

ACCOUNT OPENING KIT

Name of Stock Broker / Trading Member / Clearing Member :
VT CAPITAL MARKET PRIVATE LIMITED

SEBI Regn. No. and Date : INZ000168637 Dt.23.04.2018

Registered & Correspondence Office address :
27AB, Royd Street, Ground Floor, Kolkata - 700 016
Phone : (033) 4001-7926, E.mail : backoffice@vtcapital.in
Website : www.vtcapital.in, CIN : U74900WB2011PTC247411

Name of Clearing Member :
GLOBE DERIVATIVES AND SECURITIES LIMITED

SEBI Regn. No. and Date : INZ00312637 dt.05.06.2023

Registered & Correspondence Office address :
609, Ansal Bhawan, 16, Kasturba Gandhi Marg, Connaught Place
New Delhi - 110 001, Phone : 3041-2345
E.mail : gdscompliance@globecapital.com, Website : www.globecapital.com

Compliance Officer Name, Phone No. & email ID :
Mr Rohit Agarwal, 98310-03552, compliance@vtcapital.in

CEO Name, Phone No. & email ID :
Mr Dhiraj Bhutoria, 98303-54856, dhiraj.bhutoria@vtcapital.in

For any grievance/dispute, please contact **VT CAPITAL MARKET PRIVATE LIMITED** at the above address or email id : ig@vtcapital.in and Phone No. : (033) 4001-7926. In case not satisfied with the response, please contact the concerned exchange(s) at ignse@nse.co.in and Phone No. (022) 2659-8190 for NSE and at isc.mumbai@bseindia.com, Phone No. (022) 2272-8517 for BSE and the Multi Commodity Exchange of India Ltd. at grievance@mcxindia.com and Phone no. (022) 6731-8888.

Disclosure of Proprietary trading pursuant to SEBI Circular No. : SEBI/MRD/SE/Cir-42/2003 dated 19th Nov., 2003, NSE Circular No. : NSE/INVG/PRE/2003/16 dated 25th Nov., 2003, BSE Notice No. 20031125-7 dated 25 November, 2003, MCX Circular No. : MCX/T&S/123/2016 dated April 26, 2016 and MCX Circular No. : MCX/T&S/147/2016 dated May 17, 2016 :

We, **VT CAPITAL MARKET PRIVATE LIMITED**, are also engaged in Proprietary trading apart from Client based business.

VT CAPITAL MARKET PRIVATE LIMITED

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VT CAPITAL MARKET PRIVATE LIMITED

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CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.

- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.
- H) List of two character ISO 3166 country codes may be obtained from our office.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.



For office use only

Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS* (Please refer instruction A at the end)

Prefix First Name Middle Name Last Name

Name* (Same as ID proof)

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth* DD MM YY YY

Gender* M- Male F- Female T-Transgender

PAN* Form 60 furnished

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO*

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed Proof of Address - Document Type code

V Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State/U.T Code* ISO 3166 Country Code*

MANDATORY

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile -
 Email ID

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]
 Signature / Thumb Impression of Applicant

Date : -- Place:

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

IPV and KYC VERIFICATION CARRIED OUT BY

Date --
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **VT Capital Market Private Limited**
 Code **IN0850**

[Institution Stamp]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory : Mother's name, Spouse's name, Father's name.

B Clarification / Guidelines on filling 'Current Address details' section

- 1 In case of deemed PoA such as utility bill, etc. or self declaration, the document need not be uploaded on CKYCR.
- 2 PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- 3 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 4 In Section 2, one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- 6 List of documents for 'Deemed Proof of Address':

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.

- 7 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- 8 "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 9 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 10 REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

C Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

D Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person, if available.

E Clarification on Minor

- 1 Guardian details are optional for minors above 10 years of age for opening of bank account only.
- 2 However, in case guardian details are available for minor above 10 years of age. the same (or CKYCR number of guardian) is to be uploaded.

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity/ Other than Individuals

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type* New Update

(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* DD - MM - YYYY Date of Commencement of Business DD - MM - YYYY

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN * Form 60 furnished

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation Registration Certificate Regn Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village*

District* PIN / Post Code* State / U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3 City / Town / Village*

District* PIN / Post Code* State / U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided* may be used) (Please refer instruction D at the end)

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* New Update Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

- Addition of Related Person Deletion of Related Person Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

- Related Person Type*** Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>		<input type="checkbox"/> Form 60 furnished	

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar

PHOTO*

Address

Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar
- II E-KYC Authentication
- II Offline verification of Aadhaar

- IV Deemed PoA
- V Self Declaration

MANDATORY

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off) - Tel. (Res) - Mobile -
Email ID

2. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - - Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received** Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC process Equivalent e-document

IPV and KYC VERIFICATION CARRIED OUT BY

Date --
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

INSTITUTION DETAILS

Name **VT Capital Market Private Limited**
Code **IN0850**

[Employee Signature]

[Institution Stamp]

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* New Update Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

- Addition of Related Person Deletion of Related Person Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

- Related Person Type*** Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar

PHOTO*

Address

Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar
- II E-KYC Authentication
- II Offline verification of Aadhaar

- IV Deemed PoA
- V Self Declaration

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off) - Tel. (Res) - Mobile -
Email ID

2. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - - Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received** Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC process Equivalent e-document

IPV and KYC VERIFICATION CARRIED OUT BY

Date --
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

INSTITUTION DETAILS

Name **VT Capital Market Private Limited**
Code **IN0850**

[Employee Signature]

[Institution Stamp]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

A Clarification / Guidelines for filing Entity Details section

1 Entity Constitution Type

- | | | |
|-----------------------------|--------------------------------------|---|
| A - Sole Proprietorship | G - Association of Persons (AOP) / | L - Public Sector Banks |
| B - Partnership Firm | Body of Individuals (BOI) | M - Central/State Government Department or Agency |
| C - HUF | H - Trust | N - Section 8 Companies (Companies Act, 2013) |
| D - Private Limited Company | I - Liquidator | O - Artificial Jurisdictional Person |
| E - Public Limited Company | J - Limited Liability Partnership | P - International Organisation or Agency / |
| F - Society | K - Artificial Liability Partnership | Foreign Embassy or Consular Office etc. |
| | | Q - Not Categorized |
| | | R - Others |
| | | S - Foreign Portfolio Investors |

- 2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

B Clarification / Guidelines for filling 'Proof of Identity [Pol]' section

- 1 Activity Proof -1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for filling 'Contact Details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

E Clarification / Guidelines for filling 'Related Person Details' section

1 Personal Details

- The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.

2 Proof of Address [PoA]

- 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.
- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR.
- REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.

- 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.

MANDATORY

<p>Know Your Client (KYC)</p> <p>Application Form (For Individuals Only)</p> <p><small>Please fill the form in ENGLISH and in BLOCK letters</small></p> <p><small>Fields marked * are mandatory</small></p> <p><small>Fields marked † are pertaining to CKYC and mandatory only if processing CKYC also</small></p>	<p>Application Number: <input style="width: 150px;" type="text"/></p> <p>KYC No. : <input style="width: 150px;" type="text"/> (Mandatory for KYC update request)</p> <p>Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC</p>
<p>KYC Mode*: <small>Please Tick (✓)</small></p> <p> <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker </p>	
<p>1. Identity Details (please refer guidelines overleaf)</p>	
<p>PAN* _____ <small>Please enclose a duly attested copy of your PAN Card</small> <input type="checkbox"/> Form 60 furnished</p> <p>Name* <small>(same as ID proof)</small> _____</p> <p>Maiden Name* <small>(if any)</small> _____</p> <p>Fathers/Spouse's Name* _____</p> <p>Date of Birth* _____</p> <p>Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p> <p>Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____</p> <p>Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian</p> <p><small>Please Tick (✓)</small> <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin†</p> <div style="text-align: right; border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <p style="color: gray; font-size: 12px;">Recent passport size Applicant Photo</p> </div> <p style="text-align: right; font-size: 10px;"><small>Cross Signature across photograph</small></p> <p style="font-size: 10px;"><small>(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)</small></p> <p>Proof of Identity (POI) submitted for PAN exempted cases <small>(Please tick)</small></p> <p><input type="checkbox"/> A — Aadhaar Card XXXX XXXX _____ <small>(Expiry Date) _____</small></p> <p><input type="checkbox"/> B — Passport Number _____ <small>(Expiry Date) _____</small></p> <p><input type="checkbox"/> C — Voter ID Card _____ <small>(Expiry Date) _____</small></p> <p><input type="checkbox"/> D — Driving License _____</p> <p><input type="checkbox"/> E — NREGA Job Card _____</p> <p><input type="checkbox"/> F — NPR _____</p> <p><input type="checkbox"/> Z — Others _____ <small>(any document notified by Central Government)</small></p> <p>Identification Number _____</p>	
<p>2. Address Details* (please refer guidelines overleaf)</p>	
<p>A. Correspondence/ Local Address*</p> <p>Line 1* _____</p> <p>Line 2 _____</p> <p>Line 3 _____</p> <p>City/Town/Village* _____ District* _____ Pin Code* _____</p> <p>State* _____ Country* _____</p> <p>Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified</p>	
	<p>Applicant Signature</p>

