

ACCOUNT OPENING FORM ► NON-INDIVIDUAL



Ver: 6.1 | April 2026

Branch	AP Code	BO ID	Trading Code	DP AMC Scheme

Equity Introducer	Commodity Introducer	Equity RM	Commodity RM	Form No.



INDEX OF DOCUMENTS

Sr.	Name of the Document	Brief Significance of the Document	Pg No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1.	KRA Form, Account Opening Form & FATCA Declaration Form for Individual	KYC Form - Document captures information about the constituent	1 - 12
2.	Tariff Sheet	Document detailing the rate / amount of brokerage & other charges levied on the client for trading on stock exchange(s) and DP Service charges / Fee Structure	13
3.	Annexure A - MITC	Most Important Terms and Conditions	17
4.	Policies and Procedures	Document describing significant policies & procedures of the stock broker	Separate copy for client also available on www.tradebulls.in
5.	Rights and Obligations & Investor Charter	Document stating the Rights & Obligations of stock broker/trading member/ Authorised Person and client for trading on exchange (including additional rights & obligations in case of internet/wireless technology based trading), of Beneficial Owners and Depository Participants & Margin Trading Facility	
6.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market	
7.	Guidance Note	Document detailing do's and don'ts for trading on exchange, for the education of the investors	
8.	SMS Alerts from CDSL	Terms & Conditions for receiving SMS Alerts from CDSL (Annexure 2.4)	

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

1.	DDPI POA	Demat Debit & Pledge Instruction (DDPI) POA provided by BO to Tradebulls for settlement / Margin purpose	14 - 15
2.	Client Declaration	Declaration with regards to open interest position, high value transaction	16
3.	Client Authorisation	Authorisation to maintain Running Account	16
4.	Client Declaration	Declaration pursuant to SEBI circular SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08	16
5.	Voluntary Terms & Conditions	Additional terms & conditions specific to clients for the purpose of operational efficiency including Margin Trading Facility (separate copy for client also available on www.tradebulls.in)	
6.	FATCA Declaration - Non Individual	FATCA / CRS Declaration / Self Certification For Individual	

IMPORTANT NOTE

1. Signature Types:



2. In case of any correction in the form - Sign next to the correction done & Sign has to match the original signature

3. In case of any correction in signature, fresh application form/page/document will be required

IMPORTANT INSTRUCTIONS

1. All details to be filled in Capital Block letters in Black / Blue Ink Only.
2. Email ID & Mobile number is mandatory for account related passwords and transaction details.
3. Corrections in the KYC form should be counter signed.
4. Strike off whichever option, in the account opening form, is not applicable.
5. All Originals to be produced for physical verification.
6. If any proof of identity or address is in a regional language, then translation into English is required.
7. Sole proprietor must make the application in his individual name & capacity.
8. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
9. All documents and stamp should be clearly visible.

Type of Entity	Additional Documents Required over and above PAN, POI and POA
Corporate	<ul style="list-style-type: none"> • Copy of Balance Sheet for the last two financial years (to be submitted every year). • Copy of latest share holding pattern including the list of all those holding control more than 10%, 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 submitters every year). • Photograph, POI, POA, PAN and DIN number of the whole time Director/ 2 directors in charge of day to day operations. • Photograph, POI, POA, PAN of individual promoters holding control either directly or indirectly. • Copy of Memorandum and Articles of Association and Certificate of Incorporation. • Copy of Board Resolution for Investment in security markets. • Authorized signatories list with specimen signatures. • Shareholding pattern.
Partnership Firm	<ul style="list-style-type: none"> • Copy of Balance Sheet for the last to 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. • Shareholding pattern.
Trust	<ul style="list-style-type: none"> • Copy of Balance Sheet for the last to financial years (to be submitted every year). • Certificate of Registration (for registered Trusts 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 or List of Co-Parceners. • Bank Passbook / Bank statement in the name of HUF. • Photograph, POI, POA, PAN of KARTA.
Banks/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.
Unincorporated Association or a Body of Individuals	<ul style="list-style-type: none"> • Proof of existence or Constitution document. • Resolution of Managing Body and power od Attorney granted to transact business on its behalf.
Army/Government Bodies	<ul style="list-style-type: none"> • Copy of Constitution/Registration or Annual report/Balance Sheet for the last 2 financial years. • 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 Society Registration Act. • List of managing committee members. • Committee Resolution for persons authorized to act as authorised signatories with specimen signatures. • True copy of society rules and by-laws certified by Chairman/Secretary.
FPI Category I	<ul style="list-style-type: none"> • FPI Certificate • Constitution Documents • Copy of Board Resolution (optional) • Shareholding pattern and Ultimate Beneficiary Owners List (UBO) • Authorized signatories list with specimen signatures.
FPI Category II	<ul style="list-style-type: none"> • FPI Certificate • Constitution Documents • Copy of Board Resolution • Shareholding pattern and Ultimate Beneficiary Owners List (UBO) with UBO proof of identity • Authorized signatories list with specimen signatures.

