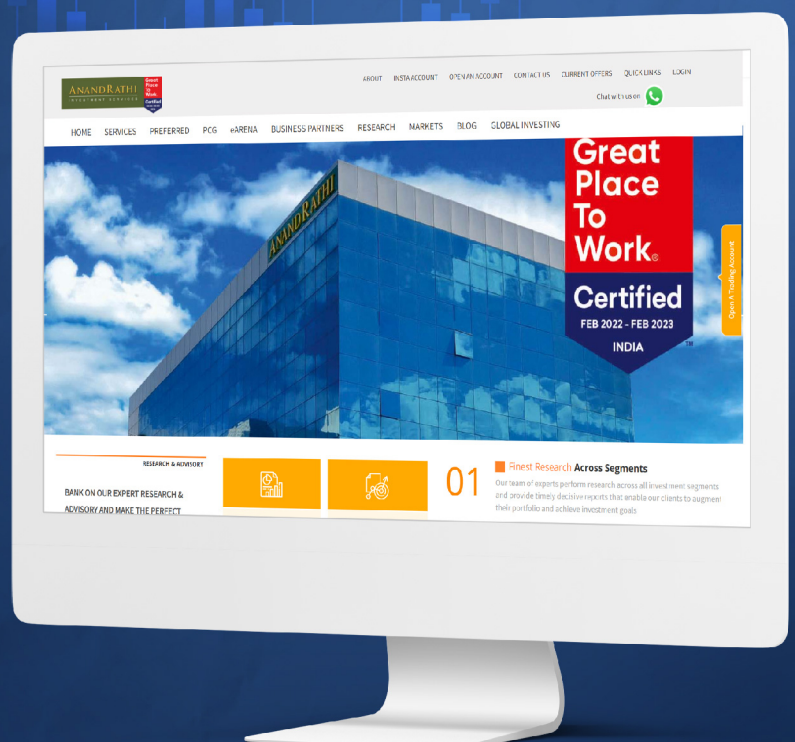




ANANDRATHI
INTERNATIONAL VENTURES(IFSC)
Global Investments Simplified

INDIVIDUAL
(Existing Client)

TRADING AND DEMAT ACCOUNT



giftifsc@rathi.com
www.anandrathigiftcity.com



ANANDRATHI
INTERNATIONAL VENTURES(IFSC)
Global Investments Simplified

CLIENT ENROLLMENT FORM

Form No.

Client Code

Branch Code

PRODUCTS

- ☐ Equity Derivatives
- ☐ Index Derivatives
- ☐ Commodity Derivatives
- ☐ Currency Derivatives
- ☐ Debt
- ☐ NSE IFSC Receipt

EXCHANGES

- ☐ INDIA INX
- ☐ NSE IFSC

For Assistance

079 - 61340200

+971 52 231 2924



Form No.

Date

**Anand Rathi International Ventures (IFSC) Private Limited
Acknowledgement (Office Copy)**

Equity Derivatives	Index Derivatives	Commodity Derivatives	Currency Derivatives	Debt	NSE IFSC Receipt
<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> NSE IFSC
<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	

Executive Name

Executive Signature

I have read and understood all the clause of Right and Obligation (Trading and Demat Account), Risk Disclosure Document (RDD), Tariff sheet, Guidance Note detailing DO's and Don'ts for Trading, Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP) Policies and Procedure.

Further I/We, wish to receive the above-mentioned documents by:

Electronic Mode ☐ OR Physical Mode ☐

I/We acknowledge the receipt of copy of executed client registration form, Right and Obligation (Trading and Demat Account), Risk Disclosure Document (RDD), Tariff sheet, Guidance Note detailing DO's and Don'ts for Trading, Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP) Policies and Procedure.

Client Signature

x

Form No.

