

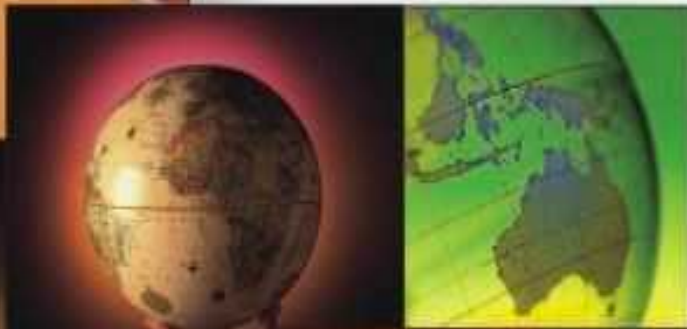


www.jambuwala.com



Vibrant Investments

Jambuwala Capital Services Pvt. Ltd.



www.jambuwala.com

No.: _____

Client Code : _____

Branch Name/Code : _____

BO ID : _____

Date Of Activation : _____

ATTENTION

Declaration pursuant to National Stock Exchange of India Circular bearing reference No. NSE/NSP/2011/121 dated 22nd August, 2011 and Bombay Stock Exchange Limited Circular bearing reference No.20110823/4 dated 23rd August, 2011 and MSEI circular bearing reference No. MCX-SX/INSP/628/2011 dated 24th August, 2011 and CDSL/OPS/DP/Policy/2615 dated 23rd August, 2011 read with SEBI circular bearing reference No. Cir/MIRSD/16/2011 dated 22nd August, 2011.

CASH RECEIPTS & PAYMENTS STRICTLY NOT ALLOWED

Constituents are requested to make payments to "**JAMBUWALA CAPITAL SERVICES PRIVATE LIMITED (JCSPL)**" by Cheques /Account transfers.

In case Demand Drafts/Pay-orders, constituent to substantiate that the same is drawn favouring **JAMBUWALA CAPITAL SERVICES PRIVATE LIMITED (JCSPL)** with his/her/their permission and knowledge.

If the aggregate value of prefunded instrument i.e. Demand Draft/Pay order/Bankers cheque etc. is above 50,000/ then the client needs to submit as follow : (1) Certificate from the issuing bank on its letterhead or on a plain paper with the seal of the issuing bank. (2) Certificate copy of the requisition slip (portion which is retained by the bank) to issue the instrument. (3) Certificate copy of the passbook/bank statement for the account debited to issue the instrument. (4) Authentication of the bank account number debited and name of the account holder of the issuing bank on the reverse of the instrument.

MARGIN DEPOSIT, IF ANY, BY CONSTITUENT ALONGSIDE SIGNING UP OF KYC:

Cheque Details :	Cheq. No. _____ Dated _____ Amount _____ Bank _____
Collateral Details:	1. _____
	2. _____

Professional Clearing Member
NSE & BSE – F & O, CD
MSEI – F&O, CD
IL&FS Securities Services Ltd
IL&FS House,
Plot No.14,
Raheja Vihar, Chandivali,
Andheri (E),
Mumbai-400072.

Jambuwalla Capital Services Private Limited (JCSPL)

Exchange & Segment	SEBI Registration No	Date of Registration
NSE Cash	INB231393431	12/07/2010
NSE FO	INF231393431	12/07/2010
NSE Currency	INE231393431	22/04/2014
BSE Cash	INZ010007938	09/05/2014
BSE FO	INZ010007938	09/05/2014
BSE Currency	INZ010007938	09/05/2014
MCX-SX Cash	INB261393434	28/01/2013
MCX-SX FO	INF261393434	28/01/2013
MCX-SX Currency	INE261351931	09/10/2009

(This information is the sole property of Jambuwalla Capital Services Private Limited and would not be disclosed to anyone unless required by law or except with express permission of client)

Compliance Officer Name	Mr. Kamal P. Shah		
Tel No.	079-26564165	Email.ID:	Contactus@jambuwalla.com
Managing Director Name	Mr. Kamal P. Shah		
Tel No.	+91-9879513216	Email.ID:	kamal@jambuwalla.com

For any grievance / dispute please contact **Jambuwalla Capital Services Private Limited (JCSPL)** at the above address or email ID- contactus@jambuwalla.com and Tel.No.079-26564165. In case not satisfied with the response, please contact the concerned exchange(s) for

Exchange	Email	Phone
NSE	ignse@nse.co.in	022 – 26598190
MCX – SX	investorcomplaints@mcx-sx.com	022 – 67318933
BSE	is@bseindia.com	022 – 22728517

ACKNOWLEDGEMENT

Date : _____

Jambuwala Capital Services Private Limited (JCSPL)
 405/406, Iscon Avenue, Opp. Choice Restaurant,
 Swastik Cross Road, C.G. Road, Navrangpura,
 Ahmedabad (Gujarat) - 380 009.

Dear Sir,

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

S. No.	Particulars (Mandatory as prescribed by Exchange)	Page Nos.
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

S. No.	Particulars (Voluntary as prescribed by Member Broker)	Page Nos.
1.	Containing Clause (1-27) Voluntary documents pertaining to non-mandatory documentation and tariff sheet duly signed by me.	31-36

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

Thanking You,

Signature of the Applicant : SIGN NO(1) _____

Name of the Applicant : _____

ACKNOWLEDGEMENT SLIP

Application No. :

We hereby acknowledge the receipt of the Account Opening Form :

Date : _____

Name of the Sole/First Holder _____

Name of Second Joint Holder _____

Name of third Joint Holder _____

Nomination in favour of _____ as per

Registration No. _____ Registered on _____

Along with Cheque No. _____ dated _____ amount _____

Draws on _____ towards _____

Depository Participant Seal and Signature

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KNOW YOUR CLIENT (KYC) APPLICATION FORM

