gov/FormW8BENE for instructions and the latest information.
- Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits). W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions). .... W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner

2 Country of incorporation or organization

3 Name of disregarded entity receiving the payment (if applicable, see instructions)

4 Chapter 3 Status (entity type) (Must check one box only):

- ☐ Corporation
- ☐ Partnership
- ☐ Simple trust
- ☐ Tax-exempt organization
- ☐ Complex trust
- ☐ Foreign Government - Controlled Entity
- ☐ Central Bank of Issue
- ☐ Private foundation
- ☐ Estate
- ☐ Foreign Government - Integral Part
- ☐ Grantor trust
- ☐ Disregarded entity
- ☐ International organization

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. ☐ Yes ☐ No

5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)

- ☐ Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).
- ☐ Participating FFI.
- ☐ Reporting Model 1 FFI.
- ☐ Reporting Model 2 FFI.
- ☐ Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.
- ☐ Sponsored FFI. Complete Part IV.
- ☐ Certified deemed-compliant nonregistering local bank. Complete Part V.
- ☐ Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.
- ☐ Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.
- ☐ Certified deemed-compliant limited life debt investment entity. Complete Part VIII.
- ☐ Certain investment entities that do not maintain financial accounts. Complete Part IX.
- ☐ Owner-documented FFI. Complete Part X.
- ☐ Restricted distributor. Complete Part XI.
- ☐ Nonreporting IGA FFI. Complete Part XII.
- ☐ Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.
- ☐ International organization. Complete Part XIV.
- ☐ Exempt retirement plans. Complete Part XV.
- ☐ Entity wholly owned by exempt beneficial owners. Complete Part XVI.
- ☐ Territory financial institution. Complete Part XVII.
- ☐ Excepted nonfinancial group entity. Complete Part XVIII.
- ☐ Excepted nonfinancial start-up company. Complete Part XIX.
- ☐ Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.
- ☐ 501(c) organization. Complete Part XXI.
- ☐ Nonprofit organization. Complete Part XXII.
- ☐ Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.
- ☐ Excepted territory NFFE. Complete Part XXIV.
- ☐ Active NFFE. Complete Part XXV.
- ☐ Passive NFFE. Complete Part XXVI.
- ☐ Excepted inter-affiliate FFI. Complete Part XXVII.
- ☐ Direct reporting NFFE.
- ☐ Sponsored direct reporting NFFE. Complete Part XXVIII.
- ☐ Account that is not a financial account.

6 Permanent residence address (street, apt, or suite no., or rural route). ***Do not use a P.O. box or in-care-of address*** (other than a registered address).

City or town, state or province. Include postal code where appropriate. | Country

7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate. | Country

Part I Identification of Beneficial Owner (continued)

8 U.S. taxpayer identification number (TIN), if required

9a GIIN b Foreign TIN c Check if FTIN not legally required.

10 Reference number(s) (see instructions)

Note: Please complete remainder of the form including signing the form in Part XXX.

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

11 Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment

Branch treated as nonparticipating FFI. Reporting Model 1 FFI. U.S. Branch.

Participating FFI. Reporting Model 2 FFI.

12 Address of disregarded entity or branch (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

13 GIIN (if any)______________________________

Part III Claim of tax treaty benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a The beneficial owner is a resident of____________________________within the meaning of the income tax treaty between the United States and that country.

b The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

Government

Tax-exempt pension trust or pension fund

Other tax-exempt organization

Publicly traded corporation

Subsidiary of a publicly traded corporation

Company that meets the ownership and base erosion test

Company that meets the derivative benefits test

Company with an item of income that meets active trade or business test

Favorable discretionary determination by the U.S. competent authority received

No LOB article in treaty

Other (specify Article and paragraph):

C The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 Special rates and conditions (if applicable-see instructions):

The beneficial owner is claiming the provisions of Article and paragraph ____________________________

of the treaty identified on line 14a above to claim a ____________% rate of withholding on (specify type of income):____________________

Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding:____________________

Part IV Sponsored FFI

16 Name of sponsoring entity:

17 Check whichever box applies.

I certify that the entity identified in Part I:

- Is an investment entity;
- Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; and
- Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

I certify that the entity identified in Part I:

- Is a controlled foreign corporation as defined in section 957(a);
- Is not a QI, WP, or WT;
- Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; and
- Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank

18 certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization,
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions):
- Has no more than $175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than $500 million in total assets on its consolidated or combined balance sheets; and
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts

19 certify that the FFI identified in Part 1:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of $50,000 (as determined after applying applicable account aggregation rules); and
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than $50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle

20 Name of sponsoring entity: ____________________

21 certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; and
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity

22 I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; and
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts

23 Certain Investment Entities that Do Not Maintain Financial Accounts

- I certify that the entity identified in Part I:
- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), and
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary:
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; and
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding $50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI (continued)

Check box 24b or 24c, whichever applies.

b I certify that the FFI identified in Part I:

- Has provided, or will provide, an FFI owner reporting statement that contains:
  - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
  - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of $50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); and
  - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
- Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.

c I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

d I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

25a (All restricted distributors check here) I certify that the entity identified in Part I:

- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
- Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
- Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
- Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
- Does not solicit customers outside its country of incorporation or organization;
- Has no more than $175 million in total assets under management and no more than $7 million in gross revenue on its income statement for the most recent accounting year;
- Is not a member of an expanded affiliated group that has more than $500 million in total assets under management or more than $20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; and
- Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

b Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.

C Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI

26 I certify that the entity identified in Part I:

- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and ____The applicable IGA is a Model 1 IGA or a Model 2 IGA; and is treated as a ____ under the provisions of the applicable IGA or Treasury regulations is treated as a (if applicable, see instructions);
- If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor ________________________________
  The trustee is: U.S Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue

27 I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XIV International Organization

Check box 28a or 28b, whichever applies.

28a I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).

b I certify that the entity identified in Part I:

- Is comprised primarily of foreign governments;
- Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
- The benefit of the entity's income does not inure to any private person; ***and***
- Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans

Check box 29a, b, c, d, e, or f, whichever applies.

29a I certify that the entity identified in Part I:

- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
- Is operated principally to administer or provide pension or retirement benefits; and
- Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.

b I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; and
  - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
  - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
  - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i) (A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); or
  - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed $50,000 annually.

c I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- Has fewer than 50 participants;
- Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
- Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) limited by reference to earned income and compensation of the employee, respectively;
- Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; ***and***
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

d I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.

e I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i) (A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.

f I certify that the entity identified in Part I:

- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); or
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

30 I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity:
- Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
- Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
- Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; and
- Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

31 I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

32 I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
- Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
- Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); and
- Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

33 I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) (date must be less than 24 months prior to date of payment);
- Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE:
- Is investing capital into assets with the intent to operate a business other than that of a financial institution; and
- Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

34 I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on
During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity: and
- Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

35 I certify that the entity identified in Part I is a 501(c) organization that:
- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _______ or
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

36 I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.
- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; ***and***
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a I certify that:
- The entity identified in Part I is a foreign corporation that is not a financial institution; and
- The stock of such corporation is regularly traded on one or more established securities markets, including ____________________ (name one securities exchange upon which the stock is regularly traded).

b I certify that:
- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is ____________________; and
- The name of the securities market on which the stock is regularly traded is ____________________

Part XXIV Excepted Territory NFFE

38 I certify that:
- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
  (i) Does not accept deposits in the ordinary course of a banking or similar business;
  (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; or
  (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; and
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated

Part XXV Active NFFE

39 I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; and
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

b I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); or

C I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Part XXVII Excepted Inter-Affiliate FFI

41 I certify that the entity identified in Part I:

- Is a member of an expanded affiliated group;
- Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
- Does not make withholdable payments to any person other than to members of its expanded affiliated group;
- Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; and
- Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii) (C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

42 Name of sponsoring entity: ______________________________

43 I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42. ______________________________

Part XXIX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign here : ☞

Print name ______________ Date ______________

TRADING & DEMAT ACCOUNT RELATED DEATILS
For both Individuals & Non-individuals

A. BANK ACCOUNT(S) DETAILS

Bank Name & Address	Bank Account No.	Account Type	IFS Code	Currency	SWIFT Code/ BIC Details	Branch Code
		☐ Saving ☐ Current ☐ Others		☐ USD		

A2. BANK ACCOUNT(S) DETAILS

I. BANK ACCOUNT DETAIL

Sr No.	Bank Name & Address	Bank Account No.	Account Type	MICR No.	IFSC Code	Currency	Swift Code/ BIC Details
PRI SEC			☐ Saving ☐ Current ☐ NRE ☐ NRO				
PRI SEC			☐ Saving ☐ Current ☐ NRE ☐ NRO				

B. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name	Depository Name	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	IIDIL			

I authorize you to transfer the shares purchased by me to the above mentioned demat beneficiary account.
Note: Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

C. TRADING PREFERENCE

*Please sign in the relevant boxes where you wish to trade. Pleas strike off the segment not chosen by you.

Exchanges	NSE IFSC & India INX
All Segments	FO

Currency	NSC IFSC Receipts	Commodity Derivatives	Corporate DEBT BONDS

If you do not wish to trade in any of segments /Mutual fund, please mention here

____

____

If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

D. PAST ACTIONS

☐ Details of any action/proceedings initiated/pending/ taken by IFSCA/SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/Prmoters/Whole time Director authorized persons in charge of dealing in securities during the last 3 years :

____

E. DEALINGS THROUGH OTHER BULLION TRADING MEMBER

Whether dealing with any other Stock Trading Member (in case dealing with multiple Stock Broker, provide details of all)