Date

**Anand Rathi International Ventures (IFSC) Private Limited
Acknowledgement (Client Copy)**

Equity Derivatives	Index Derivatives	Commodity Derivatives	Currency Derivatives	Debt	NSE IFSC Receipt
<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> NSE IFSC
<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	

Executive Name

Executive Signature

Anand Rathi International Ventures (IFSC) Private Limited

CIN : U65999GJ2016PTC094915

Registered Office

Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone –1 GIFT SEZ,
Gift City, Gandhinagar Gujarat, India-382355

Tel.: 079-6134 0200



CEO

Mr. Niteen Dongare

niteendongare@rathi.com



Compliance Officer

Mr. Deepak Kedia

deepakkedia@rathi.com

For any grievance / dispute please contact Anand Rathi International Ventures (IFSC) Private Limited at the above address or email id ifscgrievance@rathi.com and Phone no. 079-6134 0200. In case not satisfied with the response, please contact India International Exchange (IFSC) Ltd. at investorassistance@indiainx.com and Phone no. +91-79-61993100 OR NSE IFSC Limited at igr@nseifsc.com and Phone no. +91-79-66743609/10.

"Please note that we Brokers are undertaking proprietary trading in our own account in addition to client base business."

INDIA INX : 5064

NSE IFSC LIMITED : 10048

IFSCA/SEBI REGISTRATION NO. : INZ000292939

DP NO : IFSCA/DP/2022-23/007

INDEX

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI/IFSCA & EXCHANGES

Name of the Document	Brief Significance of the Document	PAGE(s)
Consent letter	Consent letter given by client for obtaining client due diligence information for Account Opening and Know Your Client (KYC) Details from parent entity	1
Tariff sheet	Details the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	2
Rights and Obligations	Document stating the Rights & Obligations of Trading Member and client for trading on exchanges.	Provide in separate Format to Client
Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market:	
Guidance Note	Document detailing do's and don'ts for trading on exchange, for the education of the investors	
Policies and Procedures	Document describing significant Policies and procedures of the Stock Broker	
Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP)	Applicable for clients trading in NSE IFSC Receipts	
W - 8BEN – For Individual	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting	3
VOLUNTARY DOCUMENTS		
ECN	Letter of Authorization for Electronic Contract Notes.	4
LOA	Letter of Authority	5

CONSENT LETTER FOR KYC

Anand Rathi International Ventures (IFSC) Private Limited (ARIVPL)

Unit No. 634 Signature Tower, 6th Floor,
 Block 13B Zone –1 GIFT SEZ, Gift City,
 Gandhinagar Gujarat, India-382355

Sub: Client due diligence information for Account Opening and Know Your Client (KYC) Details

Dear Sir/ Madam,

I understand that (Anand Rathi Shares and Stock Brokers Ltd.) registered as a trading member with Securities Exchange Board of India, is the parent entity (hereinafter referred to as "Parent Entity") of (Anand Rathi International Venture (IFSC) Private Limited) which is a trading member registered with NSE IFSC and INDIA INX Limited ("Trading Member" or "you").

I am a client having code _____ with your Parent Entity and am desirous of becoming a client with you for trading on NSE IFSC and INDIA INX Limited. I undertake to trade only in the products for which I am permitted under the applicable rules, regulations, circulars and guidelines prescribed by Securities Exchange Board of India ("SEBI")/ Reserve Bank of India ("RBI") and/or International Financial Services Centres Authority ("IFSCA").

I am aware that, you are required to conduct verification of identification of your clients at the time of commencement of an account-based relationship which includes in-person verification and comply with applicable laws in this regard.

As your parent entity has already undertaken my KYC and my KYC documents are available with your parent entity, I am hereby giving my consent for you to obtain my records/information of due diligence, including in-person verification, bank details, past disciplinary actions (if any) or any other required details for Account Opening and Know Your Client (KYC) Process, carried out from your Parent Entity in order to commence an accountbased relationship with you.

I am aware of the risks involved in dealing with financial markets and the products that I will be dealing in. I confirm that I have read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Guidance note on Do's and Don'ts'.

I further confirm that I have received and read the 'Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP) of NSE IFSC Receipts. **(applicable for clients desirous of trading in NSE IFSC Receipts)**

I do hereby agree to be bound by such provisions as outlined in these documents.

Details of my bank account is provided below:

Bank Name	Branch Address	Bank A/c No.	A/c Type: Saving/Current/ other (NRI/NRE/NRO etc.)	MICR Code	IFSC Code	SWIFT Code

Details of my depository account in GIFT IFSC are provided below:

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

Signature of the Client

 (Full Name of the Client)

PAN: _____

Date: _____ Place: _____

ADDITIONAL DETAILS

• Gross Annual Income Details: ☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ >25 Lac

OR

• Net-worth in Rs. _____ as on (date) _____

OCCUPATION DETAILS

- ☐ Service (Private Sector, Public Sector and Government Sector) ☐ Business
☐ Others (Professional, Self Employed, Retired, Housewife, Student) ☐ Not Categorized

Nomination Form

- ☐ I/We wish to make a nomination (As per details given below) ☐ I/We wish to cancel the nomination made by me/us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me/us in the said account shall vest in me/us. (Strike off the nomination details below.)