Note: Formats for additional documents are available on our website www.tradebulls.in

INSTRUCTIONS/GUIDELINES FOR FILLING NON-INDIVIDUAL KYC APPLICATION FORM

A. General Instructions:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant 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 below list mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate / Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.
11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

B. Proof of Identity (POI):

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 'Z - Others (any document notified by the central government)' is ticked.
5. Others - Identity card with applicant's photograph issued by any of the following: Central/ State Government 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):

1. PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
2. Others includes - Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government de-partments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card with applicant's photograph and address issued by any of the following: Central/ State Government 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.
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. Proof of address in name of spouse may be accepted.
6. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy / Ration card / Latest Property tax.
7. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card.

D. Exemptions/Clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected)

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes / filing tax returns in India.
5. In case of institutional clients, namely FIIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card de-tails with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Authorized officials of Asset Management Companies (AMCs).

2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. 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. Proof of Bank Details:

- Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- Photocopy of the Bank Statement having name and address of the BO
- Photocopy of the Passbook having name and address of the BO, (or)
- Letter from the Bank

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

Please fill the form in ENGLISH and in BLOCK letters | Fields marked * are mandatory | Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Type* New KYC Modification KYC

1. ENTITY DETAILS (please refer guidelines)

PAN*	Please enclose a duly attested copy of your PAN Card		
Name (same as ID proof)			
Date of Incorporation*		Place of Incorporation*	
Date of Commencement*		Registration Number*	
Entity Type* (Please Tick)	<input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Charity/NGO <input type="checkbox"/> HUF <input type="checkbox"/> FPI Category I <input type="checkbox"/> FPI Category II <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Others _____		

2. PROOF OF IDENTITY (please refer guidelines)

Officially Valid Document(s) in respect of person authorized to transact
 Certificate of Incorporation/Formation _____ Registration Certificate _____
 Memorandum of Articles and Association Partnership Deed Trust Deed
 Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf
 Activity Proof - 1 + (For Sole Proprietorship Only) Activity Proof - 2 + (For Sole Proprietorship Only)

3. ADDRESS DETAILS* (please refer guidelines)

A. Registered Address*

Line 1*			
Line 2			
Line 3			
City/Town/Village*	District*		Pin Code*
State*	Country*		

B. Correspondence/Local Address in India (if different from above)*

Line 1*			
Line 2			
Line 3			
City/Town/Village*	District*		Pin Code*
State*	Country*		

PROOF OF ADDRESS* (attested copy of any one POA to be submitted - Not more than 3 months old)

- Certificate of Incorporation/Formation Registration Certificate Other Document _____
 Latest Telephone Bill# (Landline only) Latest Electricity Bill# Latest Bank Account Statement#
 Registered Lease/ Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) _____
 Any other proof of address document (as listed overleaf) _____

C. CONTACT DETAILS (in CAPITAL)

Email ID		Mobile	
Email ID		Mobile	
Tel (Off.)		Fax	

5. ANNEXURES SUBMITTED


Number of Related Persons

6. Remarks / Additional Information**7. APPLICANT DECLARATION**

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email ad-dress.

Place	
Date	DD / MM / YYYY

Applicant e-SIGN	Applicant Wet Signature
	 2/15 <small>Authorised Signatory with Stamp</small>

8. FOR OFFICE USE ONLY

KYC carried out by*		Intermediary Details*	
KYC Date	DD / MM / YYYY	<input type="checkbox"/> Self certified document copies received (Originals Verified)	
Emp. Name		<input type="checkbox"/> True Copies of documents received (Attested)	
Emp. Code		AMC/Intermediary	
Emp. Designation		Name	
Employee Signature & Stamp		Employee Signature & Stamp	

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

INTENTIONALLY LEFT BLANK

KNOW YOUR CLIENT (KYC) | ANNEXURE (FOR RELATED PERSON ONLY)

Please fill the form in ENGLISH and in BLOCK letters | Fields marked * are mandatory | Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also


 Application Type* New KYC Modification Modification KYC

1. IDENTITY DETAILS

PAN*	Please enclose a duly attested copy of your PAN Card		
Name* (same as ID proof)			
Maiden Name (if any)			
Fathers/Spouse's Name*			
Date of Birth*	DD / MM / YYYY		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____		
Related Person Type* (Please Tick)	<input type="checkbox"/> Director <input type="checkbox"/> Promotor <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointed Official Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Others _____ (please specify)		
	DIN: _____ (mandatory if the related person is Director)		

PHOTOGRAPH

Paste color passport size photo & sign across it


 1/3 Signature

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

<input type="checkbox"/> A - Aadhaar	XXXX XXXX
<input type="checkbox"/> B - Passport Number	(Expiry Date)
<input type="checkbox"/> C - Voter ID Card	
<input type="checkbox"/> D - Driving License	(Expiry Date)
<input type="checkbox"/> E - NREGA Job Card	
<input type="checkbox"/> F - NPR	
<input type="checkbox"/> Z - Others	(any document notified by Central Government)
Identification Number	

2. ADDRESS DETAILS* (please refer guidelines)
A. Correspondence/Local Address*

Line 1*			
Line 2			
Line 3			
City/Town/Village*	District*	Pin Code*	
State*	Country*		
Address Type*	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		


 2/3

Signature

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*				
Line 2				
Line 3				
City/Town/Village*		District*		Pin Code*
State*		Country*		
Address Type*	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

<input type="checkbox"/> A - Aadhaar	XXXX XXXX
<input type="checkbox"/> B - Passport Number	(Expiry Date)
<input type="checkbox"/> C - Voter ID Card	
<input type="checkbox"/> D - Driving License	(Expiry Date)
<input type="checkbox"/> E - NREGA Job Card	
<input type="checkbox"/> F - NPR	
<input type="checkbox"/> Z - Others	(any document notified by Central Government)
Identification Number	

3. CONTACT DETAILS


Email ID			
Mobile No			
Tel (Off.)		Tel (Res.)	