INDEX – PART- A

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	Pg. Nos.
1.	Know Your Client or Account Opening Form	A) KYC Form- Document captures basic information about the constituent (for Individuals) B) Document captures the additional information of the constituent relevant to trading account (for Non-individuals) (Contact Details of broker & Investor Grievance cell in the stock exchange (s))	1-2 3-4
2.	Trading Account Details	Details of Constituent pertaining to bank account/Depository/Past actions.	5-7
3.	Brokerage Tariff Details	Document detailing the rate/amount of brokerage and other charges levied on the constituent for trading on the Stock Exchange (S)	8
4.	BO Nomination Form	Details pertaining to Beneficiary Owner	9
5.	Schedule of Charges (BO Account)	Tariff details pertaining to BO Account	10
6.	Declaration By HUF	Declaration for operating Beneficiary Account (by Karta/HUF)	12
7.	SMS Alert Facility	Terms & Conditions – cum Registration/Modification for receiving SMS Alerts from CDSL	17-18

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER – PART B

1.	FATCA Individual	Account opening form supplement	11
2.	Power of Attorney	POA to nominate, constitute and appoint Member for DP operations, pledging with clearing corporation etc.	13-15
3.	Running Account Authorization	Authorization letter to maintain constituents account on Running Account basis.	19
4.	Star MF	Mutual Fund Registration BSE	20
5.	MMFS facility	Mutual Fund Registration NSE	21
6.	Write up on PMLA	Brief Write up on the provisions of prevention of money laundering Act-2002 (PMLA) which constituent needs to know.	23
7.	Fema Declaration	Declaration to be given by NRI.	23
8.	ECS Mandate	ECS Mode	24

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

- Self-attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/other.
- 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.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Sole proprietor must make the application in his individual name & Capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/ PIO Card/ OCI card and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- 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:

- Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving License.
- PAN card with photograph.
- 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)

- Passport/Voters identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.
- Utility bills like Telephone Bill (only and Line), Electricity bill or Gas bill – Not more than 3 months old.
- Bank account Statement/Passbook – Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
- 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.
- 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.
- 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)

- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official Liquidator, Court receiver etc.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto 50,000/- p.a.
- In case of Institutional clients, namely, FIIs, MFs, VCFs, 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 :

- Notary Public, Gazette Officer, Manager of a Scheduled Commercial/ Co-operative Bank of Multinational foreign Banks (Name, Designation & Seal should be affixed on the copy).
- 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. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below :

Types of entity	Documentary required
Corporate	<ul style="list-style-type: none"> • 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. • Authorized signatories list with specimen signatures.
Partnership firm	<ul style="list-style-type: none"> • 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. • Authorized signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners.
Trust	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.
Bank/Institutional Investors	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate. • Authorized signatories list with specimen signatures.
Army/Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead. • Authorized signatories list with specimen signatures.
Registered Society	<ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members. • Committee resolution for persons authorized to act as authorized signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

G. 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.

H. Copy of cancelled cheque leaf/pass book/blank statement specifying name of constituent, MICR Code and IFSC Code of the bank should be submitted.

I. Demat master or recent holding statement issued by DP bearing name of the client.

J. For individuals :

- Stock broker has an option of doing "in-person" verification through web camera at the branch office of the stock broker/sub-broker's office.
- In case of Non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification, Further, considering the infeasibility 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 country where the client resides may be permitted.

K. For non-individuals:

- Form need to be initialized by all the authorized signatories.
- 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.



Application No. _____
Client Code Issued _____

Regd Office: 405/406 Iscon Avenue, Opp. Choice Restaurant, Swastik Cross Road, Ahmedabad
Gujarat - 380009. Tel : 079 - 2656 4165. Fax : 079 - 26564165 **Website :** www.jambuwala.com

Processing Center : 405/406 Iscon Avenue, Opp. Choice Restaurant, Swastik Cross, Ahmedabad
Gujarat - 380009. Tel : 079 - 2656 4165. Fax : 079 - 26564165 **Website :** www.jambuwala.com

Affix recent
Passport Size
Photograph sign
across
the face
X2

KNOW YOUR CLIENT (KYC) APPLICATION FORM – INDIVIDUALS

Please fill this form in **English** and in **Block Letters**

IDENTITY DETAILS															
Name of the Applicant		First name		Middle name		Last name									
Father's/ Spouse Name															
Gender :		<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Single		Date of Birth :									
Nationality		<input type="checkbox"/> indian <input type="checkbox"/> other _____													
PAN		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
Specify the Proof of identity submitted : UID/AADHAR, PASSPORT, VOTER ID, Driving License, Others _____															
TYPE OF ACCOUNT (Please tick whichever is applicable)															
Status				Sub-Status											
<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/ACP <input type="checkbox"/> Minor <input type="checkbox"/> Other (specify) _____											
Sub-Status		<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"/> Others (Specify) _____											
<input type="checkbox"/> Foreign National		<input type="checkbox"/> Qualified Foreign/National <input type="checkbox"/> Foreign National <input type="checkbox"/> Other (Specify) _____													
ADDRESS DETAILS															
Residential / Correspondence Address				Permanent Address : If different from Correspondence or overseas address mandatory for Non-Resident Applicant)											
City :		PIN		City		PIN									
State		Country		State		Country									
<input type="checkbox"/> Passport <input type="checkbox"/> Retioncard <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> Driving License <input type="checkbox"/> Voter ID <input type="checkbox"/> Latest Bank Statement Passbook* <input type="checkbox"/> Latest Landing Telephone Bill* <input type="checkbox"/> Latest Electricity Bill <input type="checkbox"/> Latest Gas Bill* <input type="checkbox"/> Aadhar card <input type="checkbox"/> Others _____ (* documents not less than three months old)															
CONTACT DETAILS															
Tel. Resi.		Tel. Off.		Fax											
Mobile		E-Mail													

NOMINATION DETAILS (For Individuals Only)I/We wish to nominate I/we do not wish to nominate

Name of the Nominee: _____ Relationship _____

PAN of Nominee: _____ Date of birth of Nominee: _____

Address and phone no. of the Nominee: _____

If Nominee is a minor, details of guardian: _____

Name of guardian: _____

Address and phone no of Guardian: _____

Signature of guardian: _____

WITNESSES (Only applicable in case the account holder has made nomination)

Name _____ Name _____

Signature _____ Signature _____

Address _____ Address _____

DECLARATION

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 aware that I/we may be held liable for it. 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 we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. In case non-resident account, I/We also declare that I/We 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	Name (s) of holder (s)	Signature (s) of holder
Sole/First Holder/Guardian (in case sole holder is minor)		X
Second Holder		X
Third Holder		X