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination Details

Nomination can be made upto three nominees in the account.	Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
Name of the nominee(s) (Mr./Ms.)			
Share of each Nominee	<input type="checkbox"/> Equally, Specify Percentage _____ %	<input type="checkbox"/> Equally, Specify Percentage _____ %	<input type="checkbox"/> Equally, Specify Percentage _____ %
Any odd lot after division shall be transferred to the first nominee mentioned in the form.			
Relationship With the Applicant (If Any)			
Address of Nominee(s)	City _____ State _____ Country _____ PIN Code _____	City _____ State _____ Country _____ PIN Code _____	City _____ State _____ Country _____ PIN Code _____
Mobile/Telephone No. of nominee(s) #			
Email ID of nominee(s) #			
Nominee Identification details (Please tick any one of following and provide details of same)	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID _____	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID _____	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID _____
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:			
Date of Birth (in case of minor nominee(s))			
Name of Guardian (Mr./Ms.) (in case of minor nominee(s))			
Address of Guardian(s)	City _____ State _____ Country _____ PIN Code _____	City _____ State _____ Country _____ PIN Code _____	City _____ State _____ Country _____ PIN Code _____
Mobile/Telephone No. of Guardian			
Email ID of Guardian			
Relationship of Guardian with nominee			

Guardian Identification details <small>(Please tick any one of following and provide details of same)</small>	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID
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Name(s) of holder(s)		Signature(s) of holder*
Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature
Optional Fields

Note
This nomination shall supersede any prior nomination made by the account holder(s), if any.
The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

Declaration Form for opting out of nomination

Date <div></div>			
Trading Member/Participant's Name	Anand Rathi International Ventures (IFSC) Private Limited		
Trading Member/Participant's Address	Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone –1 GIFT SEZ, Giff City, Gandhinagar Gujarat, India-382355		
UCC/DP ID		Client ID (only for Demat account)	
Sole/First Holder Name			
Second Holder Name			
Third Holder Name			
I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.			

Name and Signature of Holder(s)*

<div>X</div>	<div>X</div>	<div>X</div>
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*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

TARIFF SHEET FOR TRADING ACCOUNT

To,
Anand Rathi International Venture IFSC Private Limited

Dear Sir/Madam

I/We would like to subscribe to Anand Rathi International Venture (IFSC) Private Limited for Trading account and request Anand Rathi International Venture (IFSC) Private Limited to apply brokerage charges as mentioned and as per the terms and condition of Anand Rathi International Venture (IFSC) Private Limited.

BROKERAGE TARRIF STRUCTURE		
Future (\$)		
Option (\$)		
NSE IFSC RECEIPT		
NSEIFSC RECEIPT		
Account Type	Brokerage (%) of USD Turnover	Initial Funding (USD)
AR-PLATINUM	0.20%	10001-25000 USD <input type="checkbox"/>
AR-GOLD	0.25%	5001-10000 USD <input type="checkbox"/>
AR-SILVER	0.50%	Upto 5000 USD <input type="checkbox"/>

Other Charges,

1. Trading Account Opening Charges USD 10/- Excluding GST
2. IFSCA Turnover Fee, GST, Stamp Duty, and Transaction charges will be levied separately from brokerage as applicable from time to time by exchange and authority.

CLIENT'S NAME	
<div style="position: relative;"> x </div>	Date
Signature of Client/ (all)	

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

- ☒ **For use by individuals. Entities must use Form W-8BEN-E.**
- ☒ **Go to www.irs.gov/FormW8BEN for instructions and the latest information.**
- ☒ **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

Do NOT use this form if:

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

Instead, use Form:

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

Part I Identification of Beneficial Owner (see instructions)

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

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

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

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

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

Part III Certification

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

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

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

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

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

ECN (LETTER OF AUTHORIZATION FOR ELECTRONIC CONTRACT NOTES.)

