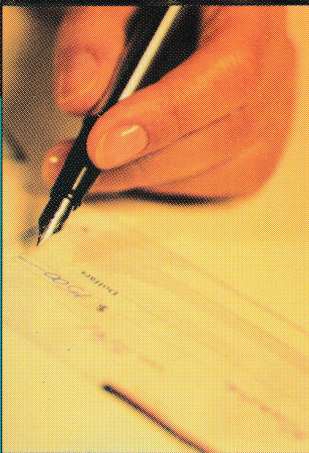
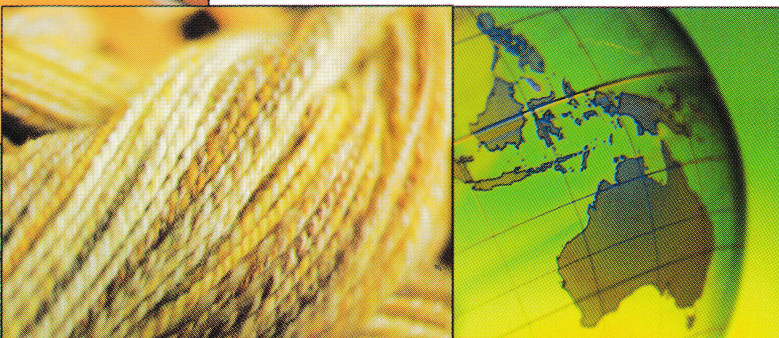
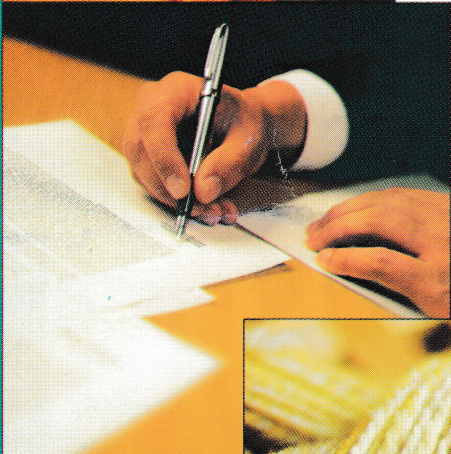
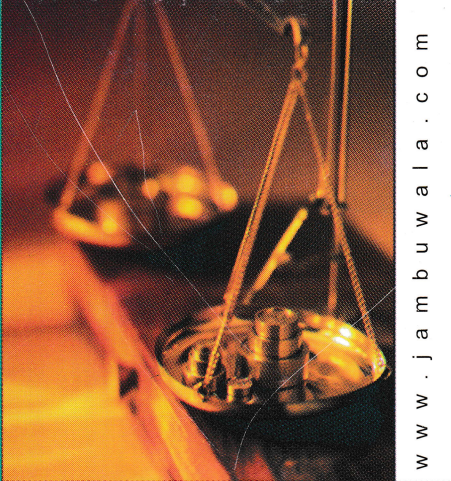


www.jambuwala.com



www.jambuwala.com

Client : \_\_\_\_\_

Code No. : \_\_\_\_\_

Verified / Authorized by : \_\_\_\_\_

PART -A

KNOW YOUR CLIENT (KYC) APPLICATION FORM

INDEX

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI UNDER NOTIFICATION NO.  
CIR/MIRSD/16/2011 (22.08.2011)

Sr. No.	Name of the document	Brief significance of the document	Page No.
1.	Know Your Client or Account Opening Form	KYC Form - Document captures basic information about the constituent (for Individuals)	1
2.	Demat and Trading Account Details	Details of Constituent pertaining to bank account / Depository / Past actions and other Details.	2 - 4
3.	BO Nomination Form	Details pertaining to Beneficiary Owner	5 - 6
4.	Schedule of Charges (BO Account) & Brokerage Tariff Details	Tariff details pertaining to BO Account . Document detailing the rate/ amount of brokerage and other charges levied on the constituent for trading on the Stock & Commodity Exchanges.	7
5.	Running Account Authorization	Authorization letter to maintain constituents account on Running Account basis.	8
6.	ECN	Declaration for Commodity Exchange	8
7.	Power of Attorney	POA to nominate, constitute and appoint Member for DP operations, pledging with clearing corporation etc.	9 - 10
8.	Star MF / MFSS	Mutual Fund Registration BSE/NSE	11
9.	FATCA Individual	Account opening form supplement	1 - A