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

Line 1* _____
 Line 2 _____
 Line3 _____
 City/
 Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

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

A — Aadhaar Card XXXX XXXX _____
 B — Passport Number _____ (Expiry Date) _____
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) _____
 E — NREGA Job Card _____
 F — NPR Letter _____
 Z—Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details (in CAPITAL)

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

4. Applicant Declaration

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

I/We hereby consent to receiving information from KRA and / or CKYC Registry through SMS/Email on the above registered number/Email address.
 I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XMI /Digilocker XMI file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: _____ (DDMM-YYYY)

PLACE: _____

Applicant Signature

5. For Office Use Only

Person Verification (IPV) & KYC Verification carried out by*	Intermediary Details*
IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : <div style="border: 1px solid black; padding: 5px; text-align: center;">VT Capital Market Private Limited</div>
Employee Signature and Stamp	Institution Name and Stamp

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 Number: KYC No. : (Mandatory for KYC update request)Application Type*: New KYC Modification KYC**1. Entity Details (please refer guidelines)**

PAN* _____

Please enclose a duly attested copy of your PAN Card

 Form 60 furnished

TIN / GST Regn. No. _____

Name* (same as ID proof) _____

Entity Constitution Type _____ Others (Specify) _____ (Please refer Instruction G at the end)

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 the 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 the 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* _____

Applicant Signature

Proof of Address* (attested copy of any one POA to be submitted—*Not more than 3 months old)	
<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____	<input type="checkbox"/> Latest Bank Account Statement*
Validity/Expiry Date of POA (Expiry Date) ____ - ____ - ____	
4. Contact Details	
Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____
5. Annexures Submitted	
Number of Related Persons - <input style="width: 50px;" type="text"/>	
6. Remarks / Additional Information	
7. Applicant Declaration	
<p>I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.</p> <p>I/We hereby consent to receiving information from KRA and/or CKYC Registry through SMS/Email on the above registered number/Email address</p> <p>DATE: ____ - ____ - ____ (DD-MM-YYYY)</p> <p>PLACE: _____</p>	<p>Applicant Signature</p>
8. For Office Use Only	
<p>In-Person Verification (IPV) & KYC Verification carried out by*</p> <p>KYC Date ____ - ____ - ____</p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p>	<p style="text-align: center;">Intermediary Details*</p> <p><input type="checkbox"/> Self certified document copies received (Originals Verified)</p> <p><input type="checkbox"/> True Copies of documents received (Attested)</p> <p>AMC / Intermediary Name OR Code:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;">VT Capital Market Private Limited</div>
Employee Signature and Stamp	Employee Signature and Stamp

Know Your Client (KYC)**Annexure (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 Number: KYC No. : (Mandatory for KYC update request)Application Type*: New KYC Modification KYC**1. Identity Details of Related Person (please refer guidelines overleaf)**PAN* _____ Please enclose a duly attested copy of your PAN Card Form 60 furnished

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* ____-____-____

Gender* Male Female TransgenderNationality* Indian Other _____**Related Person Type*** Director Promoter Karta Trustee Partner Court Appointed Official Proprietor Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Applicant Photo

Proof of Identity (POI) submitted for PAN exempted cases (Please tick) A — Aadhaar Card XXXX XXXX _____ B — Passport Number _____ (Expiry Date) ____-____-____ C — Voter ID Card _____ D — Driving License _____ (Expiry Date) ____-____-____ E — NREGA Job Card _____ F — NPR _____ Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant Signature

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

Line 1* _____
 Line 2 _____
 Line3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

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

A — Aadhaar Card XXXX XXXX ____ _
 B — Passport Number _____ (Expiry Date) ____ _
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) ____ _
 E — NREGA Job Card _____
 F — NPR Letter _____
 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 undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
 I/We hereby consent to receiving information from KRA and/or CKYC Registry through SMS/Email on the above registered number/Email address
 DATE: ____ _ (DDMM-YYYY)
 PLACE: _____

Applicant Signature

5. For Office Use Only

In-Person Verification (IPV) & KYC Verification carried out by*

Intermediary Details*

KYC Date ____ _
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____

Self certified document copies received (OVD)
 True Copies of documents received (Attested)

VT Capital Market Private Limited

Employee Signature and Stamp

Institution Name and Stamp

Know Your Client (KYC)**Annexure (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 Number: KYC No. : (Mandatory for KYC update request)Application Type*: New KYC Modification KYC**1. Identity Details of Related Person (please refer guidelines overleaf)**PAN* Please enclose a duly attested copy of your PAN Card Form 60 furnishedName* (same as ID proof) Maiden Name* (if any) Fathers/Spouse's Name* Date of Birth* Gender* Male Female TransgenderNationality* Indian Other **Related Person Type*** Director Promoter Karta Trustee Partner Court Appointed Official Proprietor Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder Others (please specify) DIN: (mandatory if the related person is Director)

Applicant Photo

Proof of Identity (POI) submitted for PAN exempted cases (Please tick) A — Aadhaar Card XXXX XXXX B — Passport Number (Expiry Date) C — Voter ID Card D — Driving License (Expiry Date) E — NREGA Job Card F — NPR Z — Others (any document notified by Central Government)Identification Number **2. Address Details* (please refer guidelines overleaf)****A. Correspondence/ Local Address***Line 1* Line 2 Line 3 City/Town/Village* District* Pin Code* State* Country* Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant Signature

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

Line 1* _____
 Line 2 _____
 Line3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

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

A — Aadhaar Card XXXX XXXX ____ _
 B — Passport Number _____ (Expiry Date) ____ _
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) ____ _
 E — NREGA Job Card _____
 F — NPR Letter _____
 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 undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
 I/We hereby consent to receiving information from KRA and/or CKYC Registry through SMS/Email on the above registered number/Email address
 DATE: ____ _ (DDMM-YYYY)
 PLACE: _____

Applicant Signature _____

5. For Office Use Only

In-Person Verification (IPV) & KYC Verification carried out by*	Intermediary Details*
KYC Date ____ _ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; padding: 5px; text-align: center;">VT Capital Market Private Limited</div>
Employee Signature and Stamp	Institution Name and Stamp

Instructions/Guidelines for filling Individual / 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/ PIOCard / 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 PoI does not have an address or address as per PoI 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 departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card/document with 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. For FII/Sub account, Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apostilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement / Flat maintenance bill / Insurance copy / Ration card / Latest Property tax.
8. 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 FIs, 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 details 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. Online Mode Processing of KYC

1. EKYC BIOMETRIC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Applicant details are verified using UIDAI Biometric details.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
- Intermediary attestation on documents is exempted.

2. EKYC OTP

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Applicant details are verified using UIDAI details using OTP.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
- Intermediary attestation on documents is exempted.

3. ONLINE KYC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Virtual In Person Verification (VIPV) is mandatory as per SEBI guidelines.
- Intermediary attestation on documents (OSV) is exempted.

4. OFFLINE EKYC

- Applicant may directly upload their document (PAN copy) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Digital KYC performed through Offline Aadhaar e-KYC. OVD sourced from Offline Aadhaar e-KYC.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.

5. DIGILOCKER

- Digital KYC performed through the documents (OVD) sourced from Digilocker.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
- Intermediary attestation on documents is exempted.

G. Entity Constitution Type

A - Sole Proprietorship	G - Association of Persons (AOP) /	M - Central/State Government Department or Agency
B - Partnership Firm	Body of Individuals (BOI)	N - Section 8 Companies (Companies Act, 2013)
C - HUF	H - Trust	O - Artificial Jurisdictional Person
D - Private Limited Company	I - Liquidator	P - International Organisation or Agency /
E - Public Limited Company	J - Limited Liability Partnership	Foreign Embassy or Consular Office etc.
F - Society	K - Artificial Liability Partnership	Q - Not Categorized
	L - Public Sector Banks	R - Others
		S - Foreign Portfolio Investors

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 to financial years (to be submitted every year). • Copy of latest share-holding pattern including the list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover regulations, duly certified by the company secretary / whole time director / MD (to be submitter 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 of 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.