IN PERSON VERIFICATION DONE BY

Sr. No.	Particulars
1	<input type="checkbox"/> Originals verified and self – Attested Document copies received.
2	In-Person-Verification (IPV) details : a) Name of the person doing IPV/Employee/SB/AP b) Designation c) Name of Organisation d) Signature e) Date
Name & Signature of the Authorised Signatory	
Date	Seal/Stamp of the Intermediary



Application No. _____

Client Code Issued _____

Regd Office: 405/406 Iscon Avenue, Opp. Choice Restaurant, Swastik Cross Road, Ahmedabad

Gujarat - 380009. Tel : 079 - 2656 4165. Fax : 079 - 26564165 **Website :** www.jambuwala.com

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Affix recent
Passport Size
Photograph sign
across
the face
X2

KNOW YOUR CLIENT (KYC) APPLICATION FORM – NON - INDIVIDUALS

Please fill this form in **English** and in **Block Letters**

IDENTITY DETAILS								
Name of the Applicant								
Date of Incorporation				Place of Incorporation				
Date of Commencement of business :								
PAN				Regn. No. (e.g. CIN)				
Status (Please tick any one)								
<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Charities			
<input type="checkbox"/> NGO's	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> Bank			
<input type="checkbox"/> Government Body	<input type="checkbox"/> Non-Government Organization		<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> BOI				
<input type="checkbox"/> Society	<input type="checkbox"/> Qualified Foreign Investor		<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Others (Please Specify) _____				
ADDRESS DETAILS								
Address of Correspondence				Registered Address : (If different from Correspondence):				
City :		PIN	City		PIN			
State		Country	State		Country			
CONTACT DETAILS								
Tel. Resi.		Tel. Off.		Fax				
Mobile		E-Mail						
Specify the proof submitted for Correspondence Address				Specify the proof submitted for Registered Address				
OTHER DETAILS								
Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors: (In case of additional list of directors separate sheet should be used)								
Name		Name		Name				
Residence Address		Residence Address		Residence Address				
PAN No.		PAN No.		PAN No.				
Photograph	Affix recent Passport Size Photograph		Photograph	Affix recent Passport Size Photograph		Photograph	Affix recent Passport Size Photograph	
Signature								
Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:				<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)				

Clearing Member Details (to be filled up by Clearing Members only)

1	Name of Stock Exchange	
2	Name of Clearing Corporation/Clearing House	
3	Clearing Member ID	
4	SEBI Registration Number	
5	Trade Name	
6	CM-BP-ID (to be filled up by Participant)	
Any other information :		

DECLARATION

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware (we may be held liable for it. The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and 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 acknowledge (he receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (enclose a Board Resolution for Authorised Signatories)

Sole/First Holder	Name	Signature(s)
First Signatory		X3
Second Signatory		X
Third Signatory		X
Other Holders		
Second Holder		X
Third Holder		X
Mode of Operation for Sole/First Holder (In case of Joint holdings, all the holders must sign)		
<input type="checkbox"/> Any one Singly		
<input type="checkbox"/> Jointly by		
<input type="checkbox"/> As per resolution		
<input type="checkbox"/> Others (please specify)		

Notes :

- In case of additional signatures, separate annexures should be attached to the application form.
- 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.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - 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.
- Strike off whichever is not applicable.

IN PERSON VERIFICATION DONE BY	
Sr.No.	Particulars
1	<input type="checkbox"/> Originals verified and self – Attested Document copies received.
2	In-Person-Verification (IPV) details :
	a) Name of the person doing IPV/Employee/SB/AP
	b) Designation
	c) Name of Organisation
	d) Signature
	e) Date
Name & Signature of the Authorised Signatory	
Date	Seal/Stamp of the Intermediary

TRADING/DEMAT ACCOUNT RELATED DETAILS

JCSPL IS ENGAGED IN PRO TRADING AND AS A MARKET MAKER ON BSE-SME SEGMENT

FUNDS PAYOUT THROUGH NATIONAL ELECTRONIC FUND TRANSFER (NEFT)

I/We _____ through NEFT. My bank details are as given below for your records. Request you to release my/our funds payout.

Bank Name	Bank Address	Account Number	Account Type	IFSC Code	MICR Code

I/We hereby declare that the above mentioned details are correct & the Jambuwala Capital Services Private Limited or any of their group companies shall not be held responsible for any kind of wrong transfer due to incorrect information given by me/us. Please provide cancelled cheque leaf for MICR & IFSC Code.

DEPOSITORY ACCOUNT(S) DETAILS

DP Name	Depository	Beneficiary Name	DP ID	Beneficiary ID

For HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the Karta, partner(s), trustee(es), the name & PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons(AOP) etc., should be mentioned below :

a) Name _____ b) PAN _____

In case of FIIs/Others(as may be applicable)

RBI Approval Reference Number _____

RBI Approval date _____

SEBI Registration Number (for FIIS) _____

BENEFICIARY NAME (s)

1. _____
2. _____
3. _____

TRADING PREFERENCE

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

Exchange Segment	NSE	BSE	MSEI
Cash	X4	X5	X6
F&O	X7	X8	X9
Currency	X10	X11	X12
Other Preferences			
Mutual Fund	X13		

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

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 change of dealing in securities during the last 3 years :

DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

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

Sub-broker's Name :			
Registered Office address :		NSE SEBI Regn. No.:	
		BSE SEBI Regn. No.:	
		Tel. :	
		Fax :	
		Website :	

Whether dealing with any other stock broker/sub-broker (in case dealing with multiple stock brokers/sub-brokers, provide details of all)

Name of Stock broker:			
Name of Sub-broker, if any:			
Client Code :			
Exchange:			
Details of disputes/dues pending from/to such stock broker/sub-broker :			

ADDITIONAL DETAILS

- Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please Specify): Electronic Contract Note Physical
- Specify your Email ID, if applicable :
- Whether you wish to avail of the facility of interest trading/wireless technology (Please Specify): Yes No
- Number of years of Investment/Trading Experience :
- Any other information :