4. APPLICANT DECLARATION

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email ad-dress.

Place	
Date	DD / MM / YYYY

Applicant e-SIGN	Applicant Wet Signature
	 <small>Signature</small>

5. FOR OFFICE USE ONLY

KYC carried out by*		Intermediary Details*	
KYC Date	DD / MM / YYYY	<input type="checkbox"/> Self certified document copies received (Originals Verified)	
Emp. Name		<input type="checkbox"/> True Copies of documents received (Attested)	
Emp. Code			
Emp. Designation			
Employee Signature & Stamp		Institution Name and Stamp	

KNOW YOUR CLIENT (KYC) | ANNEXURE (FOR RELATED PERSON ONLY)

Please fill the form in ENGLISH and in BLOCK letters | Fields marked * are mandatory | Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

 Application Type* New KYC Modification Modification KYC

1. IDENTITY DETAILS

PAN*	Please enclose a duly attested copy of your PAN Card		
Name* (same as ID proof)			
Maiden Name (if any)			
Fathers/Spouse's Name*			
Date of Birth*	DD / MM / YYYY		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____		
Related Person Type* (Please Tick)	<input type="checkbox"/> Director <input type="checkbox"/> Promotor <input type="checkbox"/> Karta <input type="checkbox"/> Trustee		
	<input type="checkbox"/> Partner <input type="checkbox"/> Court Appointed Official Proprietor <input type="checkbox"/> Beneficiary		
	<input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder		
	<input type="checkbox"/> Others _____ (please specify)		
	DIN: _____ (mandatory if the related person is Director)		

PHOTOGRAPH

Paste color passport size photo & sign across it

1/3 Signature

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

<input type="checkbox"/> A - Aadhaar	XXXX XXXX
<input type="checkbox"/> B - Passport Number	(Expiry Date)
<input type="checkbox"/> C - Voter ID Card	
<input type="checkbox"/> D - Driving License	(Expiry Date)
<input type="checkbox"/> E - NREGA Job Card	
<input type="checkbox"/> F - NPR	
<input type="checkbox"/> Z - Others	(any document notified by Central Government)
Identification Number	

2. ADDRESS DETAILS* (please refer guidelines)
A. Correspondence/Local Address*

Line 1*			
Line 2			
Line 3			
City/Town/Village*	District*	Pin Code*	
State*	Country*		
Address Type*	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		

2/3

Signature

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*				
Line 2				
Line 3				
City/Town/Village*		District*		Pin Code*
State*		Country*		
Address Type*	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

<input type="checkbox"/> A - Aadhaar	XXXX XXXX
<input type="checkbox"/> B - Passport Number	(Expiry Date)
<input type="checkbox"/> C - Voter ID Card	
<input type="checkbox"/> D - Driving License	(Expiry Date)
<input type="checkbox"/> E - NREGA Job Card	
<input type="checkbox"/> F - NPR	
<input type="checkbox"/> Z - Others	(any document notified by Central Government)
Identification Number	

3. CONTACT DETAILS


Email ID			
Mobile No			
Tel (Off.)		Tel (Res.)	

4. APPLICANT DECLARATION

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email ad-dress.

Place	
Date	DD / MM / YYYY

Applicant e-SIGN	Applicant Wet Signature
	 3/3 <small>Signature</small>

5. FOR OFFICE USE ONLY

KYC carried out by*		Intermediary Details*	
KYC Date	DD / MM / YYYY	<input type="checkbox"/> Self certified document copies received (Originals Verified)	
Emp. Name		<input type="checkbox"/> True Copies of documents received (Attested)	
Emp. Code			
Emp. Designation			
Employee Signature & Stamp		Institution Name and Stamp	

ANNEXURE 2.2

ADDITIONAL KYC FORM FOR OPENING TRADING & DEMAT ACCOUNT - FOR NON-INDIVIDUALS

(To be filled by the Depository Participant)

Application No.		Date	DD / MM / YYYY
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	
		UCC	
Search Name		Exchange Name & ID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	
Exchange ID*			
Name*			

*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.

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"/> Others (specify) _____	To be filled by the DP
SEBI Registration No. (If Applicable)	SEBI Registration Date DD / MM / YYYY
RBI Registration No. (If Applicable)	RBI Approval Date DD / MM / YYYY
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 Specify Email ID
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 (Tick the applicable box. If not marked the default option would be Physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic

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 ACCOUNT DETAILS Savings Account Current Account

Bank & Branch		MICR	
Account No.		IFSC	

OTHER DETAILS

Gross Annual Income Details	Income Range per annum:			
	<input type="checkbox"/> Up to ₹ 1,00,000	<input type="checkbox"/> 1,00,000 to 5,00,000	<input type="checkbox"/> 5,00,000 to 10,00,000	
	<input type="checkbox"/> ₹ 10,00,000 to ₹ 25,00,000	<input type="checkbox"/> ₹ 25,00,000 to 1,00,00,000	<input type="checkbox"/> More than ₹ 1,00,00,000	
	Net Worth in ₹ <small>(*Net worth should not be older than 1 year)</small>		as on date DD / MM / YYYY	

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). Please provide Yes No details as per Annexure 2.2A.