1. Name of Stock Broker Trading Member: ______________________________

2. Client Code: ____________________________________ Exchange_________________________

3. Details of disputes/dues pending from/to such Stock Broker, if any:______________________________

F. ADDITIONAL DETAILS

1. I/We hereby request you to provide the Contract Notes, Daily Margin Statements, Monthly/Weekly Statements, Settlement Extracts, AGTS, etc. at my/our registered email id. My/our Email Id has been created by me/us and not by someone else. I/We am/are aware that non-receipt of bounced mail notification by the Member shall amount to delivery of the aforesaid documents at my/our e-mail ID ☐ Yes ☐ No
   Whether you wish to receive your executed KYC ☐ Electronically ☐ Physically
   Whether you wish to avail of the facility of internet trading/ wireless technology: ☐ Yes ☐ No (if yes, then please specify)

☐ Application Base Trading ☐ Web Base Trading ☐ Securities Trading using Wireless Technology ☐ NOW

Number of Years of Investment/Trading Experience: ____

Any other information:____

G. OTHER DETAILS

- **Net Worth** (Net worth should not be older than 1 year) **Amount Rs**...

  as on (date) D D M M Y Y Y Y

- **Is the entity involved/providing any of the following services** ☐ Yes ☐ No

  - For Foreign Exchange/Money Changer Services ☐ Yes ☐ No - Gaming/Gambling/Lottery Services (e.g. casinos, betting syndicates)

  - Money Lending / Pawning ☐ Yes ☐ No

- **GST Registration Details**

S.No.	State	State Code	GST Registration No.	Validity Date
1.				

- **Political Exposed Person (PEP) Please tick, if applicable** (Note : In case of Non-individuals please tick, if applicable for any of your authorised signatories/Promoters/Partners/Karta/Trustees/whole time directors) :

  ☐ Not a Politically Exposed Person ☐ Not Related to a Politically Exposed Person ☐ Politically Exposed Person ☐ Related to a Politically Exposed Person

- **Any other information** : ....

FOR OFFICE USER ONLY

UCC Code allotted to the Client: ____

*Below table not applicable for FPIs & EFIs.

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Date			
Signature			

I/We undertake that we have made the client aware of 'Policy and Procedures', Master Deed Poll (MDP), Product Disclosure Statement (PDS) 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 all the 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 that any change in the 'Rights and Obligations' and RDD, Policies & Procedures. would be made available on my/our website, if any, for the information of the clients.

____

Signature of the Authorised Signatory

Date:____/____/_________

Seal/Stamp of the stock broker

1. Additional documents in case of trading in derivatives segments - illustrative list:

Copy of ITR Acknowledgement *	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16 *	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.	Self-declaration with relevant supporting documents.

In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.

2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted*.
3. *SEBI vide Circular No. IMD/HO/FPIC/CIR/P/ 2017/ 003 dated 4th January, 2017 have provided few relaxations to FPIs & EFIs which include providing MICR & IFSC Code of bank account, providing Depository Details, providing Introducer's details, providing additional documents and copy of cancelled cheque.
4. Demat master or recent holding statement issued by DP bearing name of the client.
5. For individuals:
   a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker's office.
   b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the in feasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
6. For non-individuals:
   a. Form need to be initialized by all the authorized signatories.
   b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

TARIFF SHEET

TARIFF SHEET - BROKERAGE STRUCTURE -

	% of Turnover	Minimum	Brokerage Slab	% of Turnover	Minimum
Delivery		_______Per Share	Normal		_______Per Share
Options		$________Per Lot	Futures		_______Per Share
Commodity		$________Per Lot			_______Per Share

Sign here in case of cutting / overwriting

Important Note: In case of Physical Contract notes or other related documents being dispatched to client, the charges as applicable may be charges from the client. Delay payment charges @2% per month would be charged for debit/shortage in payin/margin default, as per exchange requirements. Transaction charges/Clearing Charges/other statutory charges/courier/ administration/ processing charges/ Non Market Maker charges shall be charged as applicable. Handling charges for issue of account statement, copy of contract note etc. shall be charged as applicable

DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I 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 document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document', Product Disclosure Statement (PDS) and Master Deed Poll (MDP), as may be applicable to me. 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 am/are and will be in compliance with the laws/regulations etc of my/our country for trading in IFSC through Globe Capital (IFSC) Limited.

5 I/we will comply with the rules, bye-laws, regulations, notifications, circulars, guidelines etc issued by regulatory/ statutory authority from time to time and shall indemnify Globe Capital (IFSC) Limited in case of any non-compliance/violation in this regard.

6 I/we understand that Globe Capital (IFSC) Limited is acting as my/our agent and cannot be held liable for transactions executed on the Exchange platform. In case Globe Capital (IFSC) Limited does not receive payout of funds / securities/commodities/ collaterals from the Exchange / Clearing Corporation /Clearing House/Depository/Counterparty, then Globe Capital (IFSC) Limited is not liable to give such payout to me/us and Globe Capital (IFSC) Limited shall not be liable in whatsoever manner and I/we cannot and will not claim the same from Globe Capital (IFSC) Limited. In case part payout is received from the Exchange / Clearing Corporation /Clearing House/Depository/ Counterparty, then I/we shall also get part payout and I/we cannot and will not claim the balance payout from Globe Capital (IFSC) Limited. In case of fraud/violation/non-compliance of any type by any entity ie. entities involved in clearing and settlement other than Globe Capital (IFSC) Limited in the process of transactions, clearing and settlement Globe Capital (IFSC) Limited cannot and will not be held liable in whatsoever manner and I/we cannot and will not file any claim(s) of whatsoever nature against Globe Capital (IFSC) Limited in this regard. In case where pay-out of funds/securities/commodities is given by Globe Capital (IFSC) Limited to me/us and Exchange / Clearing Corporation /Clearing House/Depository/ Counterparty takes back such pay- out, then Globe Capital (IFSC) Limited has the right to take back the same from me/us and I/we will be liable to pay the same to Globe Capital (IFSC) Limited.