INTRODUCER DETAILS

Name of the Introducer				
Branch/SB/RM/Employee Code				
Status of the Introducer:	<input type="checkbox"/> sub-broker	<input type="checkbox"/> Remisier	<input type="checkbox"/> Authorized Person	<input type="checkbox"/> Existing Client
	<input type="checkbox"/> Employee	<input type="checkbox"/> Others, Please Specify _____		
Address and Tel No of the Introducer				
Group Code				
Introducer's Signature				

OTHER DETAILS
IN CASE OF INDIVIDUAL & NON INDIVIDUAL
Gross Annual Income Details (Please specify) : Income Range per annum : (₹ in Lacs)
OR
Net-worth as on date

(Net worth should not be older than 1 year)

Occupation (Please tick any one and give brief details) :	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Student
	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others

Please tick, if applicable :
Any Other Information :
DECLARATION FOR IN-ABILITY TO PRODUCE MOBILE BILL

I _____ hereby confirm that the mobile number _____ belongs to me only and I am unable to produce the mobile bill for the same due to the below mentioned reason:

1. I have a prepaid connection and thereby no bill available
2. The connection is provided by the company and hence Mobile bill also comes in the name of the company
3. Mobile bill is in the name of my spouse/other relative (kindly specify relation) _____ other (kindly specify)

DECLARATION ACCEPTANCE FOR TRADING ACCOUNT

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 procedures of the stock broker and the tariff sheet.
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'. 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, if any.

DECLARATION ACCEPTANCE FOR DEMAT ACCOUNT

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".

sole/first holder	Name (s) of holder(s)	signature(s) of holder
Sole/First Holder/Guardian (in case sole holder is minor) (Mr./Mrs.)		X 14
Second Holder (Mr./Mrs.)L		X
Third Holder (Mr./Mrs.)L		X

BROKERAGE TARIFF DETAILS

GENERAL BROKERAGE RATES

Mention on percentage or paisa very clearly	Trading / Intra-day First leg-Second leg	Minimum (Mention on percentage or paisa)	Delivery (CM) / Carry forward (F&O)	Minimum (mention on percentage or paisa)	Minimum (per options contract)
CM segment	0.03 %	0.03 paisa	0.30 %	0.03 paisa	NA
F&O segment	0.03 %	0.03 paisa	–	–	‘100/-
Currency	0.03 %	0.03 paisa	–	–	‘

SPECIAL BROKERAGE RATES

Mention on percentage or paisa very clearly	Trading / Intra-day First leg- Second leg	Minimum (Mention on percentage or paisa)	Delivery (Cm) / Carry forward (F&O)	Minimum (Mention on percentage or paisa)	Minimum (per Options contract)
CM segment					NA
F&O segment					
Currency					

Note :

1. The above rates are exclusive of Stamp Duty, Securities Transaction Tax and Service Tax which will be charged extra at the rate prevailing from time to time. Further it is exclusive of Exchange Transaction.
2. The General Rates as mentioned here shall be applied unless the Special Rates as may be agreed by the Client and the same are mentioned above.
3. For Internet Based Trading (IBT) clients, additional charges with regard to software access etc. will be applicable as per the terms agreed at relevant point in time.

X 15

Signature _____



Additional KYC form for opening a demat account

For Individual

(To be filled by the Depository Participant)

Application No.		Date	
DP Internal Reference No.			
DP ID		Client ID	

(To be filled by the applicant in BLOCK LETTERS in English)

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

Holders Details

Sole / First Holder's Name		PAN	
		UID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	

Name *	
<p>*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.</p>	

Type of Account (Please tick whichever is applicable)

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

Details of Guardian (in case the account holder is minor)

Guardian's Name	PAN	
Relationship with the applicant		
I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')		[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
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')		<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID		<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA		<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)		

I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)	
IFS Code (11 character)	
Account number	

Account type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others (specify) _____
Bank Name			
Branch Name			
Bank Branch Address			
City	State	Country	PIN code

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.
➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ' 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000	
	Net worth as on (Date)	Rs
[Net worth should not be older than 1 year]		
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____	
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)	
Any other information:		

SMS Alert Facility Refer to Terms & Conditions	MOBILE NO. +91 _____ [(Mandatory, if you are giving Power of Attorney (POA)) (if POA is not granted & you do not wish to avail of this facility, cancel this option).]
--	--

Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions	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.	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST		
	Stock Exchange Name/ID	Clearing Member Name
		Clearing Member ID (Optional)
Easi	To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

Nomination Details

Nomination Registration No.	Dated
-----------------------------	-------

I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that: I/We do not wish to nominate any one for this demat account.

I/We nominate the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:
Middle Name:
*Last Name

Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address:			
*City			
*State			
*Pin			
*Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor)			
Name of the Guardian of Nominee (if nominee is a minor) *First Name: Middle Name: *Last Name			
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

* Marked is Mandatory field

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

Note: One witness shall attest signature(s) / thumb impression(s)

Details of the Witness	
	First Witness
Name of witness	
Address of witness	
Signature of witness	

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

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

===== (Please Tear Here) =====



Additional KYC form for opening a demat account

For Non-Individual

(To be filled by the Depository Participant)

Application No.		Date	
DP Internal Reference No.			
DP ID		Client ID	

(To be filled by the applicant in BLOCK LETTERS in English)

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

Holders Details

Sole / First Holder's Name		Search Name		PAN	
Second Holder's Name				PAN	
				UID	
Third Holder's Name				PAN	
				UID	

Name *	
<p>*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.</p>	

Type of Account (Please tick whichever is applicable)			
Status			Sub – Status
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____			To be filled by the DP
SEBI Registration No. (If Applicable)		SEBI Registration date	
RBI Registration No. (If Applicable)		RBI Approval date	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____		

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
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')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report	<input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be Physical)

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member Id		Trading member ID	

I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)						
IFS Code (11 character)						
Account number						
Account type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____						
Bank Name						
Branch Name						
Bank Branch Address						
City		State		Country	PIN code	

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
 - In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details	
Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to Rs 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs.5,00,000 <input type="checkbox"/> Rs.5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs.25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than Rs.1,00,00,000
	Net worth as on (Date) _____ Rs _____ [Net worth should not be older than 1 year]
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> .	
Any other information:	

SMS Alert Facility Refer to Terms & Conditions	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).
---	---

Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions	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. <input type="checkbox"/> Yes <input type="checkbox"/> No									
	I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST									
	<table border="1"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)								
Easi	To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.									

