

INDEX

S. No.	Name of the Document	Brief Significance of the Document	Page No
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MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

1	Account Opening Form - Individual	KYC Form for Individual Client - Basic information about the client.	1-21
2	Tariff Sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading & depository services.	22 - 23
3	MITC	Most Important Terms and Conditions	29
4	Uniform Risk Disclosure Document	Document detailing the risk associated with dealing in Securities & Commodities Market.	Provided Separately
5	Rights & Obligations - Trading	Document stating the rights & obligations of member, authorised person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	
6	Rights & Obligations - DP	Document stating the rights & obligations of member and client for depository services on depositories.	
7	Rights & Obligations - RP	Document stating the rights & obligations of member and client for electronic warehouse receipts services on repositories.	
8	Do's & Don'ts for Investors	Document detailing do's & don'ts for trading on exchanges, for the education of investors.	
9	Policies & Procedures	Document detailing significant policies & procedures of the member.	

VOLUNTARY DOCUMENTS AS PROVIDED BY MEMBER

1	Electronic Contract Notes / Statements Consent	Consent document for receiving electronic contract notes / statements by E-mail.	24
2	Running Account Authorisation	Consent document for maintaining client account on a running account basis for settlement of funds / securities, and for other authorisation.	25
3	Mobile & E-mail Declaration	Declaration of mobile & E-mail whether belong to self / spouse / dependent parents / dependent children.	26
4	Revocable Demat Debit and Pledge Instructions (DDPI)	Specific authorisation towards settlement of securities against margin / exchange obligation and for participating in offer for sale / open offers.	27-28

= Affix full signature

= Corporate Account

= Second Holder signature

= Third Holder signature

Name of trading member	ACUMEN CAPITAL MARKET (INDIA) LTD.
Name of clearing member	Derivatives: Globe Capital Ltd (SEBI: INZ000177137) Cash: Acumen Capital Market (SEBI: INZ000170434)
Cash Segment	NSE Cash, BSE Cash
Derivatives	NSE F&O, NSE Currency, NSE Commodity, MCX, NCDEX
SEBI Registration number	INZ000170434
CDSL	IN-DP-CDSL-680-2013
NSDL	IN-DP-40-2015
Company Identification Number (CIN)	Acumen Capital Market (I) Ltd. – U67120KL1995PLC008674
Registered office	Acumen Capital Market India Ltd S.T Reddiar & Sons, Veekshanam Road, Kochi Pin: 682035. Ph. 0484 4291111
Correspondence Address	Same as above
Details of Compliance officer - Stock Broker	Suja Joseph, email id: admin@acumengroup.in
Details of Compliance officer - Depository Participant	Hari Sankar M, email id: admin@acumengroup.in
Details of Director	Akshay Kirti Agarwal, email id: admin@acumengroup.in
For any grievances, please mail us at grievances@acumengroup.in	

In case not satisfied with our response, Please contact BSE at is@bseindia.com and Phone no. 91-22-22728016 and NSE at ignse@nse.co.in and Phone no. 18002660058 and CDSL at complaints@cdslindia.com and phone No. 1800-200-5533 and NSDL at relations@nsdl.co.in and Phone No. 022-24994200 and MCX at grievance@mcxindia.com and Phone no. 91-22-66494070 and NCDEX at ig@ncdex.com and Phone no. +91-22-66406789.

“You can also lodge your grievances with SEBI at <https://scores.gov.in>. For any queries, feedback or assistance, please contact SEBI office on Toll Free Helpline at 1800 22 7575 / 1800 266 7575”.

CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC APPLICATION FORM | INDIVIDUAL)



Important Instructions:

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



For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<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"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student)
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	X X X X X X X X <input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3

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

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3

State* ZIP / Post Code* City / Town / Village* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

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

FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Prefix First Name Middle Name Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction **H**) at the end)

A- Passport Number Passport Expiry Date - -

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date - -

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. 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.

Date : - - Place :

2 [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

Intermediary Name: **Acumen Capital Market (India) Ltd**

IPV Done on - -

Document Verified With Originals

Emp. Name:

Emp. Code:

Emp. Designation:

Emp. Signature:

Client Interviewed by

Emp. Name:

Emp. Code:

Emp. Designation:

Emp. Signature:

KYC and In Person Verification (IPV) Carried Out By

Emp. Name:

Emp. Code:

Emp. Designation:

Emp. Signature:

**Foreign Account Tax Compliance Act (FATCA) Common Reporting Standard
(CRS)/CKYC Declaration Form - For Individual only (including sole proprietors)**
(Please consult your professional tax advisor for further guidance on your tax residency, if required)



PAN	<input type="text"/>	CKYC No	<input type="text"/>
Accountholder Name	<input type="text"/>		
Country of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Status:	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin
Mother's Name	<input type="text"/>	Spouse's Name	<input type="text"/>

IDENTIFICATION PROOF:

PAN / UID (Aadhaar)/ Voter ID Card/ NREGA Job Card (please tick appropriate option) Identification No _____

Passport Identification No _____ Expiry Date _____

Driving License Identification No _____ Expiry Date _____

Simplified Measure Account:

ID card with photo issued by Central/ State govt dept, Statutory/ Regulatory authorities, PSUs, Scheduled Commercial Banks and Public Financial Institutions Identification No _____

Letter issued by a gazetted officer with a duly attested copy Identification No _____

Address Proof: Passport Driving License UID (Aadhaar) Voter ID Card NREGA Job Card Simplified Measures Account – Document Type: _____

In case you have selected "Service" as your occupation, please specify the nature of your Organization: Private Sector Public Sector Government Sector
 Are you a tax resident of any country other than India? Yes No

If yes, please provide details below:

(Please indicate all countries in which you are resident for tax purposes and associated details)

Sl No	Country/(ies) of Tax residency*	Tax Identification Number (TIN)/ Functional equivalent number*	Identification Type (TIN or Other*, please specify)
1			
2			

*To also include United States of America (USA), where the individual is a citizen/ green card holder of USA. *In case such number is not available, kindly provide an explanation and attach it to this form.