Any other information			
SMS Alert Facility	Mobile No.	+91	Refer to Terms & Conditions given as Annexure - 2.4 (Mandatory documents)
	[[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).		

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	 <small>4/15</small> <small>Authorised Signatory with Stamp</small>	 <small>Authorised Signatory with Stamp</small>	 <small>Authorised Signatory with Stamp</small>

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







A. DEPOSITORY ACCOUNT DETAILS

Depository	<input checked="" type="checkbox"/> CDSL	DP Name	Tradebulls Securities (P) Limited	DP ID	1 2 0 7 0 2 0 0
Client Name				BO ID	

B. COMTRACK ACCOUNT DETAILS

CP Name		Client Name	
CP ID		CMSE ID	

C. TRADING PREFERENCES

Exchanges	Segments	Signature
NSE: 13499 BSE: 3286	Cash / Mutual Fund	 5/15 <small>Authorised Signatory with Stamp</small>
	Future & Options	 5/15 <small>Authorised Signatory with Stamp</small>
	Currency Derivatives	 5/15 <small>Authorised Signatory with Stamp</small>
	Securities Landing & Borrowing	 5/15 <small>Authorised Signatory with Stamp</small>
NSE: 13499 MCX: 21840 NCDEX: 376	Commodity Derivatives	 5/15 <small>Authorised Signatory with Stamp</small>
	All Segments	 5/15 <small>Authorised Signatory with Stamp</small>

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

1. Please sign in the relevant boxes where you wish to trade. The segment not chosen should be strike off / mentioned as NA.
2. # If, in future, the client wants to trade on any new segment / new exchange, separate authorization/letter should be taken from the client by the stock broker.
3. Derivative segments activation is subject to financial document verification.

D. RISK DISCLOSURES ON DERIVATIVES

1. 9 out of 10 individual traders in equity Futures and Options Segment, incurred net losses.
2. On an average, loss makers registered net trading loss close to ₹ 50,000.
3. Over and above the net trading losses incurred, loss makers expanded an additional 28% on net trading losses as transaction costs.
4. Those making net trading profits, incurred between 15% to 50% of such profits as transaction cost.

E. PAST ACTIONS

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

No If yes, please specify

F. INTRODUCER DETAILS

Status of Introducer AP Employee Existing Client Others (Specify):

Introducer Name: AP/Emp/Client Code:

Address of AP: Mobile No:

Signature of the Introducer 

G. DEALING THROUGH AUTHORISED PERSON (AP) / OTHER STOCK BROKERS

If Yes, please specify:

Broker Member ID

Name of Broker/AP

SEBI Registration No

Name of Exchange

Trading Code

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

Whether you are a Member / AP of any Exchange

 Yes No**H. STANDING INSTRUCTIONS / OTHER DETAILS / EMAIL-SMS ALERT / CONTRACT NOTE PREFERENCE**

Contract Note / Holding & Transaction Statement including CAS / Other Documents

 Physical Electronic

To receive / accept each and every credit and pledge instruction in my account

 Yes No

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

 Yes No

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

 Yes No

To avail facility of Internet Trading & Wireless Technology

 Yes No

To receive Annual Report in Electronic mode

 Yes No

To receive Delivery Instruction Slip (In case, 'NO' option is selected, it would be issued on request at any later date - As per Annexure 2.5)

 Yes No

Margin Trading Facility (Refer Rights & Obligation document)

 Yes No

Consent for SMS Alert Facility

 Yes No

To send ECN/Bill/Holding/Transaction Statement/CAS/OTP/TPIN/All correspondence at 1st holder Email Id/Mobile no. stated in KYC

 Yes No

DP Account Statement

 Monthly Fortnightly Weekly As per SEBI Regulation

Declaration for Email

 Authorized Signatory

Declaration for Mobile Number

 Authorized Signatory

Mode of Operations

 As per Resolution/Authority Letter**I. INFORMATION FOR PREVENTION OF MONEY LAUNDERING ACT, 2002 & OTHER DETAILS****Experience**Number of years of Investment / Trading Experience **J. GST REGISTRATION DETAILS****Registration No.****Registration Date****State Name**

GSTIN No:

DD / MM / YYYY


DECLARATION

I / We declare that the particulars furnished above are true & correct to the best of my / our knowledge & belief. I / We agree & undertake to intimate the DP / Stock broker any change(s) in the details therein immediately. 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 & suitable action.