To,
 Anand Rathi International Ventures (IFSC) Private Limited
 Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone –1 GIFT SEZ, Gift City, Gandhinagar Gujarat, India-382355

Dear Sir(s),

Sub: Request for sending Contract Notes, Account Statements / Documents etc. on My/our Email ID

I, _____ a client with
 Member Anand Rathi International Ventures (IFSC) Private Limited of NSE IFSC and INDIA INX Exchange undertake as follows:
 I/we aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I/we myself want the same in the electronic form.
 I/we aware that the Member has to provide electronic contract note for my convenience on my request only.
 Though the Member is required to deliver physical contract note, I/we find that it is inconvenient for me to receive physical contract notes. Therefore, I/we am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me/us.
 I/we have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
 My email id is _____. This has been created by me/us and not by someone else.
 I/we am/are aware that this declaration form should be in English or in any other language known to me/us.
 I/we am/are aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me/us. I/we am/are aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

*(The email id must be return in own handwriting of the client.)

Client Name: _____

Unique Client Code : _____

PAN: _____

Address: _____

In case of any change in my/our said E-mail Id, I/We undertake to intimate the same to you in writing through a physical letter

Date: _____

x

CLIENT'S SIGNATURE

LOA (LETTER OF AUTHORITY)

Anand Rathi International Ventures (IFSC) Private Limited (ARIVPL)

Unit No. 634 Signature Tower, 6th Floor,
 Block 13B Zone –1 GIFT SEZ, Gift City,
 Gandhinagar Gujarat, India-382355

Dear Sirs,

Ref. Client Name & Code _____

Sub: Letter of Authority for INDIA INX/ NSE IFSC

I/We am/are dealing with you (INDIA INX/ NSE IFSC) and in order to facilitate ease of operations, I/We authorize you as under:

1. I/We authorizes to my attorney to set off outstanding in my/our accounts against credits available maintained with ARIVPL irrespective of the fact that such outstanding may pertain to transaction in any of the Exchange and/or against the value of cash margin or collateral securities provided to by me/us.
2. I/We request you to retain credit balance in any of my/our account and to use the idle funds towards my/our margin/future obligations at the Exchange unless I/We instruct you otherwise.
3. The client hereby authorizes the trading member to maintain a Running Account of the client in order to facilitate the transfer of funds across segments/retain credit balance/to set off outstanding.
4. I would like the mandatory settlement of the funds and securities (if applicable) as indicated below (tick against your preference).
☐ Monthly Basis ☐ Quarterly Basis
5. As and when I/We require the funds/ securities. I /We be informing you of the same and on receipt of the instructions from me/us, same may be released within one working day of the request after verification and if the amount is due as per ARIVPL.
6. To square off my/our position of transactions that are not delivery market during intraday trade.
7. The client agrees to bear interest @ 18% p.a. which would be charged on outstanding dues in order to meet up with the client's obligations temporarily.
8. I/We have been made aware of the company's policies & procedure.
9. The above authorization can be revoked at any point of time at the client's own discretion by giving written confirmation to ARIVPL.
10. I/We authorized you to reach out to me/ us for any confirmations like Order Verification, Delivery Confirmation, Trade Confirmation, Welcome call etc. through Call/ IVR, E-Mail/ SMS or other source of communication on the Mobile no. recoded/ registered with us, irrespective of User's registration with DND registry of TRAI.
11. I/We agree to auto-renew my/us consent after every 180 days until I/ we opt-out.

Date: _____

x

CLIENT'S SIGNATURE



ANANDRATHI
INTERNATIONAL VENTURES(IFSC)
Global Investments Simplified

DEMAT ACCOUNT

If you are an existing Customer kindly fill and sign the "Client due diligence information "Letter for Account Opening and Know Your Client (KYC) Details which is a part of Voluntary Consent letter in ANNEXURE I to get the benefits of not conducting verification of Identification.