Residence address/(es) for Tax purposes: (include City, State, Country & Pin code)

Address Type: Residential or Business Residential Business Registered Office

Contact details: Country code Telephone/ Mobile No

Certification

- I am aware that Central Board of Direct Taxes ("CBDT") has notified Rules 114F to 114H as part of the Income-tax Rules, 1962, (read alongwith FATCA/CRS instructions given below) which require Indian financial institutions such as Acumen to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our accountholders.
- I understand that Acumen is relying on information provided in this form for the purpose of determining the status of the accountholder in compliance with FATCA/CRS. Acumen is not able to offer any tax advice on FATCA or CRS or its impact on me.
- I acknowledge my responsibility to seek advice from professional tax advisor for any tax questions. I agree to submit a new form within 30 days if any information or certification on this form changes or becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, Acumen may be required to report, reportable details to CBDT or other authorities/agencies or may be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the policy/(ies) or any proceeds in relation thereto or even close or suspend my policy/(ies), as appropriate.
- I hereby declare that the details furnished in the proposal no. specified above and in this declaration are true and correct to the best of my knowledge and belief and I undertake to inform Acumen of any changes there in, immediately. In case any of information furnished in the proposal no. specified above and in this declaration is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable.
- I hereby authorize Acumen to consider details furnished in the proposal no. specified above and in this declaration for the purpose of Central KYC Registry and to provide my details to CERSAI in the prescribed format. I further hereby consent to receiving information from Central KYC Registry through SMS/Email or registered mobile number/email address mentioned in the proposal no. specified above.
- I hereby authorize the Company to provide my/our details to banks, financial institutions and third party service providers that the Company may have tie-ups with, for verification of proposal details and for servicing of policies.

3 Signature of Accountholder Date: Place

FATCA/CRS Instructions

In case Accountholder has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, Accountholder to provide relevant **Curing Documents** as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
If Accountholder does not agree to be Specified USA person/ reportable person status	
a. United States of America ("USA") place of birth	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA; 2. Non-USA passport or any non-USA government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the Accountholder does not have such a certificate despite renouncing USA citizenship; or Reason the Accountholder did not obtain USA citizenship at birth
b. Residence/ mailing address in a country other than India	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
c. Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
d. Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)

- List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:
1. Certificate of residence issued by an authorized government body**
 2. Valid identification issued by an authorized government body** (e.g. Passport, National Identity card, etc.)
- **Government/ agency thereof or a municipality of the country or territory in which the Accountholder claims to be a resident.

PAN	<input style="width:95%;" type="text"/>	CKYC No	<input style="width:95%;" type="text"/>
Accountholder Name	<input style="width:95%;" type="text"/>		
Country of Birth	<input style="width:95%;" type="text"/>	Place of Birth	<input style="width:95%;" type="text"/>
Residential Status:	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin
Mother's Name	<input style="width:95%;" type="text"/>		
	Spouse's Name	<input style="width:95%;" type="text"/>	

IDENTIFICATION PROOF:

PAN / UID (Aadhaar)/ Voter ID Card/ NREGA Job Card (please tick appropriate option) Identification No _____

Passport Identification No _____ Expiry Date _____

Driving License Identification No _____ Expiry Date _____

Simplified Measure Account:

ID card with photo issued by Central/ State govt dept, Statutory/ Regulatory authorities, PSUs, Scheduled Commercial Banks and Public Financial Institutions Identification No _____

Letter issued by a gazetted officer with a duly attested copy Identification No _____

Address Proof: Passport Driving License UID (Aadhaar) Voter ID Card NREGA Job Card Simplified Measures Account – Document Type: _____

In case you have selected "Service" as your occupation, please specify the nature of your Organization: Private Sector Public Sector Government Sector
 Are you a tax resident of any country other than India? Yes No

If yes, please provide details below:

(Please indicate all countries in which you are resident for tax purposes and associated details)

Sl No	Country/(ies) of Tax residency [#]	Tax Identification Number (TIN)/ Functional equivalent number ^{**}	Identification Type (TIN or Other ^{**} , please specify)
1			
2			

[#]To also include United States of America (USA), where the individual is a citizen/ green card holder of USA. ^{**}In case such number is not available, kindly provide an explanation and attach it to this form.

Residence address/(es) for Tax purposes: (include City, State, Country & Pin code)

Address Type: Residential or Business Residential Business Registered Office

Contact details: Country code Telephone/ Mobile No

Certification

- I am aware that Central Board of Direct Taxes ("CBDT") has notified Rules 114F to 114H as part of the Income-tax Rules, 1962, (read alongwith FATCA/CRS instructions given below) which require Indian financial institutions such as Acumen to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our accountholders.
- I understand that Acumen is relying on information provided in this form for the purpose of determining the status of the accountholder in compliance with FATCA/CRS. Acumen is not able to offer any tax advice on FATCA or CRS or its impact on me.
- I acknowledge my responsibility to seek advice from professional tax advisor for any tax questions. I agree to submit a new form within 30 days if any information or certification on this form changes or becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, Acumen may be required to report, reportable details to CBDT or other authorities/agencies or may be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the policy/(ies) or any proceeds in relation thereto or even close or suspend my policy/(ies), as appropriate.
- I hereby declare that the details furnished in the proposal no. specified above and in this declaration are true and correct to the best of my knowledge and belief and I undertake to inform Acumen of any changes there in, immediately. In case any of information furnished in the proposal no. specified above and in this declaration is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable.
- I hereby authorize Acumen to consider details furnished in the proposal no. specified above and in this declaration for the purpose of Central KYC Registry and to provide my details to CERSAI in the prescribed format. I further hereby consent to receiving information from Central KYC Registry through SMS/Email or registered mobile number/email address mentioned in the proposal no. specified above.
- I hereby authorize the Company to provide my/our details to banks, financial institutions and third party service providers that the Company may have tie-ups with, for verification of proposal details and for servicing of policies.

Signature of Accountholder Date: Place

FATCA/CRS Instructions

In case Accountholder has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, Accountholder to provide relevant **Curing Documents** as mentioned below:

	FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
		If Accountholder does not agree to be Specified USA person/ reportable person status
a.	United States of America ("USA") place of birth	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA; 2. Non-USA passport or any non-USA government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the Accountholder does not have such a certificate despite renouncing USA citizenship; or Reason the Accountholder did not obtain USA citizenship at birth
b.	Residence/ mailing address in a country other than India	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
c.	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
d.	Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body**
 2. Valid identification issued by an authorized government body** (e.g. Passport, National Identity card, etc.)
- **Government/ agency thereof or a municipality of the country or territory in which the Accountholder claims to be a resident.