7. I/we understand and agree that there is no fixed return in equities, commodities, currencies, derivatives or any other asset classes or segments traded on the exchange or OTC (Over the Counter) products. The principal or the initial investment (in cash or collateral or any other asset class) can also be lost fully and losses can be higher than initial investment.
8. I / We further confirm that I / We have also read and understood the various risks associated with trading in various segments / products of the securities market and other markets and trading/investment decision is my/our sole responsibility.
9. I/we submit to the exclusive jurisdiction of the Courts exercising jurisdiction over the International Financial Service Centre.

Disclaimer: This electronic mail message sent from Globe (IFSC) and all subsidiaries may contain Confidential, Restricted, Internal information and should only be viewed by the intended recipients. Under no circumstances may any such information be disclosed, copied, used, or distributed to any unauthorized persons or entities without the written consent of Globe (IFSC). If you are not the intended recipient, any review, retransmission, dissemination, or reliance on the content of these materials is strictly prohibited and may be the subject of legal action. If you received this email in error, please notify the sender and delete the message.

Place ________________

Date ________

Sign here : ☞ Signature of Client/(all) Authorized Signatory(ies)

Declaration (Non Individual)

I/We ____hereby declare that neither I/we nor any of our ultimate beneficial owner is situated in or is a citizen of a country sharing land border with India as defined under the PML Rules read with AML CFT Guidelines.

Signature

Declaration (Individual)

I ____hereby declare that neither I am situated in nor is a citizen of a country sharing land border with India as defined under the PML Rules read with AML CFT Guidelines.

Signature

SCHEDULE OF CHARGES FOR DEMAT ACCOUNT (Beneficiary Account)

Fee Head	Fees
Account Opening charges	Nil
Interest Free Security Deposit	USD 200/-
Annual Maintenance Charges	USD 40/- payable Annually in advance
Debit Transaction	USD 3/- per instruction.
Credit Transactions	Nil
Reissuance of Delivery instruction Booklet (DIB)	USD 2/- per DIB. Courier Charges extra
Pledge Creation/Closure/ Invocation	USD 10/- per instruction.

Common Clauses:

- The above offer is exclusive of charges levied by Depository and other taxes / statutory charges levied by Government bodies / statutory authorities from time to time, which will be charged as applicable.
- All charges / service standards are subject to revision at the DP sole discretion at any given point of time and the same shall be communicated to the customers with a notice of 30 days.
- The Annual Maintenance Charges are levied, in advance, for a period of one year at the beginning of the billing cycle.
- The transaction charges will be payable monthly. The charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- The operating instructions for the joint accounts must be signed by all the holders.
- All instructions for transfer must be received at the designated DP servicing branches at least 24 hours before the execution date.
- In case of non- recovery of service charges or inadequate advance fees, the Depository services for your account will be temporarily discontinued. The services will be resumed in a minimum of three working days from the date of receipt of request with Globe Capital IFSC Ltd. and post payment of all outstanding dues towards Depository charges.
- In case the Demat accounts are with nil balances / transactions or in case if the customer defaults in payment of AMC, the statement shall not be sent to the customer after period of 1 year.
- Off-Market Instruction not received prior to 24 hours of execution will be received at client's risk.
- Non-periodic statement shall be charged@ USD 1/-per page and postage/courier charge @ USD 10 or actual charges whichever is higher.
- In case of non-payment of bill/ dues within 30 days of due date, interest shall be charged @2.0% per month on the outstanding dues.

☞ ______________________________ Sole/First Holder Signature

☞ ______________________________ Second Holder Signature

☞ ______________________________ Third Holder Signature

VOLUNTARY DOCUMENTS

VERBAL ORDER ACCEPTANCE AUTHORISATIONS, FIT AND PROPER PERSON DECLARATION, GENERAL AUTHORITY, RUNNING ACCOUNT AUTHORISATIONS

GLOBE CAPITAL (IFSC) LIMITED
Unit No. 223, 2nd Floor, Signature Building, Block-13B
Road IC, Zone-1, Gift Sez, Gift City, Gandhinagar, Gujarat-382355