TRADING ACCOUNT RELATED DETAILS - FOR INDIVIDUALS & NON-INDIVIDUALS

BANK ACCOUNT(S) DETAILS		
	First Bank Details	Second Bank Details
Bank Name		
Branch		
Address		
Bank A/c No.		
A/c Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others-In case of NRI/NRE/NRO	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others-In case of NRI/NRE/NRO
MICR No.		
IFSC code		
DEPOSITORY ACCOUNT(S) DETAILS		
	First Demat A/c Details	Second Demat A/c Details
Depository		
Participant Name		
Depository Name	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
Beneficiary Name		
DP ID		
Beneficiary ID (BO ID)		
TRADING PREFERENCES - Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.		
Exchange	Segment	Signature
NSE & BSE	- All Segments	<input type="checkbox"/>
	- Cash / Mutual Fund	<input type="checkbox"/>
	- F&O	<input type="checkbox"/>
	- Currency	<input type="checkbox"/>
Multi Commodity Exchange of India Ltd. - Commodity Derivatives <input type="checkbox"/>		
If you do not wish to trade in any of segments / Mutual Fund, please mention here _____		

OTHER DETAILS			
Gross Annual Income Details (please specify)			
Income Range per annum	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25 Lacs-1 crore <input type="checkbox"/> > 1 crore		
Net-worth		as on (date)	
(Net worth should not be older than 1 year)		(dd/mm/yyyy)	
Occupation (Individuals) (Please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business		
	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		
	<input type="checkbox"/> Others _____		
Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees / whole time directors		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	
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			
DEALINGS THROUGH AUTHORISED PERSON OR OTHER STOCK BROKERS			
Whether dealing with any other stock broker / AP (if case dealing with multiple stock brokers /APs, provide details of all)			
Name of stock broker			
Name of AP, if any		AP Regn. No.	
Client Code		Exchange	
Details of disputes/dues pending from/to such stock broker/authorised person			
ADDITIONAL DETAILS			
Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)			
_____, Specify your Email id, if applicable :			
Whether you wish to receive the standard documents - Rights and Obligations, Risk Disclosure Document (RDD) and Guidance note - physically or electronically, (please specify) : _____			
Please note that these documents are also available in certain vernacular languages on demand.			
Whether you wish to avail of the facility of internet trading / wireless technology (please specify)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Number of years of Investment / Trading Experience			
In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others			As per Annexure
Any other information			

INTRODUCER DETAILS (optional)	
Name of the Introducer	
	(Surname) (Name) (Middle Name)
Status of the Introducer	<input type="checkbox"/> Sub-broker <input type="checkbox"/> Remisier <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client
	<input type="checkbox"/> Others, please specify
Address and Phone No. of the Introducer	
Signature of the Introducer	

DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Place : _____



Signature of Client/ (all) Authorized Signatory (ies)

Date : _____

FORM FOR NOMINATION

VT Capital Market Private Limited Regd. Office : 27AB, Royd Street, Ground Floor Kolkata - 700 016													(To be filled in by individual applying singly or jointly)									
Date	D	D	M	M	Y	Y	Y	Y	DP ID							Client ID						
UCC										I/We wish to make a nomination. [As per details given below]												
Nomination Details																						
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 can be made upto three nominees in the account			Details of 1st Nominee						Details of 2nd Nominee						Details of 3rd Nominee							
1 Name of the Nominee(s) (Mr./Ms.)																						
2 Share of each Nominee Equally [If not equally, please specify percentage]			%						%						%							
			Any odd lot after division shall be transferred to the first nominee mentioned in the form.																			
3 Relationship with the Applicant (if any)																						
4 Address of Nominee(s) City / Place State & Country																						
PIN Code																						
5 Mobile / Telephone No. of Nominee(s) #																						
6 Email ID of Nominee(s) #																						
7 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 A/c 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																						
8 Date of Birth {in case of minor nominee(s)}																						
9 Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}																						

Name and Signature of Holder(s)*

1 ✓

(Sole / First Holder)

2 ✓

(Second Holder)

3 ✓

(Third Holder)

MANDATORY

10 Address of Guardian(s)			
City / Place			
State & Country			
PIN Code			
11 Mobile / Telephone No. of Guardian #			
12 Email ID of Guardian #			
13 Relationship of Guardian with Nominee			
14 Guardian 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 A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

	Name(s) of holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms.)		✓
Second Holder (Mr./Ms.)		✓
Third Holder (Mr./Ms.)		✓

Witness
Signature_____
Name_____
Address_____

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

Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory).

Notes : 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

VT Capital Market Private Limited Regd. Office : 27AB, Royd Street, Ground Floor Kolkata - 700 016										Date	D	D	M	M	Y	Y	Y	Y
										UCC								
Demat Account No.																		
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)*																		
1 ✓	2 ✓			3 ✓														
(Sole / First Holder)			(Second Holder)			(Third Holder)												
Witness Signature _____ Name _____ Address _____ _____																		

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

ANNEXURE

DETAIL OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS AND PERSONS AUTHORIZED TO DEAL IN SECURITIES ON BEHALF OF COMPANY / FIRM / OTHERS

Particulars	1st	2nd	3rd
Designation			
Name			
PAN			
DIN / UID			
Residential Address			
Photograph	Please affix your recent passport size photograph and sign across it 	Please affix your recent passport size photograph and sign across it 	Please affix your recent passport size photograph and sign across it 

Use additional sheets, if necessary.

FOR OFFICE USE ONLY

UCC Code allotted to the Client : _____

	Documents verified with Originals	Client Interviewed By
Name of the Employee		
Employee Code		
Designation of the employee		
Date		
Signature		

I / We undertake that we have made the client aware of 'Policy and Procedures', 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.

Signature of the Authorised Signatory

Date : _____

Seal/Stamp of the stock broker

INSTRUCTIONS / CHECK LIST

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

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

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

2. Copy of cancelled cheque leaf / pass book / bank statement specifying name of the constituent, MICR Code or / and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals :
 - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker / sub-broker's office.
 - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals :
 - a. Form need to be initialized by all the authorized signatories.
 - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company / firm / others and their specimen signatures.

MANDATORY

POLICIES & PROCEDURES

The Company has adopted the following Policies & Procedures for trading on behalf of its clients. All clients are requested to read the following mandatory policies followed by the Company:

a) Refusal of Orders for Penny Stocks :

Penny Stocks are thinly traded shares of small companies which are traded infrequently. It may be difficult to buy or sell Penny Stocks. Penny Stocks include the equity securities with no active trading market. The Exchange also issues a list of illiquid securities every month.

For Dealing in Penny Stock following procedures is being followed :

1. Authorisation of the Senior Officer is to be taken if any client wants to invest in penny stocks.
2. The valid reason of the client to trade in penny stocks is taken.
3. The financial position, background of the client is reviewed,.

The order of a client shall be refused by the Member when it appears that: -

1. If the dealing amounts to manipulation of the price of the security.
2. If the dealing creates false or misleading appearance of trading in the securities market.
3. If the dealing in the security is not intended to effect transfer of beneficial ownership but intended to operate only as a device to inflate, depress or cause fluctuations in the price of the penny stock for wrongful gain or avoidance of loss.

b) Setting up Client's Exposure Limits :

The Trading Member reserves the right to set, impose & vary limits on the orders that the client can place through the trading system (including exposure limits, turnover limits, limits as to the number, value and/or kind of securities in respect of which orders can be placed etc.) without prior notice. The order/Exposure limits may vary from time to time, client to client depending upon the margins, client and financial status of the client as well as market condition.

c) Applicable Brokerage Rate :

The Brokerage rate that would be applicable on the client shall be decided mutually between VT Capital Market Private Limited and client. Such brokerage rate might increase/decrease during the course of time. Any such change would be intimated to the client before implementing the same. However, the brokerage rate in any case would not exceed 2.5% of the transaction value as prescribed under SEBI/ Exchange regulation.

d) Imposition of Penalty/ Delayed Payment :

As per the laws of Exchange /SEBI, the client must make the payment of securities/funds he/ she sold/purchased before the Pay-In date. If the client fails to make the Payment before the said period, VT Capital Market Private Limited may impose penalty or delayed payment charges not exceeding 1.5% per month for not making payment of their pay-in obligation on time as per the exchange requirement or net ledger debit balance as applicable.

No interest / delayed payment charges will be payable by the Trading Member on the credit balance lying in the margin account or ledger balance of the Client.

e) Right to Sell Client Securities and Close Position :

By Laws of Exchange/SEBI if the Client become unable to meet, satisfy, discharge of fulfill any obligation or liability or commitment or any part thereof to VT Capital Market Private Limited, then VT Capital Market Private Limited may at any time thereafter and without giving any notice to the sell client's securities to the extent Of his settlement/margin obligation.

f) Shortages in obligations arising out of internal netting of trades :

Subject the rules, regulations and bye-laws of the relevant Stock Exchange/SEBI, if the seller of the security, in case of internal netting of trades has failed to deliver the security in the scheduled settlement number in the designated settlement account of the member, the seller has to deliver the security in the designated Auction Settlement for scheduled settlement.