DEPOSITORY PARTICIPANT (IIDL) ACCOUNT DETAILS

SELECT THE TYPE OF ACCOUNT

Type of Account (for Individual / NRI / Foreign National only)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Minor <input type="checkbox"/> Others (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"/> Others (specify) _____	
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify) _____		

OR

Type of Account (for Corporate / Clearing Member only)				
	<input type="checkbox"/> Body Corporate <input type="checkbox"/> FII	<input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> CM <input type="checkbox"/> FI	<input type="checkbox"/> Mutual Fund <input type="checkbox"/> Clearing House	<input type="checkbox"/> OCB <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____			

Instructions to the Applicants (BOs) for account opening

- 1) Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
- 2) Signatures should be preferably in black ink.
- 3) Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
- 4) In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
- 5) In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
- 6) All correspondence / queries shall be addressed to the first / sole applicant.
- 7) Strike off whichever option, in the account opening form, is not applicable.

Application Form for Opening a Demat Account-Individual

DP ID : 007

Form No.										Date										
BO ID										Client ID										

I / We request you to open a Demat Account in my / our name as per the following details: - (To be filled by the applicant in BLOCK LETTERS in English)

Please Select the Account Type	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate
---------------------------------------	--

Holders Details

Sole / First Holder's Name		PAN																	
		UID	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Trading Code	For ARIVL
--------------	-----------

NSE-IFSC	Equity Derivatives <input type="checkbox"/> Index Derivatives <input type="checkbox"/> Commodity Derivatives <input type="checkbox"/> DEBT <input type="checkbox"/> NSE IFSC Receipt <input type="checkbox"/>	MEMBER ID – 10048
BSE-INDIAINX	Equity Derivatives <input type="checkbox"/> Index Derivatives <input type="checkbox"/> Commodity Derivatives <input type="checkbox"/> DEBT <input type="checkbox"/>	MEMBER ID - 5064

Second Holder's Name	<table style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;">PAN</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">UID</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> </table>	PAN																				UID	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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*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.

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> As per IFSCA regulation	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any further instruction from my/our end. (If not marked, the default option would be "No")	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to received the Annual Report <input type="checkbox"/> Physical/ <input type="checkbox"/> Electronic/ <input type="checkbox"/> Both Physical & Electronic (Tick the applicable box, If not marked the default option would be physical)	
I/we wish to receive dividend / interest directly in to my bank account given below through ECS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by IFSCA from time to time]	
I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a DDPI/POA/ registered for eDIS with You for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder or for executing delivery instructions through eDIS	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

For NRIS/OCB

* I/We hereby declare that I/We has complied with, and will continue to comply with, FEMA regulations and other applicable laws

Bank Account Details

Bank Name	
Branch Name	
Branch Address	
Bank A/c. No.	
A/c. Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRINRE/NRO <input type="checkbox"/> Others
MICR Number	
City	
Country	
	IFSC Code/Swift Code
	State
	Pin Code

Additional Details

SMS Alert Facility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Registration	MOBILE NO.: +91 _____ E-mail ID _____

Individual	I/We have received and read the rights and obligations documents and terms and 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.
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	Sole /First Holder	Second Holder	Third Holder
	First/ Sole Authorized Signatory (For Corporate)	Second Authorized Signatory (For Corporate)	Third Authorized Signatory (For Corporate)
Name	Name _____	Name _____	Name _____
Designation	Designation _____	Designation _____	Designation _____
Specimen Signature	F25 (Signature of 1st Holder)	S4 _____ (Signature of 2nd Holder)	T4 _____ (Signature of 3rd Holder)

DP - TARIFF Regular / Basic Services Demat Account (BSDA) Anand Rathi International Venture (IFSC) Private Limited

Client BOID (16 digit) _____

1	Account Opening charges	\$ 10 (One Time)
2	Debit Transaction	As Per Depository
3	Credit Transactions	Free
4	Pledge Services	Free
5	Reissuance of Delivery instruction Booklet (DIB)	Free
6	Dematerialization	Free
7	Rematerialization	Free
8	Annual Maintenance Charges	\$ 30 Per Year
9	Account Modification (viz. Addition / Changes / Deletion in Master details like Name, PAN, Address, Email, Mobile, Bank etc.)	Free