Important Instructions:

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



For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<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"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorized			

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	X X X X X X X X <input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/> please specify	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

Address

Line 1*

Line 2

Line 3

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

**Foreign Account Tax Compliance Act (FATCA) Common Reporting Standard
(CRS)/CKYC Declaration Form - For Individual only (including sole proprietors)**
(Please consult your professional tax advisor for further guidance on your tax residency, if required)



PAN	<input type="text"/>	CKYC No	<input type="text"/>
Accountholder Name	<input type="text"/>		
Country of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Status:	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin
Mother's Name	<input type="text"/>	Spouse's Name	<input type="text"/>

IDENTIFICATION PROOF:

PAN / UID (Aadhaar)/ Voter ID Card/ NREGA Job Card (please tick appropriate option) Identification No _____

Passport Identification No _____ Expiry Date _____

Driving License Identification No _____ Expiry Date _____

Simplified Measure Account:

ID card with photo issued by Central/ State govt dept, Statutory/ Regulatory authorities, PSUs, Scheduled Commercial Banks and Public Financial Institutions Identification No _____

Letter issued by a gazetted officer with a duly attested copy Identification No _____

Address Proof: Passport Driving License UID (Aadhaar) Voter ID Card NREGA Job Card Simplified Measures Account – Document Type: _____

In case you have selected "Service" as your occupation, please specify the nature of your Organization: Private Sector Public Sector Government Sector
 Are you a tax resident of any country other than India? Yes No

If yes, please provide details below:

(Please indicate all countries in which you are resident for tax purposes and associated details)

Sl No	Country/(ies) of Tax residency*	Tax Identification Number (TIN)/ Functional equivalent number*	Identification Type (TIN or Other*, please specify)
1			
2			

*To also include United States of America (USA), where the individual is a citizen/ green card holder of USA. *In case such number is not available, kindly provide an explanation and attach it to this form.

Residence address/(es) for Tax purposes: (include City, State, Country & Pin code)

Address Type: Residential or Business Residential Business Registered Office

Contact details: Country code Telephone/ Mobile No

Certification

- I am aware that Central Board of Direct Taxes ("CBDT") has notified Rules 114F to 114H as part of the Income-tax Rules, 1962, (read alongwith FATCA/CRS instructions given below) which require Indian financial institutions such as Acumen to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our accountholders.
- I understand that Acumen is relying on information provided in this form for the purpose of determining the status of the accountholder in compliance with FATCA/CRS. Acumen is not able to offer any tax advice on FATCA or CRS or its impact on me.
- I acknowledge my responsibility to seek advice from professional tax advisor for any tax questions. I agree to submit a new form within 30 days if any information or certification on this form changes or becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, Acumen may be required to report, reportable details to CBDT or other authorities/agencies or may be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the policy/(ies) or any proceeds in relation thereto or even close or suspend my policy/(ies), as appropriate.
- I hereby declare that the details furnished in the proposal no. specified above and in this declaration are true and correct to the best of my knowledge and belief and I undertake to inform Acumen of any changes there in, immediately. In case any of information furnished in the proposal no. specified above and in this declaration is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable.
- I hereby authorize Acumen to consider details furnished in the proposal no. specified above and in this declaration for the purpose of Central KYC Registry and to provide my details to CERSAI in the prescribed format. I further hereby consent to receiving information from Central KYC Registry through SMS/Email or registered mobile number/email address mentioned in the proposal no. specified above.
- I hereby authorize the Company to provide my/our details to banks, financial institutions and third party service providers that the Company may have tie-ups with, for verification of proposal details and for servicing of policies.

Signature of Accountholder Date: Place:

FATCA/CRS Instructions

In case Accountholder has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, Accountholder to provide relevant **Curing Documents** as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
	If Accountholder does not agree to be Specified USA person/ reportable person status
a. United States of America ("USA") place of birth	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA; 2. Non-USA passport or any non-USA government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the Accountholder does not have such a certificate despite renouncing USA citizenship; or Reason the Accountholder did not obtain USA citizenship at birth
b. Residence/ mailing address in a country other than India	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
c. Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
d. Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (as stated above) that the Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body**
- Valid identification issued by an authorized government body** (e.g. Passport, National Identity card, etc.)

**Government/ agency thereof or a municipality of the country or territory in which the Accountholder claims to be a resident.

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

- 1 Fields marked with “*” are mandatory fields.
- 2 Tick ‘✓’ wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of ‘Small Account type’ only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling ‘Personal Details’ section

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father’s name or spouse’s name is to be mandatorily furnished. In case PAN is not available father’s name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a “Functional equivalent”), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling ‘Proof of Identity [Pol]’ section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if ‘Z- Others (any document notified by the central government)’ is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant’s photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling ‘Proof of Address [PoA]-Current / Permanent / Overseas Address details’ section

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

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	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling ‘Proof of Address [PoA] - Correspondence / Local Address details’ section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill ‘Annexure A1’

F 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.

G Clarification / Guidelines on filling ‘Related Person details’ section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling ‘Related Person details – Proof of Identity [Pol] of Related Person’ section

- 1 Mention identification / reference number if ‘Z- Others (any document notified by the central government)’ is ticked.

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two - digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

C. Bank Account Details

		Bank 1 (Default Account)	Bank 2
Bank Name			
Bank Address with PIN Code			
Account No			
Account Type	Resident	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other _____	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other _____
	NRI	<input type="checkbox"/> NRE <input type="checkbox"/> NRO	<input type="checkbox"/> NRE <input type="checkbox"/> NRO
IFSC Code			
MICR No			
Note: Provide copy of cancelled cheque leaf/passbook/bank statement specifying name of Client, IFSC and/or MICR of Bank.			