I / We confirm having received, read/been explained and understood the content of the 'Rights and Obligations Document' for trading & DP Services and MTF, 'Risk Disclosure Document', 'Guidance Note' 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 also confirm having received, read/been explained & understood the contents of the document on policy and procedures, terms and conditions of the stock broker including MTF & the tariff sheet. I / We have also informed that the standard set of documents has been displayed for information on stock broker's designated website i.e. www.tradebulls.in

I/We hereby acknowledge receipt of The Rights & Obligations of stock broker / trading member/Authorized Person and client for trading on exchange (including additional rights & obligations in case of Internet / wireless technology based trading), of Beneficial Owners and Depository Participants & Margin Trading facility, Risk Disclosure Document, Guidance Note, Policies and Procedures & Investor Charter.

I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us.



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Place:

Date: DD / MM / YYYY

FATCA / CRS Declaration / Self Certification For Individual:

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

Note: If you are a U.S. person and / or if your tax residency / nationality / citizenship is other than India, then please provide declaration / self certification under FATCA / CRS. This declaration form can be downloaded from www.tradebulls.in or call at KYC Helpdesk at (079) 333 333 47 / 48 or write to kychelpdesk@tradebulls.in

Signature	Signature	Signature
-----------	-----------	-----------

Place:

Date: DD / MM / YYYY

OFFICE USE ONLY

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

Details of Employee/AP	Tradebulls Securities (P) Limited Documents verified with Originals & In-Person Verification done by	Tradebulls Securities (P) Limited Authorised Signatory (Attest with seal)
Name & E Code		
Designation		
Date / Place	DD / MM / YYYY PLACE	
Signature		

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BROKERAGE PLAN

Equity Segment	Equity / Futures / Currency		Equity Delivery		Options (per lot)				Commodity Segment	Futures		Options
	%	Min (paisa) (per share)	%	Min (paisa) (per share)	Index (₹)	Stock (₹)	Bank Nifty (₹)	Currency (₹)		%	Min (paisa) (per share)	₹
1 st Leg									1 st Leg			
2 nd Leg									2 nd Leg			

Note: Brokerage for Securities Lending and Borrowing Segment will be levied 15% + GST on the lending/borrowing fee.

CHARGES FOR DEPOSITORY SERVICES Schemes (Please Select) Charges Amount (Exclusive of GST)*

Sr.	Service Details	Lifetime AMC (One Time)		Investor (Yearly)	BSDA* (Yearly)	Non Individual/HNI Clients (Yearly)
		<input type="checkbox"/> 1250	<input type="checkbox"/> 550	<input type="checkbox"/> 300	<input type="checkbox"/>	<input type="checkbox"/> 1000
1.	Deliveries / Debit transaction (per ISIN)					
	Within Tradebulls	₹ 20/-	₹ 25/-	₹ 25/-	₹ 25/-	₹ 25/-
	Outside Tradebulls	₹ 35/-	₹ 50/-	₹ 50/-	₹ 50/-	₹ 50/-
2.	Charges for Pledge creation, closure, invocation (per ISIN per instance)	₹ 35/-	₹ 50/-	₹ 50/-	₹ 50/-	₹ 50/-
3.	Margin Pledge creation, closure, invocation (per ISIN per instance)	₹ 20/-	₹ 25/-	₹ 25/-	₹ 25/-	₹ 25/-
4.	Margin Pledge creation, closure, invocation for MTF client (per ISIN per instance)	₹ 20/-	₹ 25/-	₹ 25/-	₹ 25/-	₹ 25/-
5.	Dematerialization (per Certificate)	₹ 10/-	₹ 20/-	₹ 10/-	₹ 10/-	₹ 10/-
	Postal Charges	₹ 50/-	₹ 60/-	₹ 50/-	₹ 50/-	₹ 50/-
6.	Rematerialization (per Certificate)	Actual CDSL charges				
	Postal Charges	₹ 30/-	₹ 60/-	₹ 30/-	₹ 30/-	₹ 30/-
7.	Demat Rejections (per Certificate)	₹ 40/-				
8.	Physical Statement	₹ 25/-	₹ 25/-	₹ 25/-	₹ 25/-	₹ 25/-
	Postal Charges	₹ 40/-	₹ 40/-	₹ 40/-	₹ 40/-	₹ 40/-

Note:

- Inter-Settlement charge towards debit transactions of client shares from CUSA, MTF account, client collateral account and collateral account ₹ 11/- + taxes per ISIN would be debited in the client ledger.
- CDSL levied Rematerialization charges as higher of (i) A fee of ₹ 10/- for every 100 securities or part thereof: OR (ii) A flat fee of ₹ 10/- per certificate.
- STT, SEBI turnover fees, stamp duty, transaction charges, GST, transaction charges & other statutory levies/CESS (if any) shall be levied as per prevailing rates.
- ₹ 25/- per request / booklet will be charged for additional DIS requisition, account statement, holding with valuation, account modification, freeze & unfreeze etc.
- Charges levied on account of cheque return, wrong reporting of cheques, DP scheme charges, duplicate statements etc. may be recovered from your account.
- Clearing charges will be charged as per below mentioned rates (charges per crore):

Segment	Futures (On Turnover)	Options (On Premium)
Equity / Currency Derivatives	35	2500
Commodity Derivatives	35	5000