However, if the seller is unable to deliver the security as mentioned above, than seller will be debited with Exchange Auction Price for the Particular security in Auction Settlement for the scheduled settlement along with the charges of member and buyer will get credit for Exchange auction price charge to the seller. In absence of Exchange Auction price, the highest closing price from Trading day+1 day (i.e., next trading day to actual trading) to Trading day +1(i.e., Auction day) will be considered in place of exchange Auction Price.

i) Conditions under which a client neither may nor be allowed to take further position or the Broker may close the existing position of client :

A client is not allowed to take further position or the existing position of a client is closed on the following conditions :

1. If the ledger of a client shows continuous debit balances.
2. If the margin deposited by the client is not according to the exposure of the client
3. If the dues are not settled by the client.
4. If the exchange is not allowing any further position in that scrip.
5. If broker's limit to taking exposure in that particular scrip comes to an end.

h) Temporarily suspending or closing a client's account at the client's request :

The account of the client shall be suspended / closed on receipt of written request from the client specifying the reason close the account. If the reasons given are justified then the account of the client is suspended after effecting the settlement of the account.

Accounts suspended on client's request can be reactivated only after receiving a written request from the client.

i) Deregistration of a client :

A client shall be deregistered upon fulfillment of the following condition:

- a) On receipt of the specific request from the client to deregister himself and to close his accounts.
- b) On account of breach of terms and conditions of the agreement by the client.
- c) On account of any action by SEBI /Stock Exchange/any authority against the constituents or its partners/promoters/directors/authorized persons or that they are debarred from accessing the securities market. On the happening of the above, the account of a client deregistered after effecting full and final settlement of the accounts and securities of the client.

j) Inactive Accounts :

The account of a client, who do not trade and remain inactive for a financial year reckoned from the end of the financial year, in which the client had traded, shall be declared "Inactive Account" and will be temporarily suspended and a written request has to be given by the Client for reactivation of the account.

The Trading Member reserve the right to ask for any documents in support of current address, bank account, demat account, financial status etc. before reactivating such accounts.

I/We confirm having read and understood the above policies and Procedures.

TARIFF SHEET

A. BROKERAGE

	%	Min. Paisa	Min. Per Lot
1. Capital Market Segment			
Square up Brokerage			Not Applicable
Delivery Brokerage			Not Applicable
2. Futures & Options Segment			
Brokerage in Futures			
Brokerage in Options			
3. Currency Derivatives Segment			
Brokerage in Futures			
Brokerage in Options			
Brokerage in IRF			
4. Commodity Derivatives Segment			
Brokerage in Futures			
Brokerage in Options			

B. TRANSACTION CHARGES

	Basis of Calculation	NSE	BSE	MCX
Capital Market	% of Turnover			
Equity Futures	% of Turnover			
Equity Options	% of Turnover			
Currency Futures	% of Turnover			
Currency Options	% of Turnover			
Currency IRF	% of Turnover			
Commodity Futures	% of Turnover			
Commodity Options	% of Turnover			

C. OTHER CHARGES

	Basis of Calculation	CAPITAL MARKET	FUTURES & OPTION	CURRENCY DERIVATIVES	IRF	Commodity
GST	% of Brokerage (A)					
GST	% of Transaction Charges (B)					
Stamp	% of Square Up Turnover					
	% of Delivery Turnover					
SEBI Turnover Charges	% of Turnover					
Clearing Charges						

AUTHORITY LETTER FOR RUNNING ACCOUNT OF FUNDS AND SECURITIES

Date : _____

To

VT Capital Market Private Limited
27AB, Royd Street, Ground Floor
Kolkata - 700 016

Dear Sir,

1. With reference to my/our trading account opened with you, I/we request you to maintain a running account for funds on my/our behalf without settling the account on settlement of each transaction. As required by SEBI circular my/ our funds at EOD shall be upstream to CC/CM on daily basis. Further, any request made for release of funds shall be proceed within same day if request is made by 2 P.M, and on the next trading day if request is received after 2 P.M.
2. I/we understand and agree that no interest will be payable to me/us on the funds so retained with you.
3. I/we may be trading in derivatives segment & cash segment of various Exchanges and hence have various accounts with you. In this regard I/we hereby authorize **VT Capital Market Private Limited** to act at its discretion of adjusting any credit balance under my/ our various accounts against the debit in any account across segments/Exchange, without taking any further instruction from me/us.
4. Excess margins deposited towards one exchange / segment may be adjusted, on a running basis towards margin requirement / debit balance in same / other exchange / segment, where I/we have the client account.
5. I/we authorize you to set off a part or whole of the margin deposited by me/us against any of my / our dues, by appropriating relevant amount of fund or by sale of securities which form part of margin.
6. I / we hereby authorize you to deposit my / our funds deposited as margin to exchange / Clearing Corporation.
7. I/we may revoke the authorisation at any time by giving a written notice.
8. I/we also agree that the actual settlement of fund shall be done by us, at least once in a quarter or month, as preference given below and the statement of account for the same will be provided to me by **VT Capital Market Private Limited**.
9. I/we agree that fund given towards collaterals/margins in form of bank guarantee (BG) / Fixed Deposit Receipts (FDR) may not be periodically settled.
10. I/we agree that (a) in respect of derivatives market transactions, the Trading member may retain funds calculated in the manner specified below:
 - i) Entire pay-in obligation of funds outstanding at the end of day on date of settlement, across all segments.
 - ii) Member may retain 50% of end of the day (EOD) margin requirement as cash margin, excluding the margin on consolidated crystallized obligation/ MTM.
 - iii) Apart from 50% cash margin mentioned in point ii above, member may also retain 225% of EOD margin (which includes additional 125% margin) reduced by 50% cash margin and the value of securities (after applying appropriate haircut) accepted as collateral from the clients by way of 'margin pledge' created in the Depository system for the purpose of margin and value of commodities (after applying appropriate haircut). The margin liability shall include the end of the day margin requirement in all the segments across exchanges excluding the margin on consolidated crystallized obligation/ MTM. The margin liability may also include the margin collected by the Member from their clients as per the risk management policy and informed to the clients.
11. I/we agree/understand that there shall be no inter-client adjustment for the purpose of settlement of the running account.
12. I/we shall bring any dispute arising from the statement of account or settlement so made to the Notice of the Trading Member preferably **within 30 working** days from the date of receipt of funds statement as the case may be.

PREFERENCE OF CLIENT FOR SETTLEMENT OF RUNNING ACCOUNT (FUNDS & SECURITIES)

Settlement Preferences	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
------------------------	----------------------------------	------------------------------------

Thanking you,

Yours truly,



Signature of the Client
VOLUNTARY

MANDATE FOR ELECTRONIC COMMUNICATION

Dated : _____

To

VT Capital Market Private Limited

27AB, Royd Street



Ground Floor

Kolkata - 700 016

Sir,

This has reference to the facility of receiving contract notes and other documents in Electronic form issued by you in compliance with regulations and guidelines issued by SEBI and Stock Exchanges. I / We understand that ECN are valid legal contract notes as per Stock Exchange / SEBI Rules and recognized under Income Tax Act, as well as other Acts in India.

Therefore, the ECN shall be an accepted form of Contract Note to me / us and should be mailed to the following Email ID(s) :

E-mail Id (a) _____ (Primary - compulsory)	 _____ Signature of Client
(b) _____ (Alternate - optional)	 _____ Signature of Client


I / We wish to inform you that I / We would like to avail of this facility. In this regard we state the following :

1. This is to further confirm that it will be my / our responsibility that my / our Email ID is active and mail box is not full and the non-receipt of the bounced mail notification at your end shall amount to delivery of the ECN at my / our Email ID.
2. I / we undertake to check the ECNs and discrepancy if any shall be brought to your notice within 24 hours of the issuance of contract notes.
3. You are authorized to send me / us account statement / other documents / other notices / correspondence periodically through the same channel.
4. I / we undertake that any change in my / our Email ID shall be communicated to you in writing through a physical letter.

Kindly take the above into your record and oblige.