IMPORTANT NOTE

1. Signature Types:



Signature of Client / First Holder



Signature of Second Holder



Signature of Third Holder



Signature of Guardian



Signature of First Witness



Signature of Second Witness



Signature of Introducer



Authorised Signatory

## ACCOUNT OPENING KIT

### ACKNOWLEDGEMENT

Jambuwala Commodities Private Limited

Regd. Office : 405/406, Iscon Avenue, Opp. Choice Restaurant, C.G.Road, Navarangpura, Ahmedabad, 380009, INDIA

Dear Sir,

This has reference to necessary Know Your Client Form containing basic information, additional information and other documents executed by me. I hereby acknowledge receipt of following documents from you:-

S.No.		Page Nos.
<b>Particulars (Mandatory as prescribed by Equity Exchange)</b>		
1.	Documents containing mandatory Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories	1-4
2.	Documents containing voluntary Rights & Obligations of stock broker, sub-broker and client forming part of documents as mentioned in clause 1 above.	5-11
3.	Internet & wireless technology based trading facility provided by stock brokers to client	12-13
4.	Risk Disclosure Documents.	14-19
5.	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	20-22
6.	Policy and Procedures document. (Voluntary as prescribed by Member Broker)	23-30

#### Particulars (Voluntary as prescribed by Member Broker)

1.	Containing Clause Voluntary documents pertaining to non-mandatory documentation and tariff sheet duly signed by me.	31-36
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#### Mandatory Documents as Prescribed by Commodity Exchange

1.	Uniform Risk Disclosure Document (RDD) - Document detailing risks associated with dealing in the commodities market.	1- 6
2.	Rights and Obligations of Members, Authorized Persons and Clients - Document stating the rights & obligations of member, authorized person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	7 - 17
3.	Internet & wireless technology based trading facility provided by members to client	18 -19
4.	Do's and Don't for the Investors - Document detailing do's and don't for trading on exchange, for the education of the investors.	20 - 23
5.	Policies & Procedure - Policies & Procedure for commodities.	24 - 28

I state that I have read and understood all above documents and these documents are binding upon me.

Thanking You,

Signature

FH  
1/16

(First/Sole Holder Signature)

SH  
1/6

(Second Holder Signature)

TH  
1/6

(Third Holder Signature)

Also the client can access the same at our web address too.

# CHECKLIST FOR KYC (PLEASE TICK WHEREVER APPLICABLE)

CKYC Reference No.: 14 DIGITS KYC NUMBER

Valid Documents (Copies of all documents to be self attested)			Please Tick
<b>PAN Card</b>	Account Holder & Joint Holder's (If any)		
<b>Photograph</b>	One Colored Passport Size Photograph		
<b>Additional Proof of Identity</b> (Any One)	a. PAN Card	<input type="checkbox"/> KRA document used (Email Id & Phone number to be provided on given KRA Form)	
	b. Voter ID		
	c. Valid Passport		
	d. Valid Driving License		
	e. Unique Identification Number (UID) (Aadhaar)		
	f. Other (Pls. Specify) _____		
<b>Proof of Address</b> (Any One) Permanent / Correspondence	a. Voter ID	<input type="checkbox"/> KRA document used	
	b. Valid Passport		
	c. Valid Driving License		
	d. Unique Identification Number (UID) (Aadhaar)		
	e. Bank Statement/Passbook (not more than 3 months old must contain complete address of client)		
	f. Electricity Bill (not more than 3 months old)		
	g. Resident Landline Tel. Bill (not more than 3 months old)		
	h. Other (Pls. Specify) _____		
<b>Bank Proof With MICR / IFSC Code</b> (1st Holder only)	a. Bank Statement / Bank Passbook with cheque leaf (not more than 3 months old)		
	b. Banker's Certificate on letter head of the Bank (ORIGINAL)		
	c. Cancelled Personalized Cheque leaf		
<b>Demat Proof</b> (Any One) (1st Holder only)	a. Client Master (CML copy duly attested by DP)		
	b. DP Statement / Transaction cum Holding Statement (Duly attested by DP)		
<b>Proof of Income</b> (Any One) Mandatory for Derivatives Segments) (1st Holder only)	a. Copy of latest ITR acknowledgment		
	b. In case of salary income - Salary Slip, Copy of Form 16		
	c. Net-worth certificate (Not more than 1 year old)		
	d. Copy of Demat Account Holding Statement (not more than 3 months old)		
	e. Bank Account Statement for last 6 months reflecting income		

## FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUAL

Client Name				
		First Holder	Second Holder	Third Holder
1.	Are you Indian Resident Person? (Refer Risk Disclosure Document at <a href="http://www.jambuwala.com">www.jambuwala.com</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Specify country of residence for tax purpose (If above clause is no)			
3.	Specify Tax Identification No. / Others			

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

**FH**  
2/6

(First/Sole Holder Signature)

**SH**  
2/6

(Second Holder Signature)

**TH**  
2/6


(Third Holder Signature)

## KNOW YOUR CLIENT (KYC) | APPLICATION FORM (FOR INDIVIDUALS ONLY)

Application No. :

Please fill in ENGLISH & in BLOCK LETTERS with black/blue ink & tick the appropriate options

### A. IDENTITY DETAILS



1. Name of Applicant				<b>PHOTOGRAPH</b> Paste color passport size photo & sign across it	
Father's/ Spouse Name					
2. Mother Name					
3. a. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	b. Date of birth		DD / MM / YYYY
c. Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	4. Nationality		<input checked="" type="checkbox"/> Indian
5. State	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Individual			
6. PAN		7. Aadhar			
8. Specify the proof of identity submitted					

### B. ADDRESS DETAILS

1. Correspondence Address			
City/Town/Village		Pin Code	
State		Country	
2. Contact Mobile No		Tel (Res.)	
Tel (Off.)		Email id	
3. Specify the proof of address submitted for Correspondence Address:			
4. Permanent Address	<input type="checkbox"/> Same as correspondence address		
City/Town/Village		Pin Code	
State		Country	
5. Occupation (Please tick)	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt Sector) <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized		
6. Specify the proof of address submitted for Permanent Address:			

### DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place		Signature of Applicant 	
Date	DD / MM / YYYY		
(First/Sole Holder Signature)			

### FOR OFFICE USE ONLY

Details of Employee/SB/AP	Jambuwalla Commodities Pvt. Ltd		Jambuwalla Commodities Pvt. Ltd Seal/Stamp of the Intermediary
Name & E Code	Documents verified with Originals & In-Person Verification done by		
Designation			
Date / Place	DD / MM / YYYY	PLACE	
Signature			

**ADDITIONAL KYC DETAILS FOR DEMAT & TRADING ACCOUNT**

**Type of Account - Individual (please tick whichever is applicable)**

<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual - Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depositor Receipts <input type="checkbox"/> Other (specify) _____

**Guardian details (where sole holder is a minor):**

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

Guardian Name											
PAN											
Relationship of Guardian with minor											

**A. BANK ACCOUNT DETAILS (BANK 1 WILL BE CONSIDERED FOR PAYOUT OF FUNDS)**

**Bank 1 : Bank Name & Branch Location:**

Account No.		<input type="checkbox"/> Savings	<input type="checkbox"/> Current
MICR Code		IFSC Code	






**Bank 2 : Bank Name & Branch Location:**

Account No.		<input type="checkbox"/> Savings	<input type="checkbox"/> Current
MICR Code		IFSC Code	

**B. DEPOSITORY ACCOUNT DETAILS (DP1 DETAILS CONSIDERED FOR PAYOUT OF SECURITIES IF FILLED)**

DP 1 Details		DP 2 Details	
Depository	<input type="checkbox"/> CDSL UCC CODE _____	<input type="checkbox"/> CDSL	<input type="checkbox"/> NSDL
DP Name			
Client Name			
DP ID			
BO ID			

**C. TRADING PREFERENCES** Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client

Exchanges	Segment	Client Signature
NSE / BSE	Cash	Signature of Applicant 
NSE	F&O	Signature of Applicant 
NSE / BSE	Currency Derivative	Signature of Applicant 
NCDEX	Commodity Derivative	Signature of Applicant 
MCX	Commodity Derivative	Signature of Applicant 

**D. PAST ACTIONS**

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

No  If yes, please specify

**E. INTRODUCER DETAILS**

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

Introducer Name: \_\_\_\_\_ SB/AP/Emp/Client Code: \_\_\_\_\_

Address of SB/AP: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Relation CKYC No: \_\_\_\_\_