- Statutory Charges ₹ 550 will be applicable.
- Tradebulls Securities (P) Limited reserves the right to change the charges for depository services from time to time at its sole discretion, under 30 days prior intimation to clients either by way of ordinary post or by an email and by notification on the back office interface.
- Brokerage levied to your trading account shall be the higher of brokerage value as per existing rates or ₹ 30/- per settlement/segment subject to maximum rate prescribed by regulator time to time.
- Any charges with regards to NERL/Comtrack etc. shall be levied separately.
- Commission of Clearing & Forwarding Agent / Commission agents, if appointed on behalf of clients for the purpose of taking of deliveries will be charged at actual.
- *BSDAAMC (1) ₹ 0 for holding up to ₹ 400000, (2) ₹ 100 for holding value ₹ 400000 to 1000000, (3) convert to Investor AMC if holding value is above 1000000 or Non eligible for BSDA
- Easi:** To register for *Easi*, please visit our website www.cdslindia.com. *Easi* allows a BO to view his ISIN balances, transactions & value of the portfolio online.

I agree to Opt out of BSDA facility and aware of BSDA advantages as below

- Lower AMC: Up to holding value of ₹ 4,00,000/- there will be no AMC, ₹ 100/- AMC to be collected for having holding value of ₹ 4,00,000 to ₹ 10,00,000. In case holding value is more than ₹ 10,00,000/- regular AMC will be collected.
- Transaction charges at par with regular AMC, no higher charges for BSDA.

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Name:

Name:

Name:

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DEMAT DEBIT AND PLEDGE INSTRUCTION (DDPI POA)




To all to whom these presents shall come I/We _____

_____ (Name of the BO, with full address), I SEND GREETINGS.



Whereas I/We hold Beneficiary account no. _____ (BO-ID) with Central Depository Services (India) Limited, with Tradebulls Securities (P) Limited (a depository participant registered with CDSL) bearing DP-ID 12070200 and whereas I/We are registered as a client WITH TRADEBULLS SECURITIES (P) LIMITED. (trading member of Bombay Stock Exchange (BSE), National Stock Exchange of India Ltd (NSE), National Commodity and Derivatives Exchange Limited (NCDEX) & Multi Commodity Exchange of India Ltd. (MCX) for dealing in securities market.) for trading on the said stock exchanges.

NOW KNOW I/WE ALL THE ABOVE NAMED DO HEREBY NOMINATE, CONSTITUTE / AND APPOINT M/s TRADEBULLS SECURITIES (P) LIMITED, to do the following:




1. Transfer of securities held in my above mentioned beneficial owner account towards Stock Exchange related deliveries / settlement obligations arising out of trades executed on the Stock Exchange through Tradebulls Securities (P) Limited to the accounts as listed in Schedule 1 to this DDPI POA

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2. Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM)/ Clearing corporation (CC) for the purpose of meeting my margin requirements in connection with the trades executed on the Stock Exchange through accounts as listed in Schedule 1 to this DDPI POA

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3. Mutual Fund transactions being executed on stock exchange order entry platforms and which shall be in compliance with SEBI circulars SEBI/HO/IMD/IMD-I DOF5/P/CIR/2021/634 dated October 04, 2021, SEBI/HO/IMD/IMD-I DOF5/P/CIR/2021/635 dated October 04, 2021 and SEBI/HO/IMD/IMD-I DOF5/P/CIR/2022/29 dated March 15, 2022 or any other circular which may be issued in this regard

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4. Tendering shares in open offers which shall be in compliance with SEBI circular SEBI/HO/CFD/DCR-III/CIR/P/2021/615 dated August 13, 2021 or any other circular which may be issued in this regard

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I/We accept (For Tradebulls Securities (P) Limited)

Authorised Signatory: _____

Date: _____

SCHEDULE 1 - LIST OF DEMAT ACCOUNTS

Depository Participant Name	Demat Account	Exchange	Name / Type
Tradebulls Securities (P) Ltd	1207020000011753	BSE	Pool A/C
Tradebulls Securities (P) Ltd	1207020000016274	NSE	Pool A/C
Tradebulls Securities (P) Ltd	1207020002098199	All	TM/CM CMPA
Tradebulls Securities (P) Ltd	1207020002098205	All	Client Securities Margin Funding a/c (Bene)
Tradebulls Securities (P) Ltd	1207020002514346	NSE	Pool A/C
IL&FS Securities Services Ltd	IN30009511657647	MSEI	Pool A/C
Orbis Financial Corporation Limited	IN30362210128217	NSE	Pool A/C
Orbis Financial Corporation Limited	IN30362210128225	BSE	Pool A/C

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IN CASE OF HUF, CO-PARCENERS SIGNATURE IS REQUIRED

Sr.	Name of Co-Parceners	Date of Birth DD/MM/YYYY	Gender	Relationship	Signature
1.					
2.					
3.					
4.					