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false/ misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(In case of more authorised signatories, please add annexure)

(Signatures should be preferably in black ink).

----- (Please Tear Here) -----

Acknowledgement Receipt

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

----- (Please Tear Here) -----



SERVICE	CHARGE			
	<input type="checkbox"/> DEPOSIT	<input type="checkbox"/> Regular	<input type="checkbox"/> BSDA**	<input type="checkbox"/> Corporate
Annual Maintenance Charge	NO AMC Deposit Rs. 2,500/- (Refundable)*	Rs. 400/- p.a.	NIL (If value of holding is up to 50000) Rs, 100/- (If value of holding is between 50001 to 200000)	Rs. 1500/- p.a. (Financial Year Basis)
Transfer (Buy/Credit)	NIL	NIL	NIL	NIL
Transfer (Sell/Debit) Market JCSPL Account	Rs. 15/-	Rs. 15/-	Rs. 25/-	Rs. 15/-
Market / Off Market Transfer Other than JCSPL	Rs. 25/-	Rs. 25/-	Rs. 50/-	Rs. 25/-
Demat	Rs. 5/- Per Certificate with min Rs. 40/- Per request + Rs. 45/- Courier Charges pr request			
Remat	Rs. 45/- Postage Charges + Rs. 10/- Per 100 Securities / Rs. 20/- Per Certificate whichever is higher, Maximum 500000/-			
Pledge Creation	Rs. 50/- Per Instruction			
Pledge Closure / Invocation	Rs. 25/- Per Instruction			
Freeze-De-Freeze	Rs. 50/-			
Failed Instruction Charges	NIL			

Notes :

1. Service Tax at actual where applicable.
2. We reserve the rights to change/add charges with 30 days prior notice.
3. Charges/Tariffs shall be revised / changed at JCSPL's discretion, intimation of which shall be done by E-mail/Post
4. Deposit amount Refundable on closure of account but One Year AMC will be deducted from Deposit Amount*
5. Opening Cheque must be require Payable At Par cheque / DD (Payable at Ahmedabad)
6. All payments should be in favour of "Jambuwal Capital Services Private limited".

BSDA:**

1. Scheme Applicable only Individual Account Holder.
2. I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA
3. First/Sole holder does not have / propose to have any other Demat Account across Depositories.
4. In case of BSDA, if the value of holdings exceeds more than Rs. 200000/- any date then charges will be levied as applicable to Regular Scheme (non-BSDA) from that date onwards.

Acceptance by client

I/We accept above Charges Structure.

DP ID		Client ID	
-------	--	-----------	--

Signature X 19 _____ X _____ X _____
Sole/First Holder Second Holder Third Holder

Account Opening Form supplement - FATCA (Individuals)

To,
Jambuwala Capital Services Private Limited (JCSPL)
405/406, Iscon Avenue,
Opp. Choice Restaurant,
Swastik Cross Road,
Ahmedabad (Guj.)-380 009.

PLEASE FURNISH THE BELOW INFORMATION
ALONG WITH SUPPORTING DOCUMENTS

Name

Country of Residence

Country of Birth

Please check () Yes or No to each of the following questions : -

1. Are you a U. S. Resident? Yes No
2. Are you a U. S. Citizen? Yes No
3. Do you hold a U.S. Permanent Resident Card (Green Card Holder)? Yes No
4. If answer to any of the questions from 1 to 3 is Yes then please provide you Tax Identification Number which is your Social Security Number in Form W9 Yes No

I hereby confirm that the information provided above is true, accurate and complete.

Subject to applicable laws I hereby consent for "**JAMBUWALA CAPITAL SERVICES PRIVATE LIMITED (JCSPL)**" or any of its affiliates (including branches) (collectively "**JAMBUWALA CAPITAL SERVICES PRIVATE LIMITED(JCSPL)**") to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in my jurisdiction.

Where required by the domestic or overseas regulators or tax authorities, I consent and agree that "**JAMBUWALA CAPITAL SERVICES PRIVATE LIMITED(JCSPL)**" may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify "**JAMBUWALA CAPITAL SERVICES PRIVATE LIMITED (JCSPL)**" within 30 calendar Days if there is any change in information which I have provided to JCSPL.

X 20 _____

(Client Signature)

Date _____

DECLARATION BY HUF

Name : _____

Address: _____

Date : _____

To,
Jambuwala Capital Services Private Limited (JCSPL)
405/406, Iscon Avenue,
Opp. Choice Restaurant,
Swastik Cross Road,
Ahmedabad (Guj.)-380 009.

Dear Sir,

We, the undersigned members of _____
(HUF) are desirous of opening a Trading/ Demat Account in the above-mentioned name with you. The said account will be operated by _____ (Karta) on behalf of _____ (HUF).

We hereby undertake that all the transactions undertaken by the said HUF shall be binding not only on the present members of the said joint family (both adults and minors) but also on all future members thereof (both adults and minors) and all persons entitled to a share therein and ourselves personally.

Also that whenever any change occurs in the management or in the constitution of the said joint family of whatsoever nature, we undertake to give notice thereof to you.

Sr. No.	Name Of Member	Designation	Relationship	Date Of Birth	Signature
1		Karta			
2		Co-Parcener			
3		Co-Parcener			
4		Co-Parcener			
5		Co-Parcener			
6		Co-Parcener			
7		Co-Parcener			

Thanking you,

Yours faithfully,

X _____

(HUF Stamp & Sign)

POWER OF ATTORNEY

TO ALL TO WHOM THESE PRESENTS SHALL COME

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/ karta in 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) 12082600 _____ with Central Depository Services (India) Limited, through Jambuwala Capital Services Private Limited, a Depository Participant bearing DP-ID 12082600.
2. I/We am/are an investor(s) engaged in buying and selling of securities vide client code / trading code no. _____ through Jambuwala Capital Services Private Limited, a member of National Stock Exchange of India Limited (NSE) bearing SEBI Registration No. INB 231393431 in cash segment, INF 231393431 in equity derivatives segment, INE 231393431 in currency derivatives segment, a member of Bombay Stock Exchange Limited (BSE) bearing SEBI Registration No. INZ 010007938 in cash segment, INZ 010007938 in equity derivatives segment, INZ 010007938 in currency derivatives segment, a member of MCX Stock Exchange Limited (MCX - SX) bearing SEBI Registration No. INE 261351931 in currency derivatives segment, INB 261393434 in cash segment, INF 261393434 in equity derivatives segment agent / attorney to operate the aforesaid beneficiary account(s) on my / our behalf.
3. Due to exigency and paucity of time, I/We am/are desirous of appointing a limited purpose in the manner hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSTH THAT