D. Depository Account Details (For Holding Securities in Demat Form)

		Demat 1 (Default Account)	Demat 2
Depository Name		<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL
Depository Participant Name		Acumen Capital Market (India) Limited	
DP Id			
Client Id			
Client Name			

E. Repository Account Details (For Holding Commodities in Demat Form)

		Demat 1 (Default Account)	Demat 2
Repository Name		<input type="checkbox"/> CCRL <input type="checkbox"/> NERL	<input type="checkbox"/> CCRL <input type="checkbox"/> NERL
Repository Participant Name		Acumen Capital Market (India) Limited	
DP Id			
Client Id			
Client Name			

F. GST Details

		Registration No.	State
GST Registration Details			

G. Investment/Trading Experience

<input type="checkbox"/> No Prior Experience <input type="checkbox"/> __ Yrs in Securities <input type="checkbox"/> __ Yrs in Commodities <input type="checkbox"/> __ Yrs in other investment related fields
--

H. Introducer Details (Optional)

Name of Introducer	
Status of Introducer	<input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Employee <input type="checkbox"/> Others (Specify) _____
Signature of Introducer	

I. Dealing Through Other Members

If client is dealing through any other member, provide the following details (in case dealing with multiple members, provide details of all in separate sheet containing all the information as mentioned below):

Members / Authorised Persons (AP) Name	
Exchange & Exchange Regn No.	
Members name with whom AP is registered	
Registered Office Address of Member / AP	
Email Id & Phone No. of Member / AP	
Website of Member / AP	
Client Code with above Member / AP	
Details of disputes / dues pending from / to such Member / AP, if any:	

J. Past Regulatory Actions

Details of any action / proceedings initiated / pending / taken by SEBI / FMC / Stock Exchange / Commodity Exchange / any other authority against the client during the last 3 years:

K. Additional Details

<p>1. Whether you wish to receive communication from member in electronic form on your Email Id: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes then please fill in Appendix A)</p> <p>2. Whether you wish to avail of the facility of Internet Trading / Wireless Technology: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Wish to receive copy of standard documents like Rights & Obligations, Uniform Risk Disclosure Documents, Guidance Note detailing Do's & Don'ts and Policies & Procedures: <input type="checkbox"/> Electronic <input type="checkbox"/> Physical</p> <p>4. Wish to receive welcome kit and other communications: <input type="checkbox"/> Electronic <input type="checkbox"/> Physical</p>

DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / we are aware that I/we may be held liable for it.
- I/We confirm having read/been explained & understood the contents of the tariff sheet and all voluntary / non-mandatory documents.
- I/We further confirm having read & understood the contents of the Rights & Obligations documents (both equity & commodity); Risk Disclosure Document (both equity & commodity); Guidance Note, Additional Risk Disclosure Document for Option Trading. 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 member's designated website i.e www.acumen group.in

Place:

Date:

Signature 5

**Nomination Form for Demat Accounts and Mutual Fund (MF) Folios and Trading
Annexure - A (Circular - SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650, dated January 10, 2025)**

I / we hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Submission Date		Demat Client Id		Trading Client Code	
------------------------	--	------------------------	--	----------------------------	--

Nomination Details

Mandatory Details of Nominee (If Nominee is Minor, then provide additional details like date of birth & guardian in the next page**)**

	Name of Nominee	Share of Nominee (%) **	Relationship	Postal Address	Mobile No	E-mail Id	Identity Number ***
Nominee 1							
Nominee 2							
Nominee 3							
Nominee 4							
Nominee 5							
Nominee 6							
Nominee 7							
Nominee 8							
Nominee 9							
Nominee 10							

*Joint Accounts:

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

** if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (Last 4 Digits). Copy of the document is not required.

- I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate).
 Name of Nominee(s) Nomination: Yes / No
- I hereby authorize _____ (Nominee Number ___) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He/She is authorized to encash my assets up to ___ % of assets in the Account / Folio or Rs. _____ (strike off portions that are not relevant).
- This nomination shall supersede any prior nomination made by me / us, if any.

Name(s) of Holder	Signature(s) of Holder	Witness
Sole/First Holder (Mr./Ms.)	X	
Second Holder (Mr./Ms.)	X	
Third Holder (Mr./Ms.)	X	

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

Rights, Entitlement and Obligation of the Investor and Nominee

- If you are opening a new Demat Account / MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account / folio, in case of your physical incapacitation. This mandate can be changed any time you choose.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF Folio / Demat Account. i.e.
 - 'Either or Survivor' Folios / Accounts - any one of the holder can sign
 - 'Jointly' Folios / Accounts - both holders have to sign

Additional Details **** (Applicable only if Nominee is a Minor)			
Name of Nominee		Date of Birth of Nominee	Name of Guardian
Nominee 1			
Nominee 2			
Nominee 3			
Nominee 4			
Nominee 5			
Nominee 6			
Nominee 7			
Nominee 8			
Nominee 9			
Nominee 10			

**** to be furnished only if nominee is a Minor

Transmission Aspects

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

x Sole/First Holder Signature	x Third Holder Signature	x Third Holder Signature
----------------------------------	-----------------------------	-----------------------------



DECLARATION FORM FOR OPTING OUT OF NOMINATION

Trading and Demat Accounts

To	Date	
ACUMEN CAPITAL MARKET (INDIA) LTD. S.T. Reddiar & Sons Building, Veekshanam Road, Cochin – 682 035 www.acumengroup.in		
UCC/DP ID		
Client ID (only for Demat account)		
Sole/First Holder Name		
Second Holder Name		
Third Holder Name		
I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.		
Name and Signature of Holder(s)*		
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> </div> <div style="width: 60%; border-top: 1px solid black; position: relative;"> <div style="position: absolute; top: -15px; left: 10px;">1.</div> <div style="position: absolute; top: -15px; left: 350px;">2.</div> <div style="position: absolute; top: -15px; left: 650px;">3.</div> </div> </div> <p style="margin-top: 5px;"><i>Please Sign only if you do not want to nominate Account</i></p>		

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

For Office Use

UCC allotted to the Client:

I/we undertake that we have made the client aware of Policies and Procedures, Tariff Sheet and all the Voluntary/Non-Mandatory Documents. I/we have also made the client aware of Rights and Obligations Document(s), RDD and Do's & Don'ts, 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 Voluntary/Non-Mandatory Documents would be duly intimated to the clients. I/we also undertake that any change in the Rights & Obligations and RDD would be made available on my/our website www.acumengroup.in for the information of the clients.