Common Clauses

- The above offer is exclusive of charges levied by Depository and other taxes / statutory charges levied by Government bodies / statutory authorities from time to time, which will be charged as applicable.
- All charges / service standards are subject to revision at ARIVL sole discretion at any given point of time and the same shall be communicated to the customers with a notice of 30 days.
- The Annual Maintenance Charges are levied, in advance, for a period of one year at the beginning of the billing cycle.
- The transaction charges will be payable monthly. The charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- The operating instructions for the joint accounts must be signed by all the holders.
- All instructions for transfer must be received at the designated DP at least 24 hours before the execution date.
- In case of non- recovery of service charges due to inadequate balance in your linked bank account or inadequate advance fees or invalid bank account, the Depository services for your account will be temporarily discontinued. The services will be resumed in a minimum of three working days from the date of receipt of request with ARIVL and post payment of all outstanding dues towards Depository charges.
- In case the Demat accounts are with nil balances / transactions or incase if the customer defaults in payment of AMC, the statement shall not be sent to the customer after period of 1 year.
- Tariff applicability would be communicated with a 30 days' notice period.
- I/we agree to abide by and to be bound by all the Terms and Conditions pertaining to Debit authorization, E-mail statement and Fee & schedule.

x

Customer Signature

x

Anand Rathi International Venture
Authorized Signatory

Rights and Obligation of Beneficial Owner and depository Participant as Prescribed by IFSCA and IID IFSC Limited

General Clause

1. The Beneficial Owner and the Depository Participant ("DP") shall be bound by the provisions of the International Financial Services Centres Authority Act, 2019 ("IFSCA Act"), the International Financial Services Centres Authority (Market Infrastructure Institutions) Regulations, 2021 ("MII Regulations"), Securities & Exchange Board of India (Depositories & Participants) Regulations, 2018 (to the extent applicable), and all rules, regulations, circulars, directions, operating instructions as may be issued by the International Financial Services Centres Authority ("IFSCA") from time to time and the Bye Laws and Operating Instructions issued by IID IFSC Limited ("IID IFSC") and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate Depository Account of a Beneficial Owner in the IID IFSC depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by Regulator from time to time. Beneficial Owner information.
3. The DP shall maintain all the details of the Beneficial Owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the Beneficial Owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the Depository Account or furnished to the DP from time to time. Fees/Charges/Tariff.
5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of Depository Account".
6. In case of Basic Services Depository Account, the DP shall adhere to the charge structure as laid down under the relevant IFSCA and/or IID IFSC circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same. Dematerialization.
8. The Beneficial Owner shall have the right to get the securities, which have been admitted on IID IFSC, dematerialized in the form and manner laid down under the Bye Laws and Operating Instructions of IID IFSC. Separate Accounts.
9. The DP shall open separate accounts in the name of each of the Beneficial Owners and securities of each Beneficial Owner shall be segregated and shall not be mixed up with the securities of other Beneficial Owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in Depository Account except in the form and manner prescribed in the IFSC Act, MII Regulations and Bye-Laws/Operating Instructions of IID IFSC. Transfer of Securities.
11. The DP shall effect transfer to and from the Depository Accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his Depository Account and the DP shall act according to such instructions. Statement of account.
13. The DP shall provide statements of accounts to the Beneficial Owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by IFSCA/ IID IFSC in this regard.
14. However, if there is no transaction in the Depository Account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such Beneficial Owners and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of Depository Accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of Depository Accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of Depository Account in the electronic mode, then the Participant shall be obliged to forward the statement of Depository Accounts in physical form.
16. In case of Basic Services Depository Accounts, the DP shall send the transaction statements as mandated by IFSCA and/or IID IFSC from time to time.

Rights and Obligation of Beneficial Owner and depository Participant as Prescribed by IFSCA and IID IFSC Limited

Manner of Closure of Depository Account

17. The DP shall have the right to close the Depository Account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to IID IFSC. Similarly, the Beneficial Owner shall have the right to close his/her Depository Account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their Depository Account should be transferred to another Depository Account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by IID IFSC. Provided further, closure of Depository Account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 and 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the Depository Account of the Beneficial Owner, the DP may charge interest at a rate as specified by IID IFSC from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5 and 6 specified above, the DP after giving Seven days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any. Liability of IID IFSC
21. As per applicable law and as provided under the Bye Laws,
- 21.1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the Beneficial Owner due to the negligence of IID IFSC or the DP, IID IFSC shall indemnify such Beneficial Owner.
- 21.2. Where the loss due to the negligence of a DP under Clause (1) above, is indemnified by IID IFSC, IID IFSC shall have the right to recover the same from such DP.

Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her Depository Account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Operating Instructions of IID IFSC.
23. The DP or IID IFSC shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the DP. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the DP.