A. VERBAL ORDER ACCEPTANCE AUTHORISATION

I/we am dealing with you as client at India INX/NSE, IFSC located at Gift city IFSC in Gandhi Nagar Gujarat. As my/our broker i.e. agent I/We direct and authorize you to carry out trading/ dealing on my/our behalf as per instruction given below.
I/We agree and acknowledge that it is advised by you that I/We should give instruction for order placement/ modification and cancellation in writing and to avoid disputes, I/We must give instruction in exactly the format in duplicate (carbon copy/photocopy only) and take signatures of at least two authorized officers at the branch along with cor company stamp on the carbon copy/ photocopy of the instructions in acknowledgment of receipt of my our instructions.
However as I/We shall be dealing by ordering over phone and even if we visit the branch, the fluctuations in market are so rapid the it is not practical to give written instructions for order placement/modification and cancellation, I/We hereby authorize you to accept my/our authorized representative's verbal instructions for order placement/modification and cancellation in person or over phone (fixed line/mobile phone) and execute the same. I/ We understand the risk associated with verbal orders and accept the same, and agree that I/We shall not be entitled to disown orders and consequent trades (if any) by shifting the burden of proof by asking you to prove the placement/modification and cancellation of orders through telephone recording or otherwise.
I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above.

B. FIT AND PROPER PERSON DECLARATION

As per Regulation 19(1) of Securities Contracts (Regulation) (Stock Exchanges and Clearing Corporations) Regulations, 2012 (SECC Regulations) which states that no person shall, directly or indirectly, acquire or hold equity shares of a recognised Stock Exchange or recognised Clearing Corporation unless he is a fit and proper person in terms of Regulation 19 and 20 of the said SECC Regulations.
Regulations 19 and Regulations 20 as prescribed by SEBI (herein referred as "Board")/ IFSCA are reproduced below:

A. Eligibility for acquiring or holding shares.

(1) No person shall, directly or indirectly, acquire or hold equity shares of a recognised stock exchange or recognised clearing corporation unless he is a fit and proper person.
(2) Any person who, directly or indirectly, either individually or together with persons acting in concert, acquire equity shares such that his shareholding exceeds two per cent of the paid up equity share capital of a recognised stock exchange or recognised clearing corporation shall seek approval of the Board within fifteen days of the acquisition.
(3) A person eligible to acquire or hold more than five per cent of the paid up equity share capital under sub-regulation (2) of regulation 17 and sub-regulation (2) of regulation 18 may acquire or hold more than five per cent of the paid up equity share capital of a recognized stock exchange or a recognised clearing corporation only if he has obtained prior approval of the Board.
(4) Any person holding more than two per cent. of the paid up equity share capital of the recognised stock exchange or the clearing corporation on the date of commencement of these regulations, shall ensure compliance with this regulation within a period of ninety days from the date of such commencement.
(5) If approval under sub-regulation (2) or (3) is not granted by the Board to any person, such person shall forthwith divest his excess shareholding.
(6) Any person holding more than two per cent. of the paid up equity share capital in a recognised stock exchange or a recognised clearing corporation, as the case may be, shall file a declaration within fifteen days from the end of every financial year to the recognised stock exchange or recognised clearing corporation, as the case may be, that he complies with the fit and proper criteria provided in these regulations.

B. Fit and proper criteria.

(1) For the purposes of these regulations, a person shall be deemed to be a fit and proper person if-
  (a) such person has a general reputation and record of fairness and integrity, including but not limited to-
    (i) financial integrity;

(ii) good reputation and character; and
(iii) honesty;
(b) such person has not incurred any of the following disqualifications-
(i) the person, or any of its whole time directors or managing partners, has been convicted by a court for any offence involving moral turpitude or any economic offence or any offence against the securities laws;
(ii) an order for winding up has been passed against the person;
(iii) the person, or any of its whole time directors or managing partners, has been declared insolvent and has not been discharged;
(iv) an order, restraining, prohibiting or debarring the person, or any of its whole time directors or managing partners, from dealing in securities or from accessing the securities market, has been passed by the Board or any other regulatory authority, and a period of three years from the date of the expiry of the period specified in the order has not elapsed;
(v) any other order against the person, or any of its whole time directors or managing partners, which has a bearing on the securities market, has been passed by the Board or any other regulatory authority, and a period of three years from the date of the order has not elapsed;
(vi) the person has been found to be of unsound mind by a court of competent jurisdiction and the finding is in force; and
(vii) the person is financially not sound.

(2) If any question arises as to whether a person is a fit and proper person, the Board's decision on such question shall be final.
I/we hereby declare that, I/we am/are fit & Proper person as per the above rules & Regulations of the SEBI/IFSCA

C. GENERAL AUTHORITY

Sub: Letter of Authority

I/we am dealing with you as client at India INX/NSE IFSC located at Gift city IFSC in Gandhi Nagar Gujarat. I/We India Direct and authorise you as under:

1. I/We authorise you to set off outstanding in any of my/our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange or in any other exchange and/or against the value of cash margin or collateral shares provided to you by me/us.
2. I/We hereby authorise you not to provide me/us Order Confirmation/Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We shall get the required details from contract notes issued by you.
3. I/We request you to retain credit balance in any of my/our account and to use the unused funds towards my/our margin/future obligation at any or all the Exchanges unless I/We instruct you otherwise. I/We also authorize you to debit the necessary demat charges from time to time, for keeping the shares/commodities in your client demat beneficiary account on my behalf. I/We also authorise you to debit the financial charges @2% p.m., for the debit balances or delay payment charges at the rate prescribed by exchange for shortage in margin/debit balances, if any, in my account and not settled as per the exchange requirements.
4. I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give me/us all the confirmation on telephonic unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.
5. We request that you/exchange/other regulatory authority may send/dispatch us contract notes/e-mail alert/other documents through e-mail on my/our designated e-mail address mentioned by me/us in KYC. I/We will completely rely on the log reports of you dispatching software as a conclusive proof of dispatch of e-mail to me/us and will not dispute on the same. I/We note that non-receipt of bounced mail notification by the stock broker shall amount to delivery of the contract note at my/our e-mail ID.
6. I/We will inform you the change of my/our demographic detail and other detail like Bank, DP etc.
7. I/We are aware and acknowledge that trading of all exchanges is in Electronic mode, based on Vsat, lease line, ISDN, Modem, VPN, Internet and/or combination of technologies and computer system to place and route order and also involves many uncertain factors and complex hardware, software, systems, communication lines, ISDN, Modem, VPN, Internet and/or combination of technologies and computer system to place and route order and also involves many uncertain factors and complex hardware, software, systems, communication lines, peripherals, pay in payout of funds & securities, commodities online & offline banking etc. these are susceptible to interruptions, delay, mistake and dislocations; and your services may at any time

be unavailable without further notice and I/we understand that there exists a possibility of communication failure or system problems or slow or delay response from system or trading half, or any such other problem/glitch whereby not been able to establish access to the trading system/network or delay in execution of trades, which may be beyond your control any may result in delay in processing or not processing of any orders either in part or in full. I/We understand that you are not making any representation or warranty that your service will be available to the Client at all times without any interruption. I/We agree that I/We shall not have any claim for any loss incurred by me/us against you on account of any suspension, delay, interruption, nonavailability or malfunctioning of your System or Service for any reason whatsoever.

8. I/we confirm that I/We never sublet the trading terminal on any term of connectivity from my place to any other place without your prior approval.
9. I/We am/are agreeable for inter-settlement transfer of securities/commodities towards settlement.
10. I/we am/are agreeable for & authorise you to with hold funds pay-out towards all the applicable margins and debits.
11. All fines/penalties and charges levied upon you due to my/our acts/deeds or transaction may be recovered by you from my/our account.
12. I/we have a Trading As well as depository relationship with GLOBE CAPITAL (IFSC) LTD. Please debit the charges relevant with depository services to my/our trading account. I/we also agree to maintain the adequate balance in my/our trading account/ pay adequate advance fee for the said reason.
13. I/we authorise you to send me/us the physical Contract notes/Margin statement/Ledger/Other documents through postal/courier and to charge administrative/postal/other charges if the contract notes sent to me/us get bounced more than 5 times.
14. For the purpose of providing quality and transparent services to its clients, the Company may record your conversation while interacting with you."

D. LETTER OF AUTHORISATION TO PLEDGE THE SECURITIES WITH CLEARING MEMBER/CLEARING CORPORATION

I/we am dealing with you as client at India INX/NSE IFSC located at Gift city IFSC in Gandhi Nagar Gujarat. I/we have pledged/provided you the securities (including shares and commodities or both) as margin. I/we hereby confirm and declare that:

(i) The Securities/Commodities are in existence, owned by me/us and are and shall be free from any charge, lien or encumbrance, whether prior or otherwise

(ii) The Securities will be subject to the creation of pledge in favour of or for the benefit of Trading Member and further that the Securities over which pledge may be created in future would be in existence and owned by me/us at the time of creation of such pledge and that the Said Securities to be given in future as security to Trading Member would likewise be unencumbered, absolute and disposable property of me/us.

(iii) I/we authorise you to do all such acts and things, sign such documents and pay and incur any such costs, debts and expenses as may be necessary from time to time.

(iv) I/we agree that the securities shall be subject to the first priority and lien in favour of Trading Member to secure, my/our obligations and that the rights or interests of me/ us with respect to the Said Securities shall be subject and subordinate to the rights, claims and interests of Trading Member in respect of the Said Securities

(v) You may invoke the pledge without any reference to or permission of me/ us and upon receipt of the Said Securities/Commodities, Trading Member may utilize the proceeds in meeting my/our obligations in such manner as it may deem fit and that such invocation of pledge will be final and irrevocable against me/us.

(vi) I/we shall not make any claims or demands for refund or any reimbursement in relation to the Said Securities.