CLIENT DECLARATIONS AND AUTHORISATION

- Client Declaration - Open Interest Position:** I/We, the undersigned, have taken cognizance of circulars issued by Regulator / Commodity Exchanges from time to time on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same. I / We hereby declare and undertake that I / we will not exceed the position limits prescribed from time to time by Commodity Exchanges or Regulator and such position limits will be calculated in accordance with the circulars on position limits as modified from time to time. I/We undertake to inform you and keep you informed if I / any of our partners / directors / karta / trustee or any of the partnership firms/companies / HUFs / Trusts in which I or any of above such person is a partner / director / karta / trustee, takes or holds any position in any commodity forward contract / commodity derivative on Exchanges through or through any other member (s) or Exchanges, to enable you to restrict our position limit as prescribed by the above referred circular of Exchanges as modified from time to time. I / We confirm that you have agreed to enter order in commodity forward contracts / commodity derivatives for me / us as your clients on Commodity Exchanges only on the basis of our above assurances and undertaking. I/We further undertake to bear any liable / penalty / charges levied by Commodity Exchanges / Regulator.
- One Time Declaration About High Value Transactions:** I / We do hereby declare that being your client, I/We propose to undertake high value transactions (say Rs. 5 lakh and above or such other sum as may be prescribed by Regulator / MCX / NCDEX or any other authority from time to time) in a day on MCX / NCDEX through you as my/our commodity broker. By this one time declaration, please note that the said transaction(s) would be for and on my/our behalf and entirely for my/our profit or loss only. I/We also declare that the transactions would not be carried out for any unauthorized/unregistered authorized person or for & on behalf of any other person / entity.
- Running Account Authorisation:** I / We request you to maintain my / our accounts on running accounts basis instead of 'bill to bill' settlement basis, unless I / we specifically request you for a payout of available free balance in the account. You may settle the accounts at **Monthly / Quarterly** (strike off whichever is not applicable) or at such other intervals as SEBI / Stock Exchanges may specify from time to time. I / We further authorize you to retain such amount as may be permitted by Stock Exchanges / SEBI from time to time or towards other unbilled services and/or charges applicable on my account, while settling the accounts. I / We further authorize you to also retain an amount as may be permitted by SEBI / Stock Exchanges from time to time, while settling my / our account. I / We understand and agree that no interest will be payable on the amount of funds retained by you as above. I / We agree that Tradebulls shall not be liable for any claim for loss or loss of profit or for any consequential, incidental, special or exemplary damages, or otherwise, caused by retention of such funds. The standing instruction / authorization for maintaining my / our account as running account shall remain valid until revoked in writing, addressed to you.
- Declaration pursuant to SEBI circular SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08 dated 04th January, 2019**


LIST OF COMMODITIES (MCX & NCDEX)


COMMODITIES	CODE	COMMODITIES	CODE	COMMODITIES	CODE	COMMODITIES	CODE
Aluminum		Brass		Copper		Lead	
Nickel		Zinc		Barley		Cardamom	
Castor		Chana		Cocudakl		Cotton	
Dhaniya		Guargum		Guarseed		Jeeraunjha	
Kapas		Maize		Moong		Pady	
Pepper		RM Seed		Sugar		Soyabean	
Turmeric		Wheat		Gold		Silver	
CPO		Crude Oil		Mentha Oil		Syoref	
Natural Gas		All Commodities	6				


CATEGORY CODE REFERENCE TABLE AS PER SEBI

Category	FPOs / Farmers	Value Chain Participants	Proprietary Traders (Only for registered Stock / Commodity) brokers	Domestic Financial Institutional Investors	Foreign Participants	Others
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code	1	2	3	4	5	6

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

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Annexure A - MOST IMPORTANT TERMS AND CONDITIONS (MITC)

(For non-custodial settled trading accounts)

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

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SUPPLEMENTARY KYC INFORMATION & FATCA DECLARATION - Entities & HUF

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

PAN*			
Name			
Type of Address given at KYC KRA	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Business
City of Incorporation	Country of Incorporation	Date of Incorporation	DD / MM / YYYY
Networth in INR	₹ Lacs	Networth as on	DD / MM / YYYY (Date should not be older than 1 year)
Is the entity involved in / providing any of these services	Foreign Exchange/ Money Changer Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gaming/Gambling/Lottery Services (e.g. casinos, betting syndicates)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Money Laundering/ Pawning
Any other information (if applicable)			
Entity Constitution Type	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Ltd Company <input type="checkbox"/> Public Ltd Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others _____		
Is "Entity" a tax resident of any country other than India		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Country [#]	Tax Identification Number [%]	Identification Type (TIN or other, please specify)

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number.

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

FATCA DECLARATION (Please consult your professional tax advisor for further guidance on FATCA classification)

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

1	We are a, Financial institution ⁶ <input type="checkbox"/> or Direct reporting NFFE ⁷ <input type="checkbox"/> (please tick as appropriate)	GIN	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____
	GIIN not available (please tick as applicable)	<input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="checkbox"/>	
		<input type="checkbox"/> Not obtained - Non-participating FI	

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

1	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, pls specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3	Is the Entity an active ³ NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill UBO declaration in the next section) Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (Mention code - refer 2c of Part D)
4	Is the Entity a passive ⁴ NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill UBO declaration in the next section) Nature of Business _____

¹Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D

Category (Please tick applicable category)	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company	<input type="checkbox"/> Private Trust
	<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	
	<input type="checkbox"/> Listed Company (Need not provide UBO details sought under)	<input type="checkbox"/> Others _____		