I/We the above named in, without any restriction of my operating the above said beneficiary account, do hereby Nominate, constitute and appoint Jambuwala Capital Services Private Limited a member of NSE / BSE / MCX-SX as my/our true and lawful attorneys (hereinafter referred to as the Attorneys) for me/us and on my/our behalf and in my/our name to do instruct the aforesaid 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 held in the my/our aforesaid beneficial owner account(s) towards Recognized Stock Exchanges / Clearing house of the Recognized Stock Exchanges related margin / delivery obligations arising out of trades executed by me / us on the said Recognized Stock Exchanges through Jambuwala Capital Services Private Limited.
2. Pledge the securities held in the my/our aforesaid beneficial owner account(s) in favour of Recognized Stock Exchanges / Clearing house of the Recognized Stock 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 through Jambuwala Capital Services Private Limited.
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 was of SMS / email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

1	2	3
---	---	---

Date : _____ Broking Code (NSE/BSE/MCX-SX) _____ No. : _____

Client Name : _____

Received by : _____ Receiver's Signature : _____ Received on Date : _____

Note : POA will acclamed after 48 hours from the receipt of the same.

For the purpose of execution of the above, I / We authorize the Attorney to debit securities for transfer / pledge, as the case may be from my aforesaid beneficial account to below mentioned beneficial account owners:

SR. NO.	NAME OF THE ACCOUNT HOLDER	DP ID	CLIENT ID
1.	Jambuwala Capital Services Private Limited (CDSL BSE - Pool A/c.)	12082600	00000030
2.	Jambuwala Capital Services Private Limited (CDSL BSE-Principal A/c.)	12082600	00000026
3.	Jambuwala Capital Services Private Limited (CDSL NSE - Pool A/c.)	12082600	00000011
4.	Jambuwala Capital Services Private Limited (CDSL NSE - Client Margin A/c.)	12082600	00000064
5.	Jambuwala Capital Services Private Limited (CDSL BSE - Client Margin A/c.)	12082600	00000079
6.	Jambuwala Capital Services Private Limited (CDSL NSE - Client BO)	12082600	00000045
7.	Jambuwala Capital Services Private Limited (CDSL BSE - Client BO)	12082600	00000051
8.	Jambuwala Capital Services Private Limited (NSDL BSE - Pool A/c.)	IN300095	11854303
9.	Jambuwala Capital Services Private Limited (NSDL NSE - Pool A/c.)	IN300095	11648734
10.	Jambuwala Capital Services Private Limited (NSDL BSE - Client BO)	IN300095	11860867
11.	Jambuwala Capital Services Private Limited (NSDL NSE - Client BO)	IN300095	11647645
12.	Jambuwala Capital Services Private Limited (CDSL BSE Early Pay In A/c)	11000010	00023916
13.	Jambuwala Capital Services Private Limited (CDSL NSE Early Pay In A/c)	11000011	00019984

In addition to the above, the Attorney agrees to return me / us, the securities that may have been transferred / received by the Attorney erroneously or those securities that it was not entitled to receive from me / us. I/We shall ratify the instructions given by the Attorney to the Depository Participant named hereinabove in the manner specified therein.

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.

Signed and delivered
By the within named beneficial Owner(s)

Witness's Signature and Name

1. _____
2. _____
3. _____

Name. _____
Address. _____

In the Presence of Witness
Date. _____

Place. _____

IN CASE OF HUF, CO-PARCENERS SIGNATURE IS REQUIRED.

Sr.No	Name of CO-PARCENERS	Date Of Birth	Gender	Relationship with Karta	Signature
1					
2					
3					
4					
5					
6					

For, Jambuwala Capital Services Private Limited

Client Code : _____

Authorized Signatory

SMS Alert Facility (SMART) From CDSL
Term and Conditions-cum- Registration / Modification Form for
Receiving SMS Alert From CDSL

SMS Alert Facility	<input type="checkbox"/> Yes	MOBILE NO.+91 _____ Refer to Terms & Conditions given below	<input type="checkbox"/> No
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Transaction Using Secured Taxing 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.		
	I wish to register the following clearing member IDS number my/our below mentioned BO ID registered for TRUST		
	Stock Exchange Name/ID	Clearing Members Name	Clearing Members ID (Optional)

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

Availability :

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

Receiving Alerts :

1. The depository shall send the alert to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'OFF' mode i.e. unable to receive the alert then the BO may not get /get after delay any alerts sent during such period.

Running Account Authorization

I / we, maintaining a broking account with Jambuwala Capital Services Private Limited hereby authorize JCSPL having office address at 405/406, Iscon Avenue, Opp. Choice Restaurant, Swastik Cross Road, C.G.Road, Navrangpura, Ahmedabad (Gujarat.), 380 009 to operate my / our account on Running account basis.

I / we hereby authorize JCSPL for the following with regard to my / our broking account for transactions in the Capital market, Derivatives Market (F&O) and Currency Derivative segments of NSE, BSE and MSEI where JCSPL holds membership.

To effect transfer of my / our credit balances in the Capital or Cash market segment of NSE and/ or BSE and/or MSEI to the ledger or credit of the Derivatives / Currency Derivatives segment of NSE and/or BSE and/or MSEI vice versa to meet the margin and/or settlement obligations on my/our accounts as necessitated.

I / we hereby declare that I / we have read and understood the general guidelines issued by exchanges to member brokers on releasing funds and securities pay-outs to constituents within 1 working day of the exchange pay-out. However being fully aware of the same, I /we have authorized JCSPL to retain / utilize credits as mentioned above, for operational convenience.