Sign here : ☞ For General Authority Point No. A to D

Place ________________

Date ________

RUNNING ACCOUNT AUTHORISATION

To,

GLOBE CAPITAL (IFSC) LIMITED
Unit No. 223, 2nd Floor, Signature Building, Block-13B,
Road IC, Zone-I, Gift Sez, Gift City, Gandhinagar, Gujarat-382355

Dear Sir,

I/ We ____(client name) am/are registered with you having client code ________________ I/We hereby authorize you as under:

1. I/We hereby give my/our consent to maintain my/our account for funds as RUNNING ACCOUNT in accordance with circulars / guidelines issued by IFSCA/Exchanges from time to time.
2. The actual settlement of funds shall be done by you as per frequency mentioned as below (sign against relevant option)

Sr. No	Frequency	Sign here
i	Monthly	
ii	Quarterly	
iii	Half Yearly	
iv	Yearly	
v	Based on my/our instruction	

3. In case of point 2(v) above, as and when I request for release of funds, the same shall be processed within 3 working days of the request.
4. You will send statement of Funds & securities on at least quarterly basis within 10 days of quarter end and I/We shall bring discrepancy, if any, to your notice within 7 working days from the receipt of the statement.
5. I/We am/are aware that the authorization will be in force till the same is revoked by me/us. Further, I/we may revoke the authorisation at any time by making valid request in writing.

Sign here : ☞

STATEMENT OF ACCOUNT RECEIVING IN ELECTRONIC MODE

To,

GLOBE CAPITAL (IFSC) LIMITED

Unit No. 223, 2nd Floor, Signature Building, Block-13B, Road IC, Zone-I,
Gift Sez, Gift City, Gandhinagar, Gujarat-382355

I/We had entered into DP BO agreement with you. I/We confirm having opted to receive the statement of accounts pertaining to our BO account in electronic mode in lieu of physical copy of the statement of account.

I/We confirm that the dispatch of statement of account to me/us at the following email address shall constitute full and absolute discharge of your obligation under the above agreement to provide me/us with statement of my/our BO account. But, I/we reserve my/our right to receive the physical copy of statement of accounts despite receiving the same in electronic mode on the given Email Id as per KYC, if such a demand is made in writing on you.

I/We confirm that any change in the aforesaid email address or any other instructions with regard to dispatch/service of my/our statement of account on me/us shall not be binding upon you unless you are intimated in writing by me/us by acknowledged delivery.

Yours faithfully,

Signatures

First Holder Signature	Second Holder Signature	Third Holder Signature

Name/s of the Beneficial owner/s Signature/s (all joint holders)

FATCA & CRS DECLARATION (FOR INDIVIDUAL)

Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? ☐ Yes ☐ No

Sole/First Holder/Guardian ☐ Yes ☐ No		**Second Holder** ☐ Yes ☐ No		**Third Holder** ☐ Yes ☐ No	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person?	☐ Yes ☐ No Please provide Tax Payer Id	Are you a US Specified Person?	☐ Yes ☐ No Please provide Tax Payer Id	Are you a US Specified Person?	☐ Yes ☐ No Please provide Tax Payer Id
Country of Tax Residency* (Other then India)	Taxpayer Identification No.	Country of Tax Residency* (Other then India)	Taxpayer Identification No.	Country of Tax Residency* (Other then India)	Taxpayer Identification No.
1.		1.		1.	
2.		2.		2.	
Address		Address		Address	

*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer identification number.

FATCA - CRS Terms and Conditions

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Globe Capital (IFSC) Limited for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Signatures

Sole/First Holder Signature	Second Holder Signature	Third Holder Signature

*For detail terms & conditions please see Client Copy

FATCA & CRS DECLARATION (FOR NON-INDIVIDUAL)

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number%	Identification Type (TIN or Other , please specify) %
1.			
2.			
3.			

%In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1.	We are a, Financial institution ☐ (Refer 1 of Part C) or Direct reporting NFE ☐ (Refer 3(vii) of Part C) (please tick as appropriate)	**GIIN** ________ **Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity________
	GIIN not available (please tick as applicable)	☐ **Applied for** ☐ Not obtained – Non-participating FI ☐ Not required to apply for - please specify 2 digits sub-category ☐ (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes ☐ (If yes, please specify any one Stock Exchange on which the stock is regularly traded) Name of Stock Exchange________
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes ☐ (If yes, please specify name of the listed company and one Stock Exchange on which the stock is regularly traded) Name of listed company________ Nature of relation: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of Stock Exchange________
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes ☐ Nature of Business________ Please specify the sub-category of Active NFE ☐ (Mention code – refer 2c of Part C)
4.	Is the Entity a passiveNFE (Refer 3(ii) of Part C)	Yes ☐ Nature of Business________

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):

☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company

☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust

☐ Others (please specify____________________________)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address			
Address Type	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	☐ Service ☐ Business ☐ Others ________	☐ Service ☐ Business ☐ Others ________	☐ Service ☐ Business ☐ Others ________
Nationality			
Father's Name			
Gender	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) $			

* To include US, where controlling person is a US citizen or green card holder

If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

% In case Tax Identification Number is not available, kindly provide functional equivalent

$ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION : I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Globe Capital (IFSC) Limited for any modification to this information promptly. I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name, Designation & Signature	(14) ☞	(9) ☞	(9) ☞

*For detail terms & conditions in client copy

LETTER OF AUTHORITY TO TRADE

To,

GLOBE CAPITAL (IFSC) LIMITED

Unit No. 223, 2nd Floor, Signature Building, Block-13B, Road IC, Zone-I,
Gift Sez, Gift City, Gandhinagar, Gujarat-382355

Sub: Authority to trade on my / our behalf.