Date:

Signature of the Authorised Signatory:

Seal of the Member

Acumen Capital Market (India) Limited
Part III Demat Account Opening Form
Additional Information related to opening of Demat Account
SEBI Registration No: INZ000170434

I/We request you to open a Depository Account with CDSL NSDL and Repository Account with CCRL NERL as per the following details:

A. Details of Account Holders(s)

Name		PAN									
Sole / First Holder											
Second Holder											
Third Holder											
For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons; the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned below:											
Name		PAN									

B. Type of Account

Status	Sub Status
<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual HUF/AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Director Relative <input type="checkbox"/> Others Specify
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non – Repatriable <input type="checkbox"/> NRI – Depository Receipts <input type="checkbox"/> Others Specify
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National Depository Receipts <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Others Specify

C. In case of NRIs / Foreign Nationals

RBI Approval Reference No.	
RBI Approval Date	

D. Standing Instructions / Other Details / Email - SMS Alert

1. I/we instruct DP to receive each and every credits automatically into my/our account:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
2. Account to be operated through DDPI:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default No)
3. Account Statement Requirement:	<input type="checkbox"/> Daily	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
4. Share Email Id with Registrar & Transfer Agent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
5. CAS & Annual Reports receiving in:	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical	(Default Electronic)
6. SMS Alert Facility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
7. Do you wish to receive dividend/interest directly into bank account through ECS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
8. Easi / Ideas: Yes/No. If yes, contact DP for details. [Facility through CDSL's website: www.cdslindia.com / NSDL's website: www.nsdl.co.in wherein BO can view ISIN balances, transactions and value of portfolio online]			
9. I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default No)
10. I / We request you to send Electronic Transaction-cum-Holding Statement at the Email Id:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Default Yes)
11. Wish to receive copy of standard documents like Rights & Obligations, Terms & Conditions for receiving Email/SMS alerts Do's & Don'ts, Policies & Procedures and Welcome Letter:	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical	(Default Electronic)
12. Account for holding and dealing electronic warehouse receipts.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(Default No)

E. Income & Other Details of Second Holder

1. Applicant Name: _____	
2. Gross Annual Income Details (Please Specify):	
Income Range Per Annum: <input type="checkbox"/> Below Rs.1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50-100 Lac <input type="checkbox"/> Above 1Cr or	
Networth as on (date) _____ is _____ (Networth should not be older than 1 year)	
3. Occupation: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other (Please tick any one and give brief details, if any): _____	
4. Please tick, as applicable: (PEP - Politically Exposed Person) <input type="checkbox"/> Not PEP <input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Related to PEP	

F. Income & Other Details of Third Holder

1. Applicant Name: _____	
2. Gross Annual Income Details (Please Specify):	
Income Range Per Annum: <input type="checkbox"/> Below Rs.1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50-100 Lac <input type="checkbox"/> Above 1Cr or	
Networth as on (date) _____ is _____ (Networth should not be older than 1 year)	
3. Occupation: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other (Please tick any one and give brief details, if any): _____	
4. Please tick, as applicable: (PEP - Politically Exposed Person) <input type="checkbox"/> Not PEP <input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Related to PEP	

G. Bank Account Details

Bank Name			
Bank Address with PIN Code			
Account No			
Account Type	Resident	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other _____	
	NRI	<input type="checkbox"/> NRE <input type="checkbox"/> NRO	
IFSC		MICR	

H. FATCA / CRS Declaration / Self Certification for Individual

	Sole / First Holder	Second Holder	Third Holder
Country of Birth	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
Country of Residence for Tax Purpose	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
Country of Citizenship	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
US Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If you are a US person and/or if your tax residency/nationality/citizenship is other than India, then please download and attach FATCA/CRS with this form from www.acumengroup.in			

DECLARATION

I/we have read the Rights & Obligations of Beneficial Owner & Depository Participant and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/we declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/we further agree that any false/misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action.

I/we agree and undertake to intimate any change(s) in the details/particulars mentioned by me/us in this form such as permanent/communication address, email id, mobile number, etc, to Central KYC Registry/KYC Registration Authority through the Broker/DP in the prescribed format.

I/we have understood the contents of policy and procedures document, tariff sheet, 'Rights and Obligations' document and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on Stock Broker's/DP's designated website www.acumengroup.in

In case of Non-Resident Indian, I/we also declare that I/we have complied and will continue to comply with FEMA regulations.

Signature



Option for Issue of Delivery Instruction Slip Booklet (DIS)

I / We hereby state that: [Select one of the options given below]

Option 1: I/we require you to issue DIS to me/us immediately on opening my/our Demat Account though I/we have issued a Demat Debit and Pledge Instructions in favor of Acumen Capital Market (India) Ltd, Trading/Clearing Member for executing delivery instruction for setting stock exchanges trades (settlement related transactions) effected through such Trading/Clearing Member.

Option 2: I/we do not require the DIS for the time being, since I/we have issued a Demat Debit and Pledge Instructions in favor of Acumen Capital Market (India) Ltd, Trading/Clearing Member for executing delivery instruction for setting stock exchanges trades (settlement related transactions) effected through such Trading/Clearing Member. However, the DIS booklet should be issued to me/us immediately on my/our request at any later date

Signature



Mode of Operation for Joint Demat Account

Jointly Anyone of the Holder(s) or Survivor(s)

Note: If mode of operation for Joint Account is chosen as Anyone of the Holder(s) or Survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, Pledge / Hypothecation / Margin Pledge / Margin Re-pledge (Creation, Closure and Invocation and Confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.

For Joint accounts, communication to be send to First Holder All Joint Account Holders

Signature 9



Notes:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where demat details is required to be provided.