To retain settlement credits in my / our account and to settle / release the credits or any such amount only on receipt of specific advice /instruction can either be oral or in writing. Theabove is applicable to both funds and securities. On request, JCSPL shall transfer the funds /securities lying in the credit of the client with inone working day of there quest if the same are lying with him and within three working days from the request if the same are lying with the clearing member/clearing corporation.

To retain and utilize the financial ledger credits(amounts) towards my / our obligations arising of trades executed through JCSPL at any exchange segments in my / our account.

I understand that in respect of derivative market transaction, apart from margin liability as on the date of settlement, trading member may retain additional margins (maximum up to 125% of margin requirement on the day of settlement) to take care of any margin obligation arising in next days.

I also understand that in respect of cash market transaction, trading member may retain entire pay-in obligation of funds & securities due from dients as on date of settlement.

I / we have opted to have settlement of fund sand securities on a periodic basis as mentioned in point no.7 that shall be suitably informed by me/ us / authorized representative (in case of non-individual) to JCSPL and not to have a contract wise/ bill-wise/ settlement wise transfer of fund sand securities between me / us and JCSPL.

I / we may revoke the authorization at any time in writing and on revocation, it is understood that my / our account will be operated on a contract wise / bill-wise /settlement wise basis and all right sand obligations shall be applicable accordingly until renewal form is produced duly signed by me / us. I also understand that the revocation of the authorization shall be applicable immediately on receipt of the request by JCSPL at Head Office.

I/we am/are aware that my/our account is maintained on a Running account on basi sand as per the guidelines of SEBI, the actual settlement to funds or securities shall be done by the trading member, at least once in a calendar quarter or month. I / we hereby declare and authorize JCSPL to settle funds / securities in my/our account on Monthly Quarterly basis.

I / we do hereby authorize JCSPL to utilize /adjust my / our financial ledger credits towards my investments in Mutual Fund units, debentures, other form of securities, Initial Public Offers(IPOs), FPOs, Fixed Deposits, NCDs, bonds, New Fund Offers etc under my instruction either oral / written.

I / we further state that this authorization is given byme / us purely out of our choice of convenience. I / we shall not make any claim whatsoever upon JCSPL for JCSPL standing guided by this authorization in favor of maintaining my / our account on running account basis.

X 23 _____

Constituent Signature

Date : _____

Place : _____

BSE STAR MF

(Letter to be provided by the Investor to the MFI)

To

Date: _____

Jambuwala Capital Services Private Limited (JCSPL)

405/406, Iscon Avenue,
Opp. Choice Restaurant,
Swastik Cross Road,
Ahmedabad (Guj.)-380 009.

Sir,

Sub: BSE STAR MF

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

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

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

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

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

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

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

Thanking you,
Yours faithfully,

X 24 _____
Constituent Signature

MUTUAL FUND SERVICE SYSTEM FACILITY (NSE)

To
Jambuwal Capital Service Private Limited (JCSPL)
405/406, Iscon Avenue,
Opp. Choice Restaurant,
Swastik Cross Road,
Ahmedabad (Guj.)-380 009.

Date: _____

Sir,

Sub: Mutual Fund Service System (MFSS) facility

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

I/We am/are interested in availing the MFSS facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the MFSS of the Exchange. For the purpose of availing the MFSS facility, I/we state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of MFSS and I/we further confirm that the details contained in same remain unchanged as on date.

I/We are willing to abide by the terms and conditions as mentioned in the Circular dated _____ and as may be specified by the Exchange from time to time in this regard.

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

I/We shall read and understand the contents of the of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/we choose to subscribe/ redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes. I/We therefore request you to register me/us as your client for participating in the MFSS.

Thanking you,
Yours faithfully,

X 25 _____
Constituent Signature

Details of terms & conditions for the Investor / Client for using New MFSS facility

1. Pre-requisites for becoming Investor / Client for the New MFSS facility
 - 1.1 The client who is desirous of investing in units of mutual fund schemes through the New MFSS.
 - 1.2 The Client intends to execute his instruction for the subscription/redemption of units of Mutual Fund Schemes through the Participant of the New MFSS.
 - 1.3 The client has satisfied itself of the capacity of the Participant to deal in Mutual Fund units and wishes to execute its instruction through the Participant and the client shall from time to time continue to satisfy itself of such capability of the Participant before executing transacting through the Participant.
 - 1.4 The Client has approached to the Participant with the application for availing the New MFSS facility.
 - 1.5 The client has submitted relevant KYC (Know Your Client) details to the Participants
2. Terms and Conditions
 - 2.1 The client shall be bound by circulars issued by NSEIL, Rules, Regulations and circulars issued there under by SEBI and relevant notifications of Government authorities as may be in force from time to time.
 - 2.2 The client shall notify the Participant in writing if there is any change in the information in the 'client registration form' provided by the client to the Participant at the time registering as a client for participating in the New MFSS or at any time thereafter.
 - 2.3 The client shall submit to the Participant a completed application form in the manner prescribed format for the purpose of placing a subscription order with the Participant.
 - 2.4 The client has read and understood the risks involved in investing in Mutual Fund Schemes.
 - 2.5 The client shall be wholly responsible for all his investment decisions and instruction.
 - 2.6 The client shall ensure continuous compliance with the requirements of the NSEIL, SEBI and AMFI.
 - 2.7 The Client shall pay to the Participant fees and statutory levies as are prevailing from time to time and as they apply to the Client's account, transactions and to the services that Participant renders to the Client.
 - 2.8 The client will furnish information to the Participant in writing, if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation which may have material bearing on his capacity has been filed against him.
 - 2.9 In the event of non-performance of the obligation by the Participant, the client is not entitled to claim any compensation either from the Investor Protection Fund or from any fund of NSEIL or NSCCL.
 - 2.10 In case of any dispute between the Participants and the investors arising out of the MFSS facility, NSEIL and / or NSCCL agrees to extend the necessary support for the speedy redressal of the disputes.

AUTHORITY LETTER IN FAVOUR OF AN AUTHORIZED REPRESENTATIVE

Relationship of Account holder with the proposed authorized representative/mandate holder:

_____ (mention on Blood relation / Relative / Friend)

I/We, maintaining a broking account with Jambuwala Capital Services Private Limited (JCSPL) hereby authorise _____ aged _____ years, S/o. / Spouse of _____ and having office /residence address at _____ to operate my/our broking account.