Dear Sir,

Dear Sir/Madam,

I hereby authorise Mr/Ms.____________________________________ S/d of ________________________________

having PAN __________________________________& Mobile No______________________________________

is my husband/wife/son/daughter/to trade on my behalf in my trading a/c No brother/sister/parents/other (Please Specify)

____________________________________and to perform all or any of the following acts, deeds and things for and on my/our behalf and in my/our interest.

I/we confirm that the aforementioned Authorised Person is well aware of risks associated with trading.

1. To operate the Account on my/our behalf.
2. To issue necessary instructions to you, for purchase, sale or transfer of shares and Securities from or to the Account as per Representative own judgment, and to sign necessary documents, wherever required effectuating such instructions of purchase, sale or transfer of securities from or to the Account.
3. To make or cause to make payments to GLOBE CAPITAL (IFSC) LIMITED. whenever necessary, and in accordance with my/our obligations in accordance with the terms and conditions of various agreements executed between me/us and GLOBE CAPITAL (IFSC) LIMITED.
4. To duly honour all my/our contractual obligations under various documents executed between me/us and GLOBE CAPITAL (IFSC) LIMITED as per the rule bye law and regulation of the exchnages/regulatory authorities and/or any other undertaking, commitment issued by my/us in favour of GLOBE CAPITAL (IFSC) LIMITED
5. To accept and give valid discharges for acceptance and submission of contract notes, bills, ledger statements, transaction statements and all correspondence on my behalf and report any discrepancy therein to GLOBE CAPITAL (IFSC) LIMITED.
6. To receive & accept necessary telephonic calls pertaining to margin &/or trade confirmation or any other call including verification call from GLOBE CAPITAL (IFSC) LIMITED. at designated mobile no. & undertake to update this contact detail in writing with GLOBE CAPITAL (IFSC) LIMITED. in the event of any such change, taking place at any time in future.
7. To sincerely abide by the Statutes, Rules, Regulations and Guidelines prescribed for the purpose and in relation to the operation of the Account.

A. I/we hereby agree and undertake that all such acts, deeds and things done by the Representative shall be deemed to be binding upon me/us as the same has been done by me/us only and I/we shall hereby ratify all and such acts, deeds, or things done by Representative in any manner whatsoever in discharge of the duties conferred upon him/her under the present instrument.

B. I/we hereby agree and undertake to indemnify and keep GLOBE CAPITAL (IFSC) LIMITED. including its directors, officers and employees indemnified against any loss, claims, liabilities, obligations, damages, deficiencies, actions, suits, or proceedings aroused / accrued or caused to the GLOBE CAPITAL (IFSC) LIMITED. for any wrong act, deed or thing done by the Representative in any manner whatsoever in exercise of the powers conferred upon him.

C. I/we further undertake and agree not to challenge any act, deed or things done by said Representative in any manner.

D. I/we hereby agree and acknowledge that this letter of Authority shall be effective and operational until GLOBE CAPITAL (IFSC) LIMITED. received and acknowledged revocation letter at its registered office.

Sign here : ☞

Aurhorised Person Signature ______________________

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

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

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

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

E. List of people authorized to attest the documents:

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

F. NRI (If Non Resident/Foreign National, self certified copy of statutory approval obtained must be attached)

G. Incase of Non-Individuals, additional documents tobe obtained from non-individuals, over & above the POI & POA, as mentioned below:

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

Please Submit the KYC Documents on A4 Size Paper Only.

OUR SERVICES

- Equities
- Derivatives
- Commodities
- International Trading
- Currency Derivatives
- Portfolio Management
- Insurance
- Mutual Fund
- IPOs
- Online Trading
- Depository Services
- Clearing Services
- Advisory Services
- Research
- Dedicated Private Client Group (PCG) Desk

(For Head Office use only)		
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GLOBE

money *must* grow

Globe Capital (IFSC) Ltd.

Regd. & Corporate Office: Unit No. 223, 2nd Floor, Signature Building, Block-13B, Road IC, Zone-I, Gift Sez, Gift City Gandhinagar, Gujarat-382355 Tel: +91-079-68320712, Fax: 011-23720883, Email id: complianceifsc@globecapital.com

Website: www.globecapital.com

Correspondence Address: Unit No. 223, 2nd Floor, Signature Building, Block-13B, Road IC, Zone-1, Gift Sez, Gift City Gandhinagar, Gujarat-382355 Tel: +91-079-68320712

Fax: 011-23720883, Email id: complianceifsc@globecapital.com

Website: www.globecapital.com

Regn. No.:

IFSCA Registration No INZ000097337. Exchange Registration Nos India INX: TM No-5014

NSE IFSC: TM Code-10022, IIBX TM No.: 2001, DP-ID: IN350039

EMPOWERING INVESTORS
A SEBI Initiative