Trading Tariff / Brokerage for MCX/NCDEX/ICEX/NSE/BSE

Segment	Offline Trade				Online Trade			
	On Turn Over (Maximum)	Client Preference	On Lot (Maximum)	Client Preference	On Turn Over (Maximum)	Client Preference	On Lot (Maximum)	Client Preference
Agri Commodities (Futures & Options)	2.5%		Rs. 250		2%		Rs. 200	
Non - Agri Commodities (Futures & Options)	2.5%		Rs. 250		2%		Rs. 200	
Other Charge: 0.004% on turnover is leviable extra; and for Futures & Options it will be 0.1% on premium								
Admin Charge of Rs.5 per order upto a maximum of Rs.100 per day is leviable extra								
Physical Contract Note / Statement of Account, Rs.5 per page (Minimum Rs.100) plus actual postage is leviable								
For Cheque Bounce/Dishonor/Cancellation, higher of Rs.500 or 1% per instance, plus actual bank charge is leviable								
Account Opening Charge is Rs.500 (One Time). Penalty on delayed payment will be charged @ 2% per month								
Request for Client Account Modification / Segment Modification / Addition will be charged Rs.200 per instance								
SMS/Email Alert charge of Rs.50 per month is leviable								
Stamp duty, GST, Exchange / Statutory charges will be charged extra as per applicable rules								

 10

Annexure I - Repository Service Tariff

Category	Tariff
Deposit Charges	0.05% of value of goods.
On-Market Transactions (Debits)	0.05% of value of goods.
On-Market Transactions (Credits)	0.05% of value of goods.
Off-Market Transaction (Debits)	Rs.100 per transaction/ per eNWR or part thereof.
Off-Market Transaction (Credits)	Rs.100 per transaction/ per eNWR or part thereof.
Pledge Creation	Rs.100 per transaction/ per eNWR or part thereof.
Pledge Closure (Depledge)	Rs.100 per transaction/ per eNWR or part thereof.
Pledge Invocation	Rs.100 per transaction /per eNWR or part thereof.
Withdrawal Charges	0.1% of value of goods.
Conversion	Rs.100 per transaction per eNWR
Extension of Validity	Rs.5 per MT
Inter-Repository Debit from CCRL	Rs.100 debit per MT from CCRL
Inter-Repository Credit into CCRL	NIL
Account Maintenance Charges (Individuals)	Rs.1500 per annum
Account Maintenance Charges (Non-Individuals)	Rs.2500 per annum
Account Maintenance Charges (CMs/TMs)	Rs.2500 per annum
Account Modification Charges	Rs.100 per instance

- Note:
1. Warehouse Charges, CCRL Repository Charges, Stamp Duty and GST will be charged extra.
 2. Delay Payment Interest will be 2% per month.
 3. KRA / CKYC Modification Charges will be Rs.100 per instance.
 4. Calculation of value of goods for billing purpose will be done based on the price declared by the exchange

Authorization

I hereby authorize you to transfer the above repository services charges to my trading account with you after the transaction.

Signature 11



Trading Tariff / Brokerage for NSE/BSE/MSE

Segment	Offline Trades	Client Preference	Online Trades	Client Preference
Equity Cash (Delivery)	Higher of 2.5% on turnover or 5 paise per share		Higher of 2% on turnover or 3 paise per share	
Equity Cash (Intra)	Higher of 2.5% on turnover or 5 paise per share		Higher of 2% on turnover or 3 paise per share	
Equity Future	Higher of 2.5% on turnover or 5 paise per share		Higher of 2% on turnover or 3 paise per share	
Equity Option	Higher of 2.5% on turnover or Rs.150/Lot		Higher of 2% on turnover or Rs.100/Lot	
Currency Future	2.5% on turnover		2% on turnover	
Currency Option	Higher of 2.5% on turnover or Rs.150/Lot		Higher of 2% on turnover or Rs.100/Lot	
Other Charge: 0.004% on turnover is leviable extra				
Admin Charge of Rs.5 per order upto a maximum of Rs.100 per day is leviable extra				
Physical Contract Note / Statement of Account, Rs.10 per page (Minimum Rs.250) plus postage is leviable				
For Cheque Bounce/Dishonor/Cancellation, higher of Rs.500 or 1% per instance, plus actual bank charge is leviable				
Settlement Charge of Rs.25 per instruction for debits from Client Margin Account to Member Pool Account				
Account Opening Charge is Rs.500 (One Time). Penalty on delayed payment will be charged @ 2% per month				
*Request for Client Account Modification / Segment Modification / Addition will be charged Rs.200 per instance				
*SMS / Email Alert charge of Rs.50 per month is leviable				
Stamp duty, GST, Exchange / Statutory charges will be charged extra as per applicable rules				
Demat Debit and Pledge Instruction (DDPI) Documentation Charges - ₹100 (One Time)				

 12

DP Service Tariff for NSDL & CDSL Demat Accounts

Sl	Description	Regular Account	BSDA > Rs 4 Lak. & Rs 10 Lak.	BSDA =< Rs 4 Lak.
1	Account Maintenance Charges – Individual Account	Rs.399	Rs.100	NIL
2	Account Maintenance Charges – Promotor / Director / NRI / Non Individual Account		Rs.1000	
3	Dematerialisation Charges (Charged Upfront)		Rs.250 and Rs.150 Per Additional Certificate	
4	Rematerialisation Charges (Charged Upfront)		Rs.100 Per Certificate	
5	Mutual Fund Redemption (Charged Upfront)		Rs.50 Per Request	
6	On Market Debit Transfer within Acumen (for DDPI Transactions)		Rs.20 Per Instrn	
7	On Market Debit Transfer within Acumen (for Non DDPI Transactions)		Rs.50 Per Instrn	
8	Off Market Debit Transactions within Acumen		Rs.150 per instruction or 0.03% whichever higher	
9	On Market & Off Market Debit Transactions Outside Acumen		Rs.250 per instruction or 0.05% whichever higher	
10	Margin Pledge - Creation / Invocation / Closure		Rs.15 per instruction	
11	MTF Pledge - Creation / Invocation / Closure		Rs.50 per instruction	
12	Normal Pledge - Creation / Invocation / Closure		Rs.50 per instruction	
13	Delivery Instruction Slip (DIS) Book		Rs.50 per book of 5 leaves	
14	Postage Charge for Demat/Remat/DIS Book etc (Every 100 grams)		Rs.100 (Rs.2000 outside India)	
Miscellaneous Charges				
1. Client Unpaid Securities Pledge Accounts (CUSPA) Transaction Charges - Rs.15 (Per Instruction)				
2. For Physical Statements, Rs.10 per page plus postage charge is leviable				
3. Due Diligence / Document Verification Charges in connection with transmission of securities other than to nominee's account – Charges as Applicable				
4. KRA/CKYC Modification Charge of Rs.100 per instance				
5. GST, Depository Charges, Exchange Charges and Other Statutory Charges will be charged extra as per applicable rules				

Authorization

I/We authorize you to transfer above depository services charges to my/our trading account with you after the transaction.