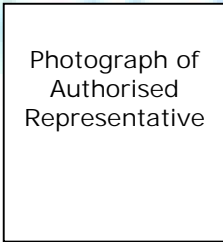
My/our relationship with the above mentioned authorised representative is personal / professional. JCSPL is authorised to accept orders for execution and instructions towards settlement of funds & securities, oral or in writing, in my/our account from the above mentioned authorised representative. I/We agree to honour all obligations arising out of such orders and instructions from the representative including any penal charges or dues consequent to any actions of the representative in the course of operating the broking account.

I/We hereby accept that confirmation by JCSPL to the representative including delivery of contract notes, bills, ledgers and other general information necessitated in carrying out operations in the trading account shall be treated as effective and valid discharge of JCSPL'S obligation to keep me/us posted on the transactions and operations in the trading account.

I/We further state that this authorisation is given by me/us purely out of our choice of convenience. I/We shall not make any claim whatsoever upon JCSPL for JCSPL standing guided by this authorisation in favour of the above mentioned representative.

X 26 _____
(Signature of the Constituent)

I accept the mandate



(Signature of authorised representative)

Place: Vibrant Investments

Date: _____

Encl:

- 1] Mandatory ID proof or PAN Card of the authorised representative
- 2] Address proof of the authorised representative

NOTE ON PMLA

Dear Investor!!

Subject: Prevention of Money Laundering

Money laundering is a process of making dirty money clean. Money is moved around the financial system again and again in such manner that its origin gets hidden.

It involves complex chain of activities whereby huge amount of money generated from illegitimate activities viz. selling of narcotic drugs, extortion, corruption, illicit dealing in weapons, human trafficking, etc. is put through a series of process so that it comes out at the other end as clean and legal money. Terrorist organizations encourage money laundering to support their illegal acts. It is important to note that due to increased vigilance in the wake of threats emanating from increasing terrorism, any failure on our part to discharge the duties cast on us under the applicable laws or we becoming an instrumental or a part of the chain, even if unknowingly or ignorantly, may invite the trouble.

In order to fight against the money laundering and terrorist financing the Prevention of Money Laundering Act (PMLA) was brought into force w.e.f. July 1, 2005 in India. Guidelines were also issued in the context of the recommendations made by the Financial Action Task Force on anti-money laundering standards. Compliance with these standards has become imperative for international financial relations.

PMLA is applicable to every intermediary registered with Securities & Exchange Board of India (SEBI), which includes a stockbroker, depository participant, portfolio manager, sub-broker and any other intermediary associated with securities market. As per the provisions of PMLA, the intermediaries are required to comply with Know Your Client (KYC) norms, conduct ongoing client due diligence to ensure that the activity being conducted in any account is consistent with the intermediary's knowledge of the client, its business and risk profile.

In light of the above, you are requested to provide the information or documents evidencing source of funds, income tax returns, bank records, demat holding, etc. at the time of registration as a client with us or subsequently whenever asked for during the course of your dealings with us.

FEMA DECLARATION

(To be submitted by NRI applicant)

To

Jambuwala Capital Services Private Limited
405/406, Iscon Avenue, Opp. Choice Restaurant,
Swastik Cross Road, Ahmedabad (Guj.)-380 009.

I/We hereby declare that all transactions, as may be entrusted by us to Jambuwala Capital Services Private Limited from time to time will be in strict conformity with the prevailing provisions of Foreign Exchange Management Act, 1999 (FEMA) and regulations/ directions issued by Reserve Bank of India at the time the transactions are put through.

I/We declare that all the securities held by me / us and to be purchased were / will be, subject to necessary approvals and compliances under FEMA and any other applicable law.

I/We undertake to indemnify Jambuwala Capital Services Private Limited against any actual loss incurred by Jambuwala Capital Services Private Limited due to non compliance by me / us with FEMA or any other regulations in place.

I/We also hereby agree and undertake to give such information/documents as will satisfy you about transaction(s) in terms of the above declaration as may be require from time to time.

I/We also understand that if I/We refuse to comply with any such requirement or make only unsatisfactory compliance therewith, Jambuwala Capital Services Private Limited may refuse to undertake the transaction and shall if it has reason to believe that any contravention/evasion is contemplated by me/us report the matter to relevant authority/Reserve Bank of India.

Name of Applicant:

X _____
Signature

AUTHORISATION FOR ADJUSTMENT OF AMOUNTS/ BALANCES AND RETAINING OF FUNDS

I/We hereby authorise Jambuwala Capital Services Private Limited (hereinafter referred as JCSPL) for adjusting Debits/ Credits with regards to my/our broking account, for transactions in the Capital market, Derivatives market (F&O) and Currency Derivative segments of NSE, BSE and MSEI where JCSPL holds membership.

X _____
Signature

CLIENT MASTER - FOR USE BY JC SPL

STRICTLY BRANCH REFERENCE

Place _____

Date _____

Authorised Person / Business Associate sharing arrangement details and Sub-brokers (name & code)	
Signature	

BROKERAGE DETAILS - Refer Page No. 8

STRICTLY HO REFERENCE

Initial entries

CALL VERIFICATION	INWARD PARTICULARS	DATA ENTRY PARTICULARS	ACCOUNT ACTIVATION	BACK OFFICE MASTER
Date _____	Date _____	Date _____	Code Allotted (all segments) _____	Date _____
Time _____	Time _____	Time _____	Date _____	Update by _____
Sign _____		Sign _____		

PROCEDURE CHECK LIST

<input type="checkbox"/> Call verification of Client	<input type="checkbox"/> Mail sent to Client	<input type="checkbox"/> SMS sent to Client	<input type="checkbox"/> Welcome kit dispatch
--	--	---	---

Signature of Back-office Incharge / Compliance Official _____

Intimation from Branch by		Receipt mode
Document received		
Signature of Back-office Incharge		Date

Audited by	Original	Rejected pursuant
Audit date		



405 / 406, Iscon Avenue, Swastik Char Rasta,
C. G. Road, Navrangpura, Ahmedabad - 9.
Ph. : 91 79 30072824 to 28, 26564165
Email : contactus@jambuwala.com
Website : www.jambuwala.com