Rights and Obligation of Beneficial Owner and depository Participant as Prescribed by IFSCA and IID IFSC Limited

Law and Jurisdiction

- 26.** In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Bye Laws and Operating Instructions of IID IFSC and circulars/notices issued there under or rules and regulations as may be specified by IFSCA from time to time.
- 27.** The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by IFSCA, and Bye-laws and Operating Instructions of IID IFSC, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
- 28.** The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of IID IFSC and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
- 29.** Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Bye-Laws and Operating Instructions and circulars/notices issued there under by IID IFSC and /or IFSCA.
- 30.** Any changes in the rights and obligations which are specified by IFSCA/ IID IFSC shall also be brought to the notice of the clients at once.
- 31.** If the rights and obligations of the parties hereto are altered by virtue of change in rules and regulations of IFSCA, or Bye-laws and/or Operating Instructions of IID IFSC, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

CONSENT TO DEBIT THE DEMAT ACCOUNT

Date:

To,
 Anand Rathi International Ventures IFSC Private Limited
 Unit No.634 Signature Tower, 6th Floor
 Block 13-B, GIFT SEZ
 GIFT City, Gandhinagar-382355
 Gujarat, India.

Dear Sir/Madam,

Subject: Consent to debit the demat account

DP ID: _____, BO Account / Client Id: _____

I/We, hereby explicitly agree to authorize (Anand Rathi International Ventures IFSC Private Limited), to access our Beneficial Owner (BO) Account as per details given above for the limited purpose of meeting pay-in obligations for settlement of trades executed by me/us on the stock exchanges. Accordingly, I/We hereby, authorize Anand Rathi International Ventures IFSC Private Limited to do the following:

Sr. No.	Purpose	Signature of First / Sole Holder*	Signature of Second Holder*	Signature of Third Holder*
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through Anand Rathi International Ventures IFSC Private Limited			
2.	Mutual Fund transactions being executed on Stock Exchange order entry platforms			
3.	Tendering shares in open offers through Stock Exchange platforms			

*The same may be e-signed or signed physically

VOLUNTARY CONSENT LETTER FOR KYC

Anand Rathi International Ventures IFSC Private Limited
Unit No.634 Signature Tower, 6th Floor
Block 13-B, GIFT SEZ
GIFT City, Gandhinagar-382355
Gujarat, India.

Subject: Client due diligence information for Account Opening and Know Your Client (KYC) Details

Dear Sir/Madam,

I/We understand that (Anand Rathi Share & Stock Brokers Ltd.) registered as a Depository Participant with Securities Exchange Board of India (SEBI), is the parent entity (hereinafter referred to as "Parent Entity") of (Anand Rathi International Ventures IFSC Private Limited) which is a depository participant registered with India International Depository Limited – IIDI.

I/We am/are a client having DP ID _____, Client id _____ with your Parent Entity and am desirous of becoming a client with you for opening the demat account with IIDI. I undertake to transact only in the products for which I am permitted under the applicable rules, regulations, circulars and guidelines prescribed by SEBI / Reserve Bank of India ("RBI") and/or International Financial Services Authority ("IFSCA").

I/We am/ are aware that, you are required to conduct verification of identification of your clients at the commencement of an account-based relationship which includes in-person verification and complying with applicable laws in this regard.

As your Parent Entity has already undertaken my KYC and my KYC documents are available with your parent entity, I am hereby giving my consent for you to obtain my records / information of due diligence, including in-person verification, bank details, past disciplinary actions (if any) or any other required details for Account and Know Your Client (KYC) Process, carried out from your Parent Entity in order to commence an account relationship with you.

I/We am/ are aware of the risks involved in dealing with financial markets and the products that I/We dealing in. I/We confirm that I/We have read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Guidance note on Do's and Don'ts' and International Financial Services Centres Authority (Anti Money Laundering, Counter-Terrorist Financing and Know Your Customer) Guidelines, 2022.

I/We do hereby agree to be bound by such provisions as outlined in these documents.

(*Signature of 1 A/c Holder)

(*Signature of 2 A/c Holder)

(*Signature of 3rd A/c Holder)

*The same may be e-signed or signed physically

GLOBAL INVESTMENTS SIMPLIFIED



ANANDRATHI
INTERNATIONAL VENTURES(IFSC)
Global Investments Simplified