Thanking you,

Yours truly,

 _____
Signature of Client

Name : _____

LETTER OF AUTHORITY

Date : _____

To
VT Capital Market Private Limited (VCMPL)
27AB, Royd Street
Ground Floor
Kolkata - 700 016

With reference to my/our registration as your client for trading in NSE and / or BSE, I / We hereby unconditionally and irrevocably undertake and agree that :

1. Excess Margins deposited towards one exchange/segment may be adjusted, on a running basis, towards margin requirement/debit balance in same / other exchange/segment where I/We have the client account.
2. If I/We fail to make payment of consideration to VCMPL in respect of anyone or more securities purchased by me/ us before the pay-in date notified by the exchange from time to time, VCMPL shall be at liberty to sell the securities received in pay-out, in proportion to the amount not received, after taking into account any amount lying to my/our credit, by selling equivalent securities at any time on the Exchange. I/We agree that the loss, if any, on account of such sale shall be to my/our account.
3. If I/We fail to deliver any one or more securities to VCMPL's pool account in respect of the securities sold by me/ us before the pay-in date notified by the Exchange from time to time, such un-discharged obligation in relation to delivering anyone or more securities shall be deemed to have been closed out at the auction price or close-out price, on the date of pay-out in respect of the relevant securities, declared by the Exchange. I / We further agree that the loss, if any, on account of the close out shall be to my/ our account.
4. VCMPL may pledge securities received from me/ us or purchased through VCMPL lying in my/ our account to the Stock Exchange(s) / NSCCL or their custodian appointed by them for the purpose of margin and/ or to facilitate my / our transaction in the normal course of securities business. Further, VCMPL shall release the securities to me/ us on my/ our request, if the same is releasable to me/ us.
5. Till I / We make payment of consideration to VCMPL for my/our purchase of securities, the shares will be in lien of VCMPL and VCMPL will be at liberty to pledge such securities to any bank or the exchange. Once such payment is made by me / us, VCMPL will transfer the securities to my/our account.
6. To accept my/our order placement / modification / cancellation verbally and confirm about the same verbally. Hence, VCMPL is advised not to send me/us any order confirmation / cancellation / modification / trade confirmation slip, etc.
7. I/We agree to abide by client level position limit and authorize you not to increase our open position beyond the stipulated limit, and if inadvertently exceeded, to actually reduce and bring it within acceptable limits. I / We further authorize you to debit me / us for any penalty imposed @ 18% p.a. on me / us for my / our violation towards position limit.
8. All the trades done by me/us through you shall be completely on my/our behalf and I/We undertake that I/We shall not act as an unregistered sub-broker of VT Capital Market Private Limited.

Thanking you

Yours truly,



Signature

Dated : _____

To

VT Capital Market Private Limited


27AB, Royd Street


Ground Floor


Kolkata - 700 016

DECLARATION IN CASE OF SAME MOBILE NUMBER AND / OR E.MAIL ID FOR DIFFERENT CLIENTS

[Please tick (✓) wherever applicable]

Client ID		Date	
Name of account Holder			
<input type="checkbox"/> Mobile Number			
<input type="checkbox"/> Email ID			
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).			
Signature of account holder			
Name of account Holder			

Client ID		Date	
Name of account Holder			
<input type="checkbox"/> Mobile Number			
<input type="checkbox"/> Email ID			
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).			
Signature of account holder			
Name of account Holder			

Client ID		Date	
Name of account Holder			
<input type="checkbox"/> Mobile Number			
<input type="checkbox"/> Email ID			
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).			
Signature of account holder			
Name of account Holder			



CONSENT LETTER FOR EMAIL AND MOBILE ALERT FACILITIES

Dated : _____

To
VT Capital Market Private Limited
27AB, Royd Street
Ground Floor
Kolkata - 700 016

Sir,

This is with reference to my/our trading account opened with you. I/we request you to arrange facility of receiving email and/or mobile alert facility issued by Exchange in compliance with regulation and guidelines issued by concerned authorities from time to time.

Email Facility	Service Required - YES <input type="checkbox"/> NO <input type="checkbox"/>
Email ID	
Owned by - Name	
- PAN Number*	
Relationship with Client	
Signature of the Client	
SMS Facility	Service Required - YES <input type="checkbox"/> NO <input type="checkbox"/>
Mobile Number	
Owned by - Name	
- PAN Number*	
Relationship with Client	
Signature of the Client	

* Please specify the Name and PAN detail in case email id and/or Mobile Number is other than that of the client.

In this regards we state the following :

1. This is to further confirm that it will be my/our responsibility that my/our Email ID and/or Mobile Number are active and the relevant Inbox is not full. Further, the trading member will not be held liable for the mails and / or SMS alert not received.
2. I/we undertake that any change in my/our Email ID and/or Mobile Number shall be communicated to you in writing through a physical letter.
3. I/we agree that this authority shall be valid, until it is revoked by me/us at any time by giving a written notice to **VT Capital Market Private Limited**.



Signature of Client

Appendix A - Electronic Contract Note [ECN] - DECLARATION (VOLUNTARY)

To
VT Capital Market Private Limited
Member : MCX
27AB, Royd Street, Ground Floor
Kolkata - 700 016

Dear Sir,

I, _____, a client with **VT Capital Market Private Limited**, Member of **Multi Commodity Exchange of India Ltd.** undertake as follows:

- I am aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am 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 find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me.
- I 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 and not by someone else.
- I am aware that this declaration form should be in English or in any other language known to me.
- I am 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. I am 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 written in own handwriting of the client.)

Client Name : _____

Unique Client Code : _____ PAN : _____

Address : _____

Signature of the client :  _____

Date : _____ Place : _____

Verification of the client signature done by :

Name of the designated officer of **VT Capital Market Private Limited** _____

For VT Capital Market Private Limited

Authorised Signatory Signature

Date : _____

To
VT Capital Market Private Limited
27AB, Royd Street, Ground Floor
Kolkata - 700 016

Dear Sir,

Subject : My/Our request for trading in commodity forward contracts/
commodity derivatives on MCX as your client

I/We, the undersigned, have taken cognizance of MCX circular no. MCX/338/2006 dated August 21, 2006 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 we will not exceed the position limits prescribed from time to time by MCX or SEBI and such position limits will be calculated in accordance with the contents of above stated circulars of MCX 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 MCX through you or through any other member(s) of MCX, to enable you to restrict our position limit as prescribed by the above referred circulars of MCX as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me/us as your clients on MCX only on the basis of our above assurances and undertaking.

Thanking You,

Yours faithfully,

Signature of Client

Date : _____

To
VT Capital Market Private Limited
27AB, Royd Street, Ground Floor
Kolkata - 700 016

Dear Sir,

Sub : Registration for Commodity Options

I/We, Mr. _____ Client Code _____ intend to trade in Commodity options subject to regulatory requirement of the exchange and SEBI from time to time.

I/We further confirm having read and understood the contents of additional Risk Disclosure Documents. I/We have also been informed that the standard set of documents has been displayed for information on Member's designated website, if any.

We confirm that you have agreed to enter orders in commodity options for me/us as your client on MCX only on the basis of our above undertaking.

Thanking You,

Yours faithfully,

Signature of Client

Voluntary information provided by the client in relation to the Prevention of Money Laundering Act, 2002

Name of the Client : _____

If Business / Profession : Nature of business : _____

Industry : _____

Details of my/our Relatives, having account with VT Capital Market Private Limited :

Name	Relationship	UCC (Client Code)
1.		
2.		
3.		
4.		

Details of the Corporate / Partnership Firm / Trust etc. where I/We am/are affiliated

Name	Entity Type	Nature of Business	Relationship	UCC (Client Code)
1.				
2.				
3.				
4.				

I/We hereby submit and agree to submit every year following documents to VT Capital Market Private Limited, before the due date as prescribed by VT Capital Market Private Limited :

1. Profit and Loss Account & Capital Account
2. Balance Sheet
3. Self attested copy of Income Tax Return (If return not available, I/we will furnish Form 16)
4. Copy of Form 16 in case of Salary Income
5. Any other document providing financial details of the client

I/We confirm that I/We will immediately inform VT Capital Market Private Limited in case I/We am/are convicted under any grounds or any action is taken against me/us by any authority(ies).

I/We intend to invest in the stock market with : Own Funds Borrowed Funds

(If Borrowed Funds, then please specify below Sources of funds :)

Sources of Borrowed Funds (if any)	Amount (₹)

(Certificated / Opinion Report from the Banker / Financial Institution confirming that there has been no default in the client's account is to be attached, which I/We agree to attach herewith.)

I/We hereby declare that I/We am/are beneficial owner of the Trading / On-line account opened with VT Capital Market Private Limited, and that I/We am/are investing my/our own funds with VT Capital Market Private Limited.



Client Signature

Client's Name

For Office use only :

Risk categorisation of client as per PMLA, 2002 :

- High Risk Medium Risk Low Risk

Verified by : _____

Authorised & Approved by : _____

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATES

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF _____ Ltd. AND HAVING ITS REGISTERED OFFICE AT _____ HELD ON _____ DAY OF _____ 200 AT _____ A.M./P.M

RESOLVED THAT the Company be registered as Client with VT Capital Market Private Limited, Member of National Stock Exchange of India Ltd. (NSE) and BSE Limited (BSE) for the purpose of dealing in Cash Segment, F&O Segment, Currency Derivatives Segment or any other segment, and also Member of Multi Commodity Exchange of India Ltd. for the purpose of dealing in Commodity Segment and the said Member be and is hereby authorised to honour instruction oral or written, given on behalf of the Company by any of the under noted authorised signatories :-

<u>Sl. No.</u>	<u>Name</u>	<u>Designation</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

who are authorised to sell, purchase, transfer, endorse, negotiate and/or otherwise deal with/through deal through VT Capital Market Private Limited on behalf of the Company.

RESOLVED FURTHER THAT Mr. _____ and/or Mr. _____ Directors and / or Mr. _____ Authorised Signatory of the Company be and are hereby authorised to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may deemed necessary or expedient to open account and give effect to this resolution.

AND RESOVED FURTHER THAT, the Common Seal of the Company be affixed, wherever necessary, in the presence of any Directors or of any one Director and Company Secretary, who shall sign the same in token of their presence.”

For _____ Ltd.

Chairman/Company Seceretary

Specimen Signatures of the Authorised Persons

<u>Sl. No.</u>	<u>Name</u>	<u>Specimen Signatures</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

The above signatures to be attested by the persons signing the resolution for account opening on behalf of the Company.

DECLARATION BY KARTA & ALL CO-PARCENERS IN CASE OF HUF ACCOUNT

Dated : _____

To
VT Capital Market Private Limited
27AB, Royd Street
Ground Floor
Kolkata - 700 016

Dear Sir,

1. WHEREAS the Hindu Undivided Family of _____
(hereinafter referred to as the said "joint family") carrying on business in the firm name and style
of _____ at _____
_____ or
elsewhere (hereinafter referred to as "the said H.U.F. firm") intend to deal, have or desire to have
Trading Account with Rainbow Securities Private Limited (hereinafter referred to as "Member")
we, the undersigned, hereby confirm and declare :
 - (a) that we are the present adult co-parceners of the said joint family ;
 - (b) that Shri _____ is the present Karta of the said Joint Family;
 - (c) that we are entitled to trade in shares and open Share Trading Account of the said Joint
Family;
 - (d) that each one of us has full and unrestricted authority to act on behalf of, and bind, the said
H.U.F. Firm and all the present as well as future members, both adults and minors, of the
said joint family, howsoever constituted from time to time.
2. We confirm that the affairs of the said joint family and the business of the said H.U.F firm are
carried on mainly by the Karta, the said Shri _____,
on behalf and in the interest and for the benefit of all the co-parceners of the said joint family. We
hereby authorise the Karta Shri _____,
on behalf of the H.U.F., to deal on Capital Market Segment (CM), F&O Segment (F&O), Currency
Derivatives Segment (CD) or any other Segment that may be introduced by NSE / BSE / MSEI in
future and the said Trading Member is hereby authorised to honour all instructions, oral or written,
given by him on behalf of the H.U.F.

Shri _____ is authorised to sell, purchase,
transfer, endorse, negotiate documents and / or other wise deal through VT Capital Market Private
Limited on behalf of the H.U.F. _____. He is also authorised
to sign, execute and submit such applications, undertakings, agreements and other requisite
documents, writings and deeds as may be deemed necessary or expedient to open account and
give effect to this purpose. We are however jointly and severally responsible for all liabilities of
the said H.U.F firm to the Member and agree and confirm that any claim due to Member from the
said H.U.F firm shall be recoverable from the assets of any one or all of us and also from the
estate of the said joint family including the interest thereon of every co-parcener of the said joint
family, including the share of the minor coparceners, if any.
3. We undertake to advise the Member in writing of any change that may occur in the Kartaship or
in the constitution of the said joint family or of the said H.U.F. firm and until receipt of such notice
by the Member, the member will be entitled to regard each of us as a member of the said joint
family and as a partner of the said H.U.F. firm and all acts, dealings and transactions purporting
to have been done on behalf of the said joint family or of the said H.U.F. firm before the Member

shall have received notice in the manner aforesaid, shall be binding on the said joint family and the said H.U.F. firm and on our respective estate. We shall, however, continue to be liable jointly and severally to the Member for all dues and obligations of the said H.U.F. firm in the Member's book on the date of the receipt of such notice by the Member and until all such dues and obligations shall have been liquidated and discharged.

4. We recognize that a beneficiary account can be opened with Depository Participant only in the name of Karta as per regulations. To facilitate the operation of the above share trading account with you and for the purpose of completing the share transfer obligations pursuant to the trading operations, we authorise you to recognize the beneficiary account no. _____ with Depository _____ opened in name of Shri _____ who is the Karta of this H.U.F.
5. I agree that obligations for share purchase and / or sale by the H.U.F. will be handled and completed through transfers to / from the above mentioned account. I recognize and accept transfers made by you to the beneficiary account as completion of obligations by you in respect of trades executed in the above trading account of the H.U.F.
6. The names and dates of birth of the present minor co-parceners of the said joint family are given below. We undertake to inform you in writing as and when each of the said members attains the age of majority and is authorized to act on behalf of, and bind the said H.U.F. Firm.

Name of the Minor	Father's Name	Date of Birth

7. We have received and read a copy of the Member's rules and regulations for the conduct of Share Trading Accounts and we agree to comply with and be bound by the said rules now in force or any changes that may be made therein from time to time.

Yours faithfully,

(Signature of Karta)	(Signature of Co-parcener)	(Signature of Co-parcener)	(Signature of Co-parcener)
(Along with rubber stamp)			

Name _____ Name _____ Name _____ Name _____

CLIENT COMMODITYWISE CATEGORISATION (MANDATORY - ONLY FOR COMMODITY CLIENTS)

VT Capital Market Private Limited, 27AB, Royd Street, Ground Floor, Kolkata - 700 016

I/We do hereby declare that my/our Commoditywise categorisation as a participant is as follows :

SR. NO.	SYMBOL DESCRIPTION	* FARMER FPOS	* VALUE CHAIN PARTICIPANTS (VCPs)	* DOMESTIC FINANCIAL INSTITUTIONAL INVESTORS	* FOREIGN PARTICIPANTS	* OTHERS
1.	ALUMINIUM					
2.	BARLEY					
3.	BRASS					
4.	CARDAMOM					
5.	CASTOR SEED					
6.	CHANA					
7.	COPPER					
8.	COPRA					
9.	CORIANDER					
10.	COTTON					
11.	COTTONSEED OIL CAKE					
12.	CRUDE OIL					
13.	CRUDE PALM OIL					
14.	DIAMOND					
15.	GOLD					
16.	GUARGUM					
17.	GUARSEED					
18.	ISABGUL					
19.	JEERA					
20.	JUTE					
21.	KAPAS					
22.	LEAD					
23.	MAIZE KHARIF					
24.	MAIZE RABI					
25.	MENTHA OIL					
26.	MOONG					
27.	NATURAL GAS					
28.	NICKEL					
29.	PADDY BASMATI					
30.	PEPPER					
31.	RAPEMUSTARD SEEDS					
32.	RBDPMOLEIN					
33.	RUBBER					
34.	SACK					
35.	SILVER					
36.	SOYABEAN					
37.	SOYA OIL					
38.	STEEL					
39.	SUGAR					
40.	TURMERIC					
41.	WHEAT					

I also give my consent to upload the information to the respective commodity exchanges.

*** 1) Farmers/FPOs :** It includes participants such as farmers, farmers' co-operatives, Farmers Producers Organisations (FPOs).
2) Value Chain Participants (VCPs) : It includes participants such as Processors, Commercial users as Dal and Flour Millers, Importers, Exporters, Physical Market Traders, Stockists, Cash & Carry participants, Producers, SMEs/MSMEs & Wholesalers etc., but exclude farmers/FPOs. **3) Domestic Financial Institutional Investors:** It includes participants such as Mutual Funds (MFs), Portfolio Managers, Alternative Investment Funds (AIFs), Banks, Insurance Companies and Pension Funds etc., which are allowed to trade in commodity derivatives. **4) Foreign Participants :** It includes participants such as Eligible Foreign Entities (EFEs), NRIs etc. which are allowed to trade in commodity derivatives markets. **5) Others :** All other participants which cannot be classified in the above categories.



Client Signature

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP

(Mandatory For Non-Individuals)

Investor Name _____ PAN _____

Part I - LISTED COMPANY / ITS SUBSIDIARY COMPANY [If applicable, Part II Not Applicable]

We hereby declare that the Applicant/ Owner of the controlling interest in the applicant

- is a Company listed on a Stock Exchange
- is a majority-owned subsidiary of a Company listed on a Stock Exchange

Name of the holding/ parent company (with % share) _____

Name of such Listed Company (if not the Applicant itself) _____

Stock Exchange where listed _____ Security ISIN _____

Part II - OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

Name & Address of the Ultimate Beneficial Owner [UBO]	PAN or any other identification proof where PAN not applicable	Country of tax residency	% of beneficial interest in the Applicant	Whether Politically Exposed?	UBO Code (see instruction next page)
(1)					
(2)					
(3)					

If UBO is already KYC compliant, KYC complied proof to be enclosed. Else PAN or any other valid identity proof and address proof must be attached (self certified by the UBO and certified by the Applicant)

Part III - DECLARATION

<p>We understand that VT Capital Market Private Limited is relying on this information for the purpose of determining the beneficial ownership of the account. We certify that the information we provided on this form is true and complete to the best of our knowledge and belief. We agree to submit a new form within 30 days if any information or certification on this form gets changed.</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Authorised Signatory [with seal]</p> <p>Date : _____ Place : _____</p>
---	--

In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit.

GENERAL INFORMATION & INSTRUCTIONS

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

Ultimate Beneficiary Owner [UBO]:

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies/foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/ MIRSD/ 11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

UBO Code Description

• UBO-1 : Controlling ownership interest of more than 25% of shares or capital or profits of the Applicant, where the Applicant is a company • UBO-2 : Controlling ownership interest of more than 15% of the capital or profits of the Applicant, where the Applicant is a partnership • UBO-3 : Controlling ownership interest of more than 15% of the property or capital or profits of the Applicant, where the Applicant is an unincorporated association or body of individuals • UBO-4 : Natural person exercising control over the Applicant through other means i.e., exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests] • UBO-5 : Natural person who holds the position of senior managing official [In case no natural person could be identified as above] • UBO-6 :The settler(s) of the trust • UBO-7 :Trustee(s) of the Trust • UBO-8 :The Protector(s) of the Trust [if applicable]. • UBO-9 :The beneficiaries with 15% or more interest in the trust if they are natural person(s) • UBO-10 : Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

FATCA/CRS DECLARATION FORM - FOR INDIVIDUAL

Applicant Name _____

PART I - Please fill in the country for each of the following :

1. Country of :
 - a) Birth _____ b) Citizenship _____
 - c) Residence for Tax Purposes _____
2. US Person* : Yes No

PART II - Please note :

- a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to **Part III** for signature.
- b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent** as issued in the specific country in the table below :
 - i) TIN _____ Country of Issue _____
 - ii) TIN _____ Country of Issue _____
 - iii) TIN _____ Country of Issue _____
- a. In case any of the parameters in **Part I** indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in **Part IV**.
- b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate

Please also fill **Part IV** Self-Certification.

PART III - Customer Declaration (Applicable for all customers)

- (i) Under penalty of perjury, I/we certify that :
 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**
 2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**
- (ii) I/We understand that VT Capital Market Private Limited is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. VT Capital Market Private Limited is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities VT Capital Market Private Limited may also be required to report, reportable details to CDBT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature : _____

Name : _____ Date (DD/MM/YYYY) : _____

PART IV - Self-Certification :

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Signature

Document Proof submitted (Please tick document being submitted)

Passport Election Id Card PAN Card Driving License UIDAI Letter NREGA Job Card Govt. Issued ID Card

*** U.S. Person** means,

- (a) an individual, being a citizen or resident of the United States of America;
- (b) a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- (c) a trust if,-
 - (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and
 - (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust; or
- (d) an estate of a decedent who was a citizen or resident of the United States of America;

**** Functional Equivalent of TIN**

Many countries do not issue TIN to their taxpayers. However, such countries issue some other high integrity number with an equivalent level of identification (a functional equivalent). Examples of such numbers are-

- Social Security Number
- National Insurance Number
- Citizen Or Personal Identification Code Or Number
- Resident Registration Number

FATCA/CRS DECLARATION FORM - FOR NON-INDIVIDUAL

Applicant Name _____

PART I

A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange:

Yes No

If "No", then proceed to point B. If "yes" please specify name of stock exchange, if you are listed company _____ and proceed to sign the declaration.

B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India : Yes No

If "yes", then please fill of FATCA/ CRS Self certification Form. If "No", proceed to point C.

C. Is the account holder an Indian Financial Institution : Yes No

If "yes", please provide your GIIN, if any _____. If "No", proceed to point D.

D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen : Yes No

If "yes", (then please fill FATCA/ CRS self-certification form)). If "No", proceed to sign the declaration.

CUSTOMER DECLARATION

() Under penalty of perjury, I/we certify that :

1. The applicant is:

(i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.,

(ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

(i) I/We understand that VT Capital Market Private Limited is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. VT Capital Market Private Limited is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(ii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(iii) I/We agree that as may be required by domestic regulators/tax authorities VT Capital Market Private Limited may also be required to report, reportable details to CDBT or close or suspend my account.

(iv) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity _____

Signature 1 _____ Signature 2 _____

Signature 3 _____ (As per MOP)

Date : _____

PART II

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act (“FATCA”) and Common Reporting Standards(CRS)

Section 1 : Entity information

Name of Entity _____

Customer id (if existing) _____ Entity Constitution Type _____

Entity Identification type : Tax Identification Number (TIN) US GIIN Company Identification Number
 Global Entity Identification Number (EIN) Other

Entity Identification No. _____

Entity Identification issuing country _____ Country of Residence for tax purpose _____

Section 2 : Classification of Non-Financial entities

I/We (on behalf of the entity) certify that the entity is:

a) An entity incorporated and taxable in US (Specified US person) : Yes No

If “Yes”, please provide your U.S. Taxpayer Identification Number (TIN) _____

b) An entity incorporated and taxable outside of India (other than US) : Yes No

If “Yes”, please provide your TIN or its functional equivalent _____

Provide your TIN issuing country _____

c) *Please provide the following additional details if you are not a Specified US Person :*

FATCA / CRS classification for Non-financial entities (NFFE)

Active NFFE Passive NFFE without any controlling Person

Passive NFFE with Controlling Person(s) : US Others

Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus VT Capital Market Private Limited is not required to do the reporting)

Please provide GIIN number : _____

Section 3 : Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is :

a. An entity is a U.S. financial institution : Yes No

If “Yes”, (i) Please provide your Taxpayer Identification Number (TIN)

(ii) Please provide GIIN, if any _____

If “No”, please tick one of the following boxes below :

FATCA classification

Please provide the Global Intermediary Identification number (GIIN) or other information where

Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement (“IGA”) Jurisdiction _____

Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction _____

Participating FFI in a Non-IGA Jurisdiction _____

Non-reporting FI _____

Non-Participating FI _____

Owner-Documented FI with specified US owners _____

Section 4 : Controlling person declaration

If you are classified as “Passive NFFE with Controlling Person(s)” or “Owner documented FFI” or “Specified US person”, please provide the following details:

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5 : Declaration

- (i) Under penalty of perjury, I/we certify that :
 - 1. The number shown on this form is the correct taxpayer identification number of the applicant, and
 - 2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America (“U.S.”) or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
 - 3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- (ii) I/We understand that VT Capital Market Private Limited is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. VT Capital Market Private Limited is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.
- (iv) I/ We agree as may be required by Regulatory authorities, VT Capital Market Private Limited shall be required to comply to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

I/We hereby confirm that details provided are accurate, correct and complete

Authorized Signatories and Company Seal (if applicable)

Name _____ Date (DD/MM/YYYY) _____

ANTI-MONEY LAUNDERING (AML) – COMBATING FINANCING OF TERRORISM (CFT) WHAT YOU MUST KNOW – FAQs

Help us in preventing money laundering / terrorist financing.....Your assistance really matters us.

Ever wondered why the Broker is asking you certain personal information which has hitherto never been called for? Such information can include documents evidencing source of funds/ income tax returns/ bank records etc. By providing this information to the Broker, at the time of account opening and subsequently as and when required, you are actually assisting the efforts in prevention of money laundering / terrorist financing. Here are the details, presented in the form of frequently asked questions (FAQs) to let you know how.

What is Money Laundering?

Money Laundering is the process by which criminals attempt to hide and disguise the true origin and ownership of the proceeds of their criminal activities, thereby avoiding prosecution, conviction and confiscation of the criminal funds. The term Money Laundering is also used when the funds are used for terrorist financing, though the origin of the funds may be legitimate.

Money-laundering has acquired a global character that not only threatens security, but also compromises the stability, transparency, and efficiency of financial systems. Money-laundering techniques are becoming more sophisticated and complex with each passing day.

The objective of AML & CFT Program is to prevent financial intermediaries from being used as a tool for the purpose of Money laundering & terrorist financing and to preserve the integrity of the Financial system.

In response to mounting concern over money laundering, the Financial Action Task Force on money laundering (FATF) was established by the G-7 Summit in Paris in 1989 to develop a co-ordinated international response. One of the first tasks of the FATF was to develop Recommendations, 40 in all, which set out the measures national governments should take to implement effective anti-money laundering programmes.

How much money is laundered per year?

The IMF has stated in 1996 that the aggregate size of money laundering in the world could be somewhere between two and five percent of the world's gross domestic product.