Signature of the Introducer

**F. DEALING THROUGH SUB-BROKERS / AUTHORISED PERSON (AP) / OTHER STOCK BROKERS**

If Yes, please specify:

Name of Broker/SB/AP

SEBI Registration No

Name of Exchange

Trading Code

Details of disputes/dues pending from/to such stock broker/sub-broker:

Whether you are a Member / Sub-broker / AP of any Exchange  Yes  No

**G. STANDING INSTRUCTIONS / OTHER DETAILS / EMAIL-SMS ALERT / CONTRACT NOTE PREFERENCE**

To send Electronic Transaction, Holding Statement, ECN / Bill & all correspondence at 1st Holder Email ID stated in KYC

Yes  No

To share email id with Registrar & Transfer Agent (RTA)

Yes  No

Dividend / Interest to receive in bank account stated in KYC via ECS

Yes  No

To avail facility of Internet Trading & Wireless Technology

Yes  No

To receive Annual Report in Electronic mode

Yes  No

To receive Rights & Obligations, RDD, Guidance Note, Policies & Procedures & all non mandatory documents in electronic and also displayed for information on website www.jambuwala.com

Yes  No

To receive Delivery Instruction Slip

Yes  No

DP Account Statement

Monthly  Fortnightly  Weekly  As per SEBI Regulation

Declaration for Email & Mobile Number

Self  Spouse  Child  Parent

Note: To register for Easi please visit website www.cdslindia.com, where BO can view ISIN balances, transactions & portfolio online.

**H. INFORMATION FOR PREVENTION OF MONEY LAUNDERING ACT, 2002 & OTHER DETAILS**

Experience

Number of years of Investment / Trading Experience

Gross Annual Income

Below 1 lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs

Net Worth in (\*Net worth should not be older than 1 year) as on date DD / MM / YYYY

Nature of Business

Manufacturing  Services  Trading  
 Consultancy  Others \_\_\_\_\_

Guardian Details

Name:

PAN

CKYC Reference No.:

Relation

Is the Client Politically Exposed Person (PEP) or Related to a PEP  Yes  No

Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure - 2.6

I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility I have read and understood the Terms and Conditions prescribed by CDSL for the same

Yes  No

I/We wish to register the following clearing member Ids under my/our below mentioned BOID registered for TRUST

Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID ( Optional)

## MCX CATEGORIZATION

Category	<input type="checkbox"/> Farmers/FPOs	<input type="checkbox"/> Proprietary Traders	<input type="checkbox"/> Foreign participants	<input type="checkbox"/> Hedgers
	<input type="checkbox"/> Value Chain Participants	<input type="checkbox"/> Domestic financial institutional investors	<input type="checkbox"/> Others	

## DECLARATION

1. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
2. I confirm having read/been explained and understood the contents of the document on policy and procedure of the stock broker and the tariff sheet, and all voluntary / non-mandatory documents.
3. I further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Guidance Note' with 'Policy and Procedures' Do's and Don't's for stock and commodities segment. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website [www.Jambuwalal.com](http://www.Jambuwalal.com).
4. The rules and regulations and Bye laws 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 we agree to abide by and to be bound by the rules, regulations and bye laws 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".

   
(First/Sole Holder Signature)

   
(Second Holder Signature)

   
(Third Holder Signature)

Date: DD / MM / YYYY

Place: PLACE

### Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
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. Strike off whichever is not applicable.



## POWER OF ATTORNEY

I/We, (an individual/a sole proprietor/a partnership firm/an HUF/A company/a trust/a society/an Association), executed through Mr./ Ms. \_\_\_\_\_ (proprietor/partners in case of partnership firm/kartain case of H.U.F./Authorized person in case of Company/Trustee(s) in the case of a trust/members of an Association), residing/having office/registered office at \_\_\_\_\_ SENDS GREETINGS.

### WHEREAS

1. I/We hold Beneficiary owner account no.(s) \_\_\_\_\_ with Central Depository Services (India) Limited, through Jambuwalla Commodities Pvt. Ltd, a Depository Participant bearing DP-ID 12082600.
2. I/We am/are an investor(s) engaged in buying and selling of securities/ commodities vide client code/trading code no. Through Jambuwalla Commodities Pvt. Ltd, a member of National Stock Exchange of India Limited (NSE), Bombay Stock Exchange Limited (BSE), MCX and NCDEX Bearing SEBI Registration No.INZ000056036 having its Registered office at 405/406, Iscon Avenue, Opp. Choice Restaurant, C.G.Road, Navarangpura, Ahmedabad, 380009 (Here in after called "the stock broker" )
3. Due to exigency and paucity of time, I/We am/are desirous of appointing an agent/attorney to operate the afore said beneficiary account(s) on my/our behalf for a limited purpose in the manner here in after appearing:

### NOW KNOW WE ALL AND THESE PRESENTS WITNESS THAT

I/We the above named in, without any restriction of my operating the above said beneficiary account, do hereby Nominate, constitute and appoint Jambuwalla Commodities Pvt. Ltd a member of NSE, BSE, MCX and NCDEX as my/our true and lawful attorneys (here in after referred to as the Attorneys) for me/us and on my/our behalf and in my/our name to do instruct the afore said Depository Participant to operate my above mentioned beneficial account, to do and/or cause to be done the following acts, deed and things:


1. Transfer of Securities/ Commodity held in the my/our aforesaid beneficial owner account(s) towards Recognized Stock Exchanges/ Commodity Exchanges Clearing house of the Recognized Stock Exchanges/ Commodity Exchanges related margin / delivery obligations arising out of trades executed by me/ us on the said Recognized Stock Exchanges/ Commodity Exchanges through \_\_\_\_\_.
2. Pledge the Securities/Commodity held in the my / our aforesaid beneficial owner account(s) in favour of Recognized Stock Exchanges/ Commodity Exchanges Clearing house of the Recognized Stock Exchanges/ Commodity Exchanges for the limited purpose of meeting the margin requirements in connection with the trades executed by me / us on the said Recognized Stock Exchanges/ Commodity Exchanges through JCPL
3. To apply for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares, tendering shares in open offers etc. pursuant to my instructions)
4. To send consolidated summary my scrip-wise buy and sell positions taken with average rates to the client by way of SMS / email on a daily basis, not withstanding any other document to be disseminated as specified by SEBI from time to time.
5. I/ We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until I/ We have given to the Depository Participant instruction in writing for revocation of the aforesaid Power of Attorney.

For the purpose of execution of the above, I authorize the Attorney to debit securities for transfer/pledge, as the case may be from my a fore said beneficial account to below mentioned beneficial account owners as well as other accounts of CM's to meet with settlement/margin obligation:

**For Market Pay-In**

Sr. No.	Name of Account Holder	DP ID	CLIENT ID
1	Jambuwala Commodities Pvt. Ltd. -CLIENT SECURITIES MARGIN PLEDGE ACCOUNT	12082600	00000936
2	Jambuwala Commodities Pvt. Ltd. - Pool A/C NSDL	IN300966	10953334
3	Jambuwala Commodities Pvt. Ltd. - CLIENT A/C	IN300095	11854303
4	Jambuwala Commodities Pvt. Ltd. - Pool A/C CDSL	12082600	00001205
5	Jambuwala Commodities Pvt. Ltd. - EARLY PAYIN A/C	11000011	00019984
6	Jambuwala Commodities Pvt. Ltd. - Client Unpaid Securities A/c	12082600	00001224
7	Jambuwala Commodities Pvt. Ltd. - OWN/PROPRIETARY A/C	12082600	00000955
8	Jambuwala Commodities Pvt. Ltd. - CLIENT A/c	IN300095	11648734
9	Jambuwala Commodities Pvt. Ltd. - NSE SLB POOL A/c	12082600	00000921

**IN WITNESS WHEREOF, I/We hereto have executed this Power of Attorney as of the day and year first above written.**

  (First/Sole Holder Signature)
   (Second Holder Signature)
   (Third Holder Signature)

Signature of Witness: 

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature of Witness: 

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I / We accept (For Jambuwala Commodities Pvt. Ltd )

Authorised Signatory: \_\_\_\_\_

Name: \_\_\_\_\_

Date : \_\_\_\_\_

Place: \_\_\_\_\_

**In case of any correction(s) in the form, sign next to the correction(s) done. & sign has to match with the original signature**