Signature
 13


APPENDIX A (VOLUNTARY)
Consent for Electronic Contract Notes & Demat Account Statements

To,
Acumen Capital Market (India) Limited

Dear Sir,

I/We, _____ a client with Acumen Capital Market (India) Limited, Member of NSE/BSE/MCX/NCDEX/NSDL/CDSL/NERL/CCRL undertake as follows:

- I/We am aware that the Member has to provide physical contract note / statement of account in respect of all the trades / transactions placed by me unless I myself want the same in the electronic form.
- I/We am aware that the Member has to provide electronic contract note / statement of account for my convenience on my request only.
- Though the Member is required to deliver physical contract note / statement of account, I find that it is inconvenient for me to receive physical contract note / statement of account. Therefore, I am voluntarily requesting for delivery of electronic contract note / statement of account pertaining to all the trades / transactions carried out / ordered by me.
- I/We have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
- My/our email id is* _____ .This has been created by me and not by someone else. * (Email id must be written in own handwriting of client.)
- I/We am aware that this declaration form should be in English or in any other language known to me.
- I/We am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note / statement of account at the above Email Id.
- I/We reserve right to receive the physical contract notes / statement of accounts despite receiving the same in electronic mode, if such a demand is made in writing to you.
- I/We undertake to intimate Acumen Capital Market (India) Limited in writing, whenever there is change in my/our email id.

The above consent 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. Further I confirm that the dispatch of contract note/ statement of account to above email address shall constitute full and absolute discharge of your obligation with respect to my Trading & Demat Account with you.

Yours faithfully,

Signature

14

Verification of the client signature done by,
Name of the designated officer of the Member:
Signature:

Client name:

UCC Code:

Date:

Running Account Authorization (Voluntary)

To,
Acumen Capital Market (India) Limited

I/We are dealing through you as a client in securities/commodities segment in order to facilitate ease of operations, I/We hereby authorize you to maintain a running account instead of an account on 'settlement to settlement basis' for payout of funds/securities due to me/us unless specifically requested by me/us otherwise. All the funds and securities kept to my/our credit by you may be treated as upfront margins/ securities deposit, at per your discretion, for allowing exposure to me. Under this arrangement I/We shall not claim any interest on the funds and securities kept in the running account with you.

I/We have been duly informed, that I/We reserve the right to revoke the authorization by giving notice to you, and also understand that the revocation made by me/us shall not be applicable against the outstanding obligations across exchanges and that you shall retain such securities/funds expected to be required for meeting the obligations/margin obligations, as calculated in the manner specified by the member/exchanges.

I/We authorize you to hold my/our securities/commodities received as payout in your Pool/Beneficiary account as security margin for availing limits for trading purpose & further authorize you to utilize the same to meet my/our existing and future payin obligations with you. I/We further authorize you to charge cost of holding securities/commodities to my/our account with you including the charges for effecting the payin on my/our behalf.

I/We request you to settle my/our fund and securities/commodities account

- Once every 30 days
 Once every 90 days

In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds/ securities/commodities towards such obligations, and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges. I/We further authorize, you to also retain an amount as may be permitted by SEBI/Exchange from time to time, while settling my/our account. I/We agree that you shall not be liable for any claim for loss or loss of profit or for any consequential, incidental, special or exemplary damages, or otherwise, caused by retention of such funds/securities/commodities.

I/We agree to bring to your notice in writing at your registered office, in case any discrepancy is observed in the statement of account/securities/commodities, within 7 working days from the date of receipt of such statement. I/We also agree that if discrepancy if any, is not addressed to you in writing within 7 working days by me/us, then the statement of account/securities/commodities sent by you to me/us by any permissible mode of communication shall be deemed to be correct and stand deemed to be confirmed by me.

I/We further agree and confirm that above agreed periodic settlement of running account may not be necessary, if availed margin trading facility as per SEBI guidelines or if provided funds received towards collaterals/margins in the form of Bank Guarantee (BG)/ Fixed Deposit Receipts (FDR).

Signature 15

Client name:

UCC Code:

Date:

Consent for Mobile and Email Registration

To,

Acumen Capital Market (India) Limited

I/We hereby request you to update my/our Email and Mobile in my/our Demat Account and Trading Account with you. Send all your communication pertaining to all my/our transactions in Demat Account and Trading Account, like Confirmations, Contract Notes, Intimation of Margin, any other communication from your compliance point of view, etc., to below mentioned Mobile Number/ Email Id, even if my/our Mobile Number is registered under do not call registry.

Mobile Number: _____

Email Id: _____

The said mobile number is registered in the name of _____

Self Spouse Dependent Child Dependent Parent (Please attach valid document to support relationship)

The said email id is registered in the name of _____

Self Spouse Dependent Child Dependent Parent (Please attach valid document to support relationship)

PAN of account holder (in case if mobile/email already exists): _____

Signature 16

SI	Check List - Individual Account	Remark
1	Photograph & PAN of Applicant(s)	<input type="checkbox"/>
2	Aadhaar & POA of Applicant(s)	<input type="checkbox"/>
3	Bank Passbook / Statement / Name printed Cheque leaf	<input type="checkbox"/>
4	Client Master Report with DP Seal (in case applicant wish to link outside demat a/c with trading a/c)	<input type="checkbox"/>
5	Additional Documents for Trading in Derivatives Segments (Any one from the following)	
5a	Bank Account Statement for the previous 6 months	<input type="checkbox"/>
5b	Latest Demat Account Holding Statement	<input type="checkbox"/>
5c	Latest ITR Acknowledgment	<input type="checkbox"/>
5d	Latest Form 16 issued by the employer	<input type="checkbox"/>
5e	Latest Salary Slip	<input type="checkbox"/>
Note: All above documents submitted should be self attested by the applicant. All above documents submitted by the applicant should be verified with the original.		

Signature of Relationship Manager / AP

ACKNOWLEDGEMENT OF COPY OF THE DOCUMENTS EXECUTED

I hereby acknowledge that I have received the copy of all the documents executed with regard to the Client Registration with M/s. Acumen Capital Market (India) Ltd.

I acknowledge the receipt of copy of the document, "Additional Rights and Obligations for Broking and Other Products and Services." I understand and acknowledge that this is a voluntary (non-mandatory) document for availing value added products and services as provided by Acumen Capital Market India Ltd. and unconditionally agree to abide by the terms and conditions mentioned therein. I agree that I will receive an electronic copy/ physical copy of the said document after I am enrolled as a client of Acumen Capital Market India Ltd.