Using 1996 statistics, these percentages would indicate that money laundering ranged between USD 590 billion and USD 1.5 trillion. However it must be said that overall it is absolutely impossible to produce a reliable estimate of the amount of money laundered and therefore the FATF does not publish any figures in this regard.

How is money laundered?

In the initial - or placement - stage of money laundering, the launderer introduces his illegal profits into the financial system. This might be done by breaking up large amounts of cash into less conspicuous smaller sums that are then deposited directly into a bank account, or by purchasing a series of monetary instruments (cheques, money orders, etc.) that are then collected and deposited into accounts at another location.

After the funds have entered the financial system, the second – or layering – stage takes place. In this phase, the launderer engages in a series of conversions or movements of the funds to distance them from their source. The funds might be channelled through the purchase and sales of investment instruments, or the launderer might simply wire the funds through a series of accounts at various banks across the globe. This use of widely scattered accounts for laundering is especially prevalent in those jurisdictions that do not co-operate in anti-money laundering investigations. In some instances, the launderer might disguise the transfers as payments for goods or services, thus giving them a legitimate appearance.

Having successfully processed his criminal profits through the first two phases the launderer then moves them to the third stage – integration – in which the funds re-enter the legitimate economy. The launderer might choose to invest the funds into real estate, luxury assets, or business ventures.

Where does money laundering occur?

Money laundering can occur practically anywhere in the world. Generally, money launderers tend to seek out countries or sectors in which there is a low risk of detection due to weak or ineffective anti-money laundering programmes.

How does money laundering affect business, economic development & society at large?

Money laundering damages the integrity of the financial institution, entire society and undermines democracy and the rule of the law as it rewards corruption and crime.

There is a damping effect on foreign direct investment when a country's commercial and financial sectors are perceived to be subject to the control and influence of organised crime. Fighting money laundering and terrorist financing is therefore a part of creating a business friendly environment which is a precondition for lasting economic development.

The possible social and political costs of money laundering, if left unchecked or dealt with ineffectively, are serious. Organised crime can infiltrate financial institutions, acquire control of large sectors of the economy through investment, or offer bribes to public officials and indeed governments.

The economic and political influence of criminal organisations can weaken the social fabric, collective ethical standards, and ultimately the democratic institutions of society.

How does fighting money laundering help fight crime?

Targeting the money laundering aspect of criminal activity and depriving the criminal of his ill-gotten gains means hitting him where he is vulnerable. Without a usable profit, the criminal activity will not continue.

What should individual governments be doing about it?

A great deal can be done to fight money laundering, and, indeed, many governments have already established comprehensive anti-money laundering regimes. These regimes aim to increase awareness of the phenomenon – both within the government and the private business sector – and then to provide the necessary legal or regulatory tools to the authorities charged with combating the problem.

Some of these tools include making the act of money laundering a crime; giving investigative agencies the authority to trace, seize and ultimately confiscate criminally derived assets; and building the necessary framework for permitting the agencies involved to exchange information among themselves and with counterparts in other countries.

What are Local regulations on AML/CFT?

- a) Prevention of Money Laundering Act, 2002 (PMLA) came in to force with effect from July 01, 2005 read with the prevention of Money Laundering (Amendment) Act, 2009.
- b) SEBI Guidelines on PMLA vide circular issued in January 2006 followed by latest Master circular issued in February 2010.
- c) Exchanges have also issued Guidelines on PMLA to be followed by all registered intermediary.

How is Money Laundering defined under PMLA 2002?

Section 3 of the Prevention of Money Laundering Act (PMLA) 2002 defines the “Offence of Money Laundering” as:

“Whosoever directly or indirectly attempts to indulge or knowingly assists or knowingly is party or is actually involved in any process or activity connected with the **proceeds of crime** and projecting it as untainted property shall be guilty of the offence of money laundering.”

“**Proceeds of crime**” has been defined in Section 2 of the PMLA as the property derived or obtained directly or indirectly by any person, as a result of criminal activity relating to a scheduled offence or the value of such property.

“**Scheduled Offences**”, as per section 2 of PMLA, are specified in two parts of the schedule to PMLA. The value involved in offences specified in Part B should be Rs.30 lakhs or more.

Why KYC/AML Policy for Market Intermediary?

SEBI has instructed all Market Intermediary to adopt a KYC/AML Policy

- a) To prevent criminal elements from using the Capital Market for money laundering activities
- b) To enable the Broker to know/understand the customers and their financial dealings better, which in turn would help the Broker to manage risks prudently.
- c) To put in place appropriate controls for detection and reporting of suspicious activities in accordance with applicable laws/laid down procedures.
- d) To comply with applicable laws and regulatory guidelines.
- e) To take necessary steps to ensure that the concerned staff is adequately trained in KYC/AML procedures.

What are the obligations of Market Intermediary under PMLA 2002?

Section 12 of PML Act 2002, places certain obligations on every banking company, financial institution and market intermediary, which include:

- a) Maintaining a record of prescribed transactions.
- b) Furnishing information of prescribed transactions to the specified authority (Financial Intelligence Unit-India (FIU-IND)).
- c) Verifying and maintaining records of the identity of its clients.
- d) Preserving records in respect of a,b,c above, for a period of 10 years from the date of cessation of transactions with the clients.

What is Financial Intelligence Unit-India (FIU-IND)?

FIU-IND is a central, national agency, set up by Government of India on 18th November,2004, responsible for receiving (and as permitted, requesting), analyzing and disseminating to the competent authorities, disclosures of financial information (i) Concerning suspected proceeds of crime and potential financing of terrorism, or (ii) Required by national legislation or regulation, in order to combat money laundering and terrorist financing.

What are the transactions to be reported by Market Intermediary to FIU-IND?

- a) All cash transactions of the value of more than Rs.10 lakhs or its equivalent in foreign currency.
- b) All series of cash transactions integrally connected to each other, which have been valued below Rs.10 lakhs or its equivalent in foreign currency (excluding individual transactions below Rs.50,000/- in the reporting) where such series of transactions have taken place within a month and the aggregate value of such transactions exceeds Rs.10 lakhs.
- c) Counterfeit currency transactions.
- d) Suspicious transactions.

What are suspicious transactions?

Rule 2(1)(g) of PMLA-2002 defines suspicious transactions as:

A transaction whether or not made in cash which, to a person acting in good faith-

- (a) gives rise to a reasonable ground of suspicion that it may involve the proceeds of crime; or
- (b) appears to be made in circumstances of unusual or unjustified complexity; or
- (c) appears to have no economic rationale or bonafide purpose; or
- (d) gives rise to a reasonable ground of suspicion that it may involve financing of activities relating to terrorism.

POLICY/DECLARATION ON AML/CFL

Sl.No.	AML Measures	Particulars
1	AML Policy	We have in place written policy & procedure as per guidelines issued by SEBI/Exchange
2	Know Your Customer (KYC)	We have in place system for identification of our clients including KYC documentation.
3	Maintenance of Records	We update the client profile on a regular basis.
4	Screening against negative lists	We have in place record maintenance and retention procedures as prescribed. We screen the client database to ensure that it is not held by or linked to anyone included in the specified list.
5	Risk Assessment	We have in place system to place clients into high, medium & low risk category and apply enhanced due diligence for clients that pose a higher risk.
6	Clients of Special Category	We have in place policy to place clients of special category such as persons with political link, non residents, Trusts, NGOs, closely held Companies, etc. in high risk category.
7	Monitoring, Identification & Reporting of Suspicious Transactions	We have in place, systems and procedures for monitoring, detection and reporting of suspicious transactions to the relevant authorities.
8	Audit	We are subject to inspection by SEBI/Exchange. Additionally we are periodically audited by an independent internal auditor that assesses AML policies and procedures too.

SCORES URL Link : <https://scores.gov.in/scores/Welcome.html>

Filing compliant on SCORES - Easy & Quick

- a. Register on SCORES portal
- b. Mandatory details for filing complaints on SCORES
 - i. Name, PAN, Address, Mobile Number, E-mail ID
- c. Benefits:
 - i. Effective Communication
 - ii. Speedy redressal of the grievances

Dated : _____

From :

To

VT Capital Market Private Limited

27AB, Royd Street

Ground Floor

Kolkata - 700 016

Ref. : Acknowledgement for the receipt of documents

Dear Sir,

This is to acknowledge and declare that

- I/We have received a photocopy of the KYC (full booklet), duly executed with you, to my/our satisfaction including my / our Unique Client Code (Trading Code).
- I/We have (Physically Electronically) received, read and understood the Rights & Obligations, Risk Disclosure Documents, Guidance Note.
- I/We have received, read and understood the Policies and Procedures.
- The email id noted with you (for ECN and other purposes) is correct.

Thanking you,

Yours truly,

✓ _____

Signature of the Client

Client Code _____