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

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person #Country - Tax Residency* #Tax ID No - Or functional equivalent for each country%		#Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code ¹¹ - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details		
Name		Tax ID Type	Address		
Country		Beneficial Interest		ZIP	
Tax ID No.		Type Code	State	Country	
Name		Tax ID Type	Address		
Country		Beneficial Interest		ZIP	
Tax ID No.		Type Code	State	Country	
Name		Tax ID Type	Address		
Country		Beneficial Interest		ZIP	
Tax ID No.		Type Code	State	Country	

If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)

PAN City of Birth Country of Birth		Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other	
PAN		Occupation Type	DOB	
City of Birth		Nationality	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth		Father's Name		<input type="checkbox"/> Other
PAN		Occupation Type	DOB	
City of Birth		Nationality	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth		Father's Name		<input type="checkbox"/> Other
PAN		Occupation Type	DOB	
City of Birth		Nationality	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth		Father's Name		<input type="checkbox"/> Other

#Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

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

¹¹In case Tax Identification Number is not available, kindly provide functional equivalent

FATCA & CRS TERMS & CONDITIONS

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information & certain certifications & documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification

I have understood the information requirements of this Form (read along with the Instructions & Definitions) and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Name		
Designation		
Date	DD / MM / YYYY	
Place		

DECLARATION BY HUF AND CONSENT LETTER

To,
Tradebulls Securities (P) Limited,
Tradebulls House, Sindhubhavan Road, Bodakdev, Ahmedabad - 380054.

With regard to Beneficiary account no. (BO ID) _____ And Trading Account _____ maintained in the name & style _____ with DP /Trading (Tradebulls Securities (P) Limited).

We the following family members, being the co-parceners in the HUF account M/s _____ do hereby give our consent that the said karta, viz _____ would operate above mentioned BO ID /Trading account as far as shares transactions of the HUF account is concerned.

We further declare and authorized you to recognize the beneficiary Account No. _____ with Depository _____ opened in the name of the undersigned who is the Karta of the HUF for the purpose of completing the share transfer obligations pursuant to the trading operations.

I agree and understand that this is to facilitate the operation of the above trading account. The transfer made by you to the beneficiary account shall be complete discharge of obligations by you in respect of trades executed in the above trading account.

Details of our HUF and all its co-parceners are stated as mentioned below:

Sr.	Name of Family Member	Date of Birth DD/MM/YYYY	Gender	Relationship with Karta
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I, hereby state that details mentioned above are true and any change in them would be intimated to you in writing.

Title of HUF/ Karta _____

Signature
(Karta Rubber stamp)

INTENTIONALLY LEFT BLANK

Tradebulls Securities (P) Limited

Corporate Office Address: Kanakia Wall Street, A-Wing, Ground Floor, Andheri Kurla Road, Andheri (E), Mumbai - 400093.

Tel: 91 22 4888 2888 | Website: www.tradebulls.in

Registered & Central Support Office Address: Tradebulls House, Sindhubhavan Road, Bodakdev, Ahmedabad - 380054.

Tel: 91 79 4000 1000 | Fax: 91 79 6169 1133 | Website: www.tradebulls.in

Processing Unit: Rajendra Place - 08B, 2nd Floor, Pusa Road Rajendra Park, New Delhi - 110060.

Tel: 011 4800 9200 / 011 6127 1000 | Website: www.tradebulls.in

Compliance Officer Name: Ms. Shikha Devang Shah | Tel: 91 79 4000 1000 | Email ID: compliance@tradebulls.in

CEO Name: Mr. Aasif Hirani | Tel: 91 79 4000 1000 | Email ID: ceo@tradebulls.in

DP Compliance Officer Name: Mr. Nilay Rasanania | Tel: 91 79 4000 1000 | Email ID: compliance@tradebulls.in

Member: BSE Ltd. / National Stock Exchange of India Ltd. / Multi Commodity Exchange of India Ltd. / National Commodity & Derivatives Exchange Limited / CDSL - Depository Participant

SEBI Registration No: INZ000171838 | **Date:** 27/03/2018

TM Code: BSE - 3286 | NSE - 13499 | MCX - 21840 | NCDEX - 376

CDSL-Depository Participant - SEBI Registration No: IN-DP-206-2016 | **Date:** 09/02/2016 | **CDSL DP ID:** 12070200

Clearing Member Name & Address:

NSE CM FO CDS SLB COMMODITY | BSE CM FO CDS | NCDEX | MCX:

Tradebulls Securities (P) Limited: Tradebulls House, Sindhubhavan Road, Bodakdev, Ahmedabad - 380 054.

CM ID: M51680 (NCL) M51093 (NCCL) 8120 (MCXCCL) | **SEBI Registration No:** INZ000171838 | **Date:** 27/03/2018

For any grievance / dispute please contact Tradebulls Securities (P) Limited at the above address or email id: wecare@tradebulls.in and Phone no: 91 79 4000 1000. In case not satisfied with the response, please contact the concerned exchange(s):

BSE Email: jigar.gadesha@bseindia.com & Tel: 91 79 2646 2992 | NSE Email: nsciscahm@nse.co.in & Tel: 91 79 4900 8610/11

CDSL Email: helpdesk@cdslindia.com & Tel: 91 22 2272 8663 | MCX Mail: compliance@mcxindia.com & Tel: 91 22 6731 8888

NCDEX Mail: askus@ncdex.com & Tel: 91 22 6640 6521