I also confirm that I have received the relevant clarifications, if any, wherever required from the officials of **Acumen Capital Market (India) Ltd.**

Name of the Client :

Signature of the Client : 17

Demat Debit and Pledge Instructions (DDPI)

KNOW ALL MEN BY THESE PRESENTS THAT,

I / We _____

S/o, D/o, _____ aged about _____ Yrs

I / We _____

S/o, D/o, _____ aged about _____ Yrs

I / We _____

S/o, D/o, _____ aged about _____ Yrs

residing/having our office/registered office at _____

an individual / a sole proprietary concern / a partnership firm / a body corporate/ trust, registered / incorporated, under the provisions of the Indian Partnership Act, 1932 / the Companies Act 1956 or any relevant Act, (hereinafter referred to as "**Beneficial Owner**")

Whereas I / We hold Beneficial Owner account number _____ with Central Depository Services (India) Limited (CDSL) / National Securities Depository Limited (NSDL), through **Acumen Capital Market (India) Limited** registered with Securities and Exchange Board of India (SEBI) bearing Id IN-DP-40-2015, having its registered office at **II Floor, ST Reddiar & Sons Building, Veekshanam Road, Kochi - 682035, Kerala**, hereinafter called "**ACMIL**", which expression shall, unless repugnant to the context or meaning there of, be deemed to mean and include its executors, administrators, successors and assigns by way of amalgamation and/or merger.

And Whereas

I/We are desirous to buy and sell securities through ACMIL who is a Member of National Stock Exchange of India Limited (NSE), Bombay Stock Exchange limited (BSE), Multi Commodity Exchange of India Limited (MCX) & National Commodity & Derivatives Exchange Limited (NCDEX) (hereinafter referred to as "the Exchange") bearing SEBI registration No. **INZ000170434**

Whereas in the course of availing the services and for meeting the margin and settlement obligation thereof on the exchanges and in order to make the process more transparent and simpler, I/We explicitly agree to access my/our BO account by ACMIL for the limited purposes as mentioned herein.

SI	Purpose	Signature of the Client	
1	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through ACMIL.	1 st Holder	<input checked="" type="checkbox"/> 18
		2 nd Holder	<input type="checkbox"/>
		3 rd Holder	<input type="checkbox"/>
2	Pledging / Re-pledging of securities in favour of Trading Member (TM) / Clearing Member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange through ACMIL.	1 st Holder	<input checked="" type="checkbox"/> 19
		2 nd Holder	<input type="checkbox"/>
		3 rd Holder	<input type="checkbox"/>

SI	Purpose	Signature of the Client	
3	Mutual Fund Transactions being executed on Stock Exchange order entry platforms	1 st Holder	<input checked="" type="checkbox"/> 20
		2 nd Holder	<input type="radio"/>
		3 rd Holder	<input type="checkbox"/>
4	Tendering securities in open offers through Stock Exchange platforms	1 st Holder	<input checked="" type="checkbox"/> 21
		2 nd Holder	<input type="radio"/>
		3 rd Holder	<input type="checkbox"/>

I / We hereby authorize **Acumen Capital Market (India) Limited** to transfer the securities from my /our beneficiary account to the given demat accounts as mentioned herein below towards delivery settlement arising out of trades executed on the Stock Exchange and Pledging / Re-pledging of securities in favour of trading member (TM) / Clearing Member (CM) towards meeting margin requirements.

Beneficiary Id	CM BP Id	Purpose	Beneficiary Id	Purpose
12075800 00383996 IN300896 10000617	IN555279	NSE Payin	11000011 00020297	NSE Early Payin
12075800 00008015 IN300896 10076253	IN651774	BSE Payin	11000010 00019181	BSE Early Payin
12075800 00517455	BSE - CM Principal Account		1207580000517474	BSE - CM Pool Account
IN300896 10632832 / 12075800 00376883			Client Securities Margin Pledge Account	
IN300896 10632849 / 12075800 00385269 IN300896 10634762 / 12075800 00383787			Client Securities under Margin Funding Account	
IN300896 10648157 / 12075800 00668896			Client Unpaid Securities Pledge Account	

I / We hereby agree that all such acts done by my /our above mentioned accounts shall be deemed to be acts done by me / us.

This is a Revocable Demat Debit and Pledge Instructions (DDPI).

I/we agree that ACMIL would return to client(s), the securities or fund that may have been received by it erroneously or those securities or fund that it was not entitled to receive from client(s). I/we further agree and confirm that the powers and authorities conferred by this Demat Debit and Pledge Instructions (DDPI) shall continue until it is revoked as per a communication in writing issued to ACMIL by me/us and that the said revocation shall be effective from the date on which the revocation notice is received by ACMIL in its office at **II Floor, ST Reddiar & Sons Building, Veekshanam Road, Kochi - 682035, Kerala.**

Signed and delivered by the within named Beneficial Owner/s.

Dated: _____

1 st Holder	2 nd Holder	3 rd Holder
<input checked="" type="checkbox"/> 22	<input type="radio"/>	<input type="checkbox"/>

MOST IMPORTANT TERMS AND CONDITIONS (MITC)

(For non-custodial settled trading accounts)

To,

Acumen Capital Market (India) Ltd.
 S.T. Reddiar Building
 Veekshnam Road
 Cochin - 682 035, Kerala, India

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

NAME OF THE ACCOUNT HOLDER		SIGNATURE OF THE ACCOUNT HOLDER	
UCC Code		1 st Holder	<input checked="" type="checkbox"/> 23
DP BO ID		2 nd Holder	<input type="checkbox"/>
Place		3 rd Holder	<input type="checkbox"/>
Date	DD / MM / YYYY		

Acumen Capital Market (India) Limited
STR & Sons Building,
Veekshanam Road Ernakulam, Kochi - 682035, Kerala, India

FEMA DECLARATION

This has reference to our application for opening of a Demat & Trading Account with you, and we hereby declare that we have complied and will continue to comply with FEMA Regulations with respect to buying and selling of securities in the Indian Capital Market.

Thanking you,
yours faithfully,

Date:

Signature: 24



Name:

