

ACCOUNT OPENING KIT

INDEX OF DOCUMENTS

Sr. No.	Document	Brief Significance of the Documents	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1	Account Opening Form Application For Demat Account	<p>A. KYC,KRA & CKYC form - Document captures the basic information about the constituent and an instruction/check list.</p> <p>B. Document captures the additional information about the constituent relevant to trading account along with an instruction/check list.</p> <p>C. Details are required for adhering to "Know Your Client" for opening a DEMAT Account.</p> <p>D. Standing instruction and Mode of operation for execution of transaction.</p>	1 - 10
2	Brokerage Structure.	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the all exchange(s) (to be added by the stock broker).	11
3	Tariff Sheet (Demat) & Debit Account authorisation	Document detailing the rate/amount & charges related to Demat account.	12
4	HUF Declaration and consent letter	HUF Declaration and consent letter by Co-Partners.	13
5	MITC	Most Important Terms and Condition (MITC).	14
6	Declaration of IBT	Internet & Wireless Technology Based Trading.	15
7	Commodity Wise Categorisation	Client Consent for Commodity Categorisation for trading	16
8	FATCA / CRS & UBO Declaration	FATCA / CRS & UBO form for Non-Individual and Individual entity	17-22
9	Policies and Procedures.	Document describing significant policies and procedures of Stock Broker & Commodity Broker.	Provided to client, Consent taken on acknowledgement page
10	Rights & Obligation of SEBI	Document stating the Rights & Obligations of stock & Commodity Broker, Authorised Person and client for trading on exchanges & Beneficial Owner and Depository Participant (Including additional rights & obligations in case of internet/wireless technology-based trading)	
11	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market & Commodities Market & Additional RDD for Option Trading	
12	Guidance note	Document detailing do's and dont's for trading on exchange for education of investors	
NON MANDATORY/VOLUNTARY DOCUMENTS			
13	Demat Debit and Pledge Instruction (DDPI)	Demat debit and Pledge instructions allowing TM/DP to execute payin and pledge instruction on behalf of client.	23-24
14	Running Account Letter	It is request from client to maintain running account of fund.	25
15	Proprietary Declaration	Proprietary Declaration	25
16	Delivery Instruction Slip (DIS)	Option given to client for issuance of DIS	26
17	Voluntary Undertaking /Authorisation	Member-constituent relationship and voluntary (optional) documents	27-30
18	Bank Account Consent	Joint holder bank account consent	30
19	Declaration for common mobile number & email	Consent cum declaration for common mobile number & email (Family Declaration)	31
20	Declaration for common mobile number & email	Consent cum declaration for common mobile number & email as per CDSL & Trading Account	32-33
21	Declaration of Electronic Contract Note & SEBI SCORE	Consent to receive the contract note, other documents and trade confirmation by email. Detail of SEBI SCORE	34
22	Aadhaar Consent	Aadhaar Consent Letter	35
23	Client Authorisation consent.	Placing Order and transaction done by client behalf. (Family Member)	36
24	Acknowledgment Of KYC Documents	Confirmation of receipt of executed documents to client	37

ARHAM WEALTH MANAGEMENT PVT. LTD.

Unit No. 418, 419, 419A, 4th Floor, DSCCSL Tower, Block-53, Road 5C,
Gift City, Gandhinagar Gujarat-382355



Exchange	Segment	Registration No's	Date of Registration
NSE	Cash Segment	SEBI Reg. No. INZ 000189034 Broker Code 90030	14/08/2014
NSE	F & O Segment	SEBI Reg. No. INZ 000189034 Broker Code 90030	14/08/2014
NSE	Currency Segment	SEBI Reg. No. INZ 000189034 Broker Code 90030	14/08/2014
NSE	SLB	SEBI Reg. No. INZ 000189034 Broker Code 90030	24/04/2019
BSE	SLB	SEBI Reg. No. INZ 000189034 Broker Code 6565	08/08/2018
BSE	Cash Segment	SEBI Reg. No. INZ 000189034 Broker Code 6565	23/07/2014
BSE	F & O Segment	SEBI Reg. No. INZ 000189034 Broker Code 6565	19/08/2020
BSE	Currency Segment	SEBI Reg. No. INZ 000189034 Broker Code 6565	16/01/2015
BSE	Commodity	SEBI Reg. No. INZ 000189034 Broker Code 6565	28/09/2018
NSE	Commodity	SEBI Reg. No. INZ 000189034 Broker Code 90030	01/10/2018
MCX	Commodity	SEBI Reg. No. INZ 000189034 Broker Code 9085	12/07/2018
NCDEX	Commodity	SEBI Reg. No. INZ 000189034 Broker Code F01159	29/12/2016
ICEX	Commodity	SEBI Reg. No. INZ 000189034 Broker Code 2027	07/06/2017
CDSL	Depository Service	SEBI Reg. No. IN-DP-CDSL-456-2020	30/12/2019

CLEARING MEMBER

Globe Capital Market Limited 609, Ansal Bhawan, 16, KG Marg, Connaught Place, New Delhi 110001	NSE F&O (SEBI Reg.No. INZ000177137)	03/07/2020
	NSE CD (SEBI Reg.No. INZ000177137)	03/07/2020
	BSE F&O (SEBI Reg.No. INZ000177137)	05/08/2020
	BSE CD (SEBI Reg.No. INZ000177137)	08/05/2023
	NSE Commodity (SEBI Reg.No. INZ000024939)	31/08/2019
	BSE Commodity (SEBI Reg.No. INZ000024939)	26/08/2019
NSE CLEARING LTD. Exchange Plaza, C-1, Block G, Bandra Kurla Complex, Bandra (East), Mumbai-400 051.	NSE CASH	08/07/2019
	BSE CASH	08/07/2019
	NSE SLB	24/04/2019
Multi Commodity Exchange Clearing Corporation Limited CTS No. 255, Exchange Square, Suren Road, Andheri (E) Mumbai.	MCX Commodity (SEBI Reg.No. INZ000189034)	23/11/2022
National Commodity Clearing Limited. Ackruti Corporate Park Near G.E. Garden, L.B.S. Road, Kanjumarg (W) Mumbai.	NCDEX Commodity (SEBI Reg.No. INZ000189034)	27/09/2023
Indian Clearing Corporation Limited P. J. Towers, Dalal Street, Fort, Mumbai - 400 001.	BSE SLB	02/08/2018

Particulars	Registered & Correspondence Office		
Address	Arham Wealth Management Pvt. Ltd. Reg. Office Add.: Unit No. 418, 419, 419A, 4th Floor, DSCCSL Tower, Block-53, Road 5C, Gift City, Gandhinagar Gujarat-382355		
	Correspondence Add. : B-2, Ground Floor, International Trade Centre, Majuragate, Ring Road, Surat-395002.		
Tel. No.	0261-6941040		
E-mail	customercare1@arhamwealth.com	Website	www.arhamwealth.com

Particulars	Compliance Officer Details	CEO Details
Name	Kalpesh Parekh	Jitendra A. Chauhan
Tel. No.	0261-6941042	0261-6941057
E-mail	Kalpesh.parekh@arhamwealth.com	arhamwealthsurat@gmail.com

For any grievance / dispute please contact Arham Wealth Management Pvt. Ltd. at the above address or email id compliance@arhamwealth.com and Phone No. 0261-6941040

In case not satisfied with the response, please contact the concerned exchange (s) as under :

Particulars	NSE	BSE	MCX	NCDEX	ICEX
E-mail	ignse@nse.co.in	is@bseindia.com	grievance@mcxindia.com	askus@ncdex.com	grievance@icex.com
Tel. No.	+ 91 22 2659 8190	+ 91 22 2272 8138	+91 22 6731 8888	1800 2662339	+91 22 4038 1500

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

IMPORTANT NOTE

 Signature of the Client  Signature of Second Holder  Signature of Third Holder
 Signature of the Witness  Signature of the Broker  Introducer Signature

A. IMPORTANT POINTS

1	Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.	<input type="radio"/>
2	Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.	<input type="radio"/>
3	If any proof of identity or address is in a foreign language, then translation into English is required.	<input type="radio"/>
4	Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.	<input type="radio"/>
5	If correspondence & permanent address are different, then proofs for both have to be submitted.	<input type="radio"/>
6	Sole proprietor must make the application in his individual name & capacity.	<input type="radio"/>
7	For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.	<input type="radio"/>
8	For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.	<input type="radio"/>
9	In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.	<input type="radio"/>
10	For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.	<input type="radio"/>
11	Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.	<input type="radio"/>

B. PROOF OF IDENTITY (POI) LIST OF DOCUMENTS ADMISSIBLE AS PROOF OF IDENTITY

1	Unique Identification Number (UID) (Aadhaar)/ Passport/Voter ID card/Driving license.	<input type="radio"/>
2	PAN card with photograph.	<input type="radio"/>
3	Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.	<input type="radio"/>

C. PROOF OF ADDRESS (POA) LIST OF DOCUMENTS ADMISSIBLE AS PROOF OF ADDRESS

(*Documents having an expiry date should be valid on the date of submission.)

1	Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.	<input type="radio"/>
2	Utility bills like Telephone Bill (only BSNL), Electricity bill or Gas bill- Not more than 3 months old.	<input type="radio"/>
3	Bank Account Statement/Passbook - Not more than 3 months old.	<input type="radio"/>

4	Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.	<input type="radio"/>
5	Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.	<input type="radio"/>
6	Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.	<input type="radio"/>
7	For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.	<input type="radio"/>
8	The proof of address in the name of the spouse may be accepted.	<input type="radio"/>

D. EXEMPTIONS/CLARIFICATIONS TO PAN (*SUFFICIENT DOCUMENTARY EVIDENCE IN SUPPORT OF SUCH CLAIMS TO BE COLLECTED.)

1	In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.	<input type="radio"/>
2	Investors residing in the state of Sikkim.	<input type="radio"/>
3	UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.	<input type="radio"/>
4	SIP of Mutual Funds upto Rs. 50,000/- p.a.	<input type="radio"/>
5	In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.	<input type="radio"/>

E. LIST OF PEOPLE AUTHORIZED TO ATTEST THE DOCUMENTS

1	Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).	<input type="radio"/>
2	In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.	<input type="radio"/>

F. ADDITIONAL

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

G. IN CASE OF NON-INDIVIDUALS, ADDITIONAL DOCUMENT TO BE OBTAINED FROM NON-INDIVIDUALS, OVER & ABOVE THE POI & POA, AS MENTIONED BELOW

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. • Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. • Copies of the Memorandum and Articles of Association and certificate of incorporation. • Copy of the Board Resolution for investment in securities market. • Authorised signatories list with specimen signatures.
Partnership firm	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered partnership firms only). • Copy of partnership deed. • Authorised signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners.
Trust	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered trust only). • Copy of Trust deed. • List of trustees certified by managing trustees/CA. • Photograph, POI, POA, PAN of Trustees.
HUF	<ul style="list-style-type: none"> • PAN of HUF. • Deed of declaration of HUF/ List of coparceners. • Bank pass-book/bank statement in the name of HUF. • Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	<ul style="list-style-type: none"> • Proof of Existence/Constitution document. • Resolution of the managing body & Power of Attorney granted to transact business on its behalf. • Authorized signatories list with specimen signatures.
Banks/Institutional Investors	<ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. • Authorized signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate. • Authorized signatories list with specimen signatures.
Army/ Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead. • Authorized signatories list with specimen signatures.
Registered Society	<ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members. • Committee resolution for persons authorised to act as authorised signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

COMPULSORY REQUIREMENTS FOR ACTIVATION OF DERIVATIVES SEGMENT

I/We do not wish to Activate Derivatives Segment

OR

I/We wish to Activate Derivatives Segment

Date				-			-				
------	--	--	--	---	--	--	---	--	--	--	--

To,

Arham Wealth Management Pvt. Ltd.

B-2, Ground Floor, International Trade Centre,
Majuragate, Ring Road, Surat-395002.

Dear Sir/Madam,

I/We request you to update below mentioned Financial and other details in my/our Account with Arham Wealth Management Pvt. Ltd.

Documentary evidence of financial details to be provided by the client who wishes to Trade in Derivatives Segment (please provide any one of the following documentary evidence) :

1	Copy of Income Tax Return Acknowledgment	<input type="radio"/>
2	Copy of Annual Balance Sheet (Certified by C.A.)	<input type="radio"/>
3	Copy of Form 16 (In case of salary income)	<input type="radio"/>
4	Net worth 16 (In case of salary income)	<input type="radio"/>
5	Salary Slip for last 3 months	<input type="radio"/>
6	Bank Account statement for last 6 months	<input type="radio"/>
7	Copy of demat account holding statement	<input type="radio"/>
8	Self declaration of ownership of assets, along with a copy of relevant supporting documents	<input type="radio"/>

Name of the Client	
--------------------	--

Signature of the Client



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

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non Individuals only)

KYC Type : New KYC Modification KYC

KYC Mode : Offline KYC EKYC biometric Application Number :



A. ENTITY DETAILS (please refer guidelines)

Please fill the form in ENGLISH & BLACK letters

PAN*	Please enclose duly attested copy of your PAN Card			
Name* (same as ID proof)				
Date of Incorporation*		Place of Incorporation*		
Date of Commencement		Registration No.*		
Entity Type* <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership Please (✓) <input type="checkbox"/> Trust/Charity/NGO <input type="checkbox"/> HUF <input type="checkbox"/> FPI Category I <input type="checkbox"/> FPI Category II <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Others				

Affix
Passport Size
Photograph
Only
Please Sign
Across the
Photograph

B. PROOF OF IDENTITY (please refer guidelines)

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

C. ADDRESS DETAILS* (please refer guidelines)

A. Registered Address : Line 1*		
Line 2		
Line 3		
City/Town/Village* :	District* :	Pin Code* :
State* :	Country* :	
B. Correspondence/Local Address (if different from above)* : Line 1*		
Line 2		
Line 3		
City/Town/Village* :	District* :	Pin Code* :
State* :	Country* :	

Proof of Address* (attested copy of any one POA to be submitted - (not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document
<input type="checkbox"/> Latest Telephone Bill (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date)	

D. Contact Details

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

E. Annexure Submitted

Number of Related Person

F. Remarks / Additional information

--

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/We am/are aware that I/we may be held liable for it.

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

SIGNATURE OF APPLICANT

Place :	Date : / /
---------	------------

FOR OFFICE USE ONLY

Name of Authorised Signatory

Arham Weath Management Pvt. Ltd. <input type="checkbox"/> (Original Verified) & Self-Certified, document Copies Received	STAFF NAME	
	EMPLOYEE CODE	
	DESIGNATION	
	SIGNATURE	

Seal/Stamp Intermediary

KNOW YOUR CLIENT (KYC) ANNEXURE (For Non Individuals only)

Arham Wealth
 wealth • security • success

KYC Type : New KYC KYC Modification
KYC Mode : Normal Offline KYC EKYC Biometric

Please fill the form in ENGLISH & BLACK letters
A. IDENTITY DETAILS

Name of the Applicant (As per PAN Card)								
Father's/Spouse Name								
Maiden's Name (if any)								
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender					
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others					
Date of Birth		-		-				
Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Others						
Related Person Type								
<input type="checkbox"/> Director	<input type="checkbox"/> Promoter	<input type="checkbox"/> Karta	<input type="checkbox"/> Trustee	<input type="checkbox"/> Partner	<input type="checkbox"/> Court Appointed Official Proprietor			
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Authorized Signatory	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Power of Attorney Holder					
<input type="checkbox"/> Other	(please specify)		DIN : _____ (mandatory if the related person is Director)					

 Affix
 Passport Size
 Photograph
 Only
 Please Sign
 Across the
 Photograph
 ●

B. ADDRESS DETAILS

Address for Correspondence (Residence) :					
Landmark :	City :	District :			
Pin Code :	State :	Country :			
Contact Details :					
Tel. (Office) :		Tel. (Residence) :			
Mobile :	E-mail :				
Address Type *	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
SPECIFY THE PROOF OF ADDRESS SUBMITTED FOR RESIDENCE/CORRESPONDENCE ADDRESS :					
<input type="checkbox"/> UID (Aadhar)	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	<input type="checkbox"/> UID No.
Permanent address of Resident Applicant if different from above B1 or overseas Address (Mandatory) for Non Resident Applicant.					
Landmark :	City :	District :			
Pin Code :	State :	Country :			
Address Type *	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
SPECIFY THE PROOF OF ADDRESS SUBMITTED FOR RESIDENCE/CORRESPONDENCE ADDRESS :					
<input type="checkbox"/> UID (Aadhar)	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	<input type="checkbox"/> UID No.
FATCA & CRS : Tax Residency outside India <input type="checkbox"/> Yes <input type="checkbox"/> No (Name of Country) _____					
Details of Related Person : PAN _____ Name _____					

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/We am/are aware that I/we may be held liable for it.

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

SIGNATURE OF APPLICANT

Place : _____ Date : / / _____

FOR OFFICE USE ONLY
IPV Done on _____

Arham Weath Management Pvt. Ltd. <input type="checkbox"/> (Original Verified) & Self-Certified, document Copies Received	STAFF NAME		Seal/Stamp Intermediary
	EMPLOYEE CODE		
	DESIGNATION		
	SIGNATURE		

KNOW YOUR CLIENT (KYC) ANNEXURE (For Non Individuals only)

Arham Wealth
 wealth • security • success

KYC Type : New KYC KYC Modification
KYC Mode : Normal Offline KYC EKYC Biometric

Please fill the form in ENGLISH & BLACK letters
A. IDENTITY DETAILS

Name of the Applicant (As per PAN Card)								
Father's/Spouse Name								
Maiden's Name (if any)								
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender					
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others					
Date of Birth		-		-				
Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Others						
Related Person Type								
<input type="checkbox"/> Director	<input type="checkbox"/> Promoter	<input type="checkbox"/> Karta	<input type="checkbox"/> Trustee	<input type="checkbox"/> Partner	<input type="checkbox"/> Court Appointed Official Proprietor			
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Authorized Signatory	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Power of Attorney Holder					
<input type="checkbox"/> Other	(please specify)		DIN : _____ (mandatory if the related person is Director)					

 Affix
 Passport Size
 Photograph
 Only
 Please Sign
 Across the
 Photograph
 ●

B. ADDRESS DETAILS

Address for Correspondence (Residence) :					
Landmark :	City :	District :			
Pin Code :	State :	Country :			
Contact Details :					
Tel. (Office) :		Tel. (Residence) :			
Mobile :	E-mail :				
Address Type *	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
SPECIFY THE PROOF OF ADDRESS SUBMITTED FOR RESIDENCE/CORRESPONDENCE ADDRESS :					
<input type="checkbox"/> UID (Aadhar)	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	<input type="checkbox"/> UID No.
Permanent address of Resident Applicant if different from above B1 or overseas Address (Mandatory) for Non Resident Applicant.					
Landmark :	City :	District :			
Pin Code :	State :	Country :			
Address Type *	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
SPECIFY THE PROOF OF ADDRESS SUBMITTED FOR RESIDENCE/CORRESPONDENCE ADDRESS :					
<input type="checkbox"/> UID (Aadhar)	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	<input type="checkbox"/> UID No.
FATCA & CRS : Tax Residency outside India <input type="checkbox"/> Yes <input type="checkbox"/> No (Name of Country) _____					
Details of Related Person : PAN _____ Name _____					

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/We am/are aware that I/we may be held liable for it.

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

SIGNATURE OF APPLICANT

Place : _____ Date : / / _____

FOR OFFICE USE ONLY
IPV Done on _____

Arham Weath Management Pvt. Ltd. <input type="checkbox"/> (Original Verified) & Self-Certified, document Copies Received	STAFF NAME		Seal/Stamp Intermediary
	EMPLOYEE CODE		
	DESIGNATION		
	SIGNATURE		

KNOW YOUR CLIENT (KYC) ANNEXURE (For Non Individuals only)

Arham Wealth
 wealth • security • success

KYC Type : New KYC KYC Modification
KYC Mode : Normal Offline KYC EKYC Biometric

Please fill the form in ENGLISH & BLACK letters
A. IDENTITY DETAILS

Name of the Applicant (As per PAN Card)								
Father's/Spouse Name								
Maiden's Name (if any)								
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender					
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others					
Date of Birth		-		-				
Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Others						
Related Person Type								
<input type="checkbox"/> Director	<input type="checkbox"/> Promoter	<input type="checkbox"/> Karta	<input type="checkbox"/> Trustee	<input type="checkbox"/> Partner	<input type="checkbox"/> Court Appointed Official Proprietor			
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Authorized Signatory	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Power of Attorney Holder					
<input type="checkbox"/> Other	(please specify)		DIN : _____ (mandatory if the related person is Director)					

 Affix
 Passport Size
 Photograph
 Only
 Please Sign
 Across the
 Photograph
B. ADDRESS DETAILS

Address for Correspondence (Residence) :					
Landmark :	City :	District :			
Pin Code :	State :	Country :			
Contact Details :					
Tel. (Office) :		Tel. (Residence) :			
Mobile :	E-mail :				
Address Type *	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
SPECIFY THE PROOF OF ADDRESS SUBMITTED FOR RESIDENCE/CORRESPONDENCE ADDRESS :					
<input type="checkbox"/> UID (Aadhar)	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	<input type="checkbox"/> UID No.
Permanent address of Resident Applicant if different from above B1 or overseas Address (Mandatory) for Non Resident Applicant.					
Landmark :	City :	District :			
Pin Code :	State :	Country :			
Address Type *	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
SPECIFY THE PROOF OF ADDRESS SUBMITTED FOR RESIDENCE/CORRESPONDENCE ADDRESS :					
<input type="checkbox"/> UID (Aadhar)	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	<input type="checkbox"/> UID No.
FATCA & CRS : Tax Residency outside India <input type="checkbox"/> Yes <input type="checkbox"/> No (Name of Country) _____					
Details of Related Person : PAN _____ Name _____					

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/We am/are aware that I/we may be held liable for it.

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

SIGNATURE OF APPLICANT

Place : _____ Date : / / _____

FOR OFFICE USE ONLY
IPV Done on _____

Arham Weath Management Pvt. Ltd. <input type="checkbox"/> (Original Verified) & Self-Certified, document Copies Received	STAFF NAME		Seal/Stamp Intermediary
	EMPLOYEE CODE		
	DESIGNATION		
	SIGNATURE		

KNOW YOUR CLIENT (KYC) REGISTRATION FORM

I / We request you to open a Demat / Trading in my / our name as per the following details :

Trading Account Demat Account Both

TRADING PREFERENCES

Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.

Exchanges	NSE, BSE					MCX, NCDEX, BSE & NSE
All Segments	Cash / Mutual Fund	F&O	Currency	SLBM	DEBT	Commodity Derivatives

If you do not wish to trade in any of segments, please mention here - NSE Cash / NSE FNO / NSE CD / NSE Commodity / NSE SLBM / BSE Cash / BSE FNO / BSE CD / BSE Commodity / BSE SLBM / MCX Commodity / NCDEX Commodity / BSE STAR MF I/We here accepting access of trading (except above stated segment / Exchange) to all other active stock exchanges for the segment already opted by me/us

ACCOUNT TYPE

NATIONALITY Indian Others

Individual Type of Account (Please tick whichever is applicable)

STATUS		
<input type="radio"/> Proprietor	<input type="radio"/> Bank	<input type="radio"/> Defense Establishment
<input type="radio"/> Body Corporate	<input type="radio"/> HUF	<input type="radio"/> Partnership Firm
<input type="radio"/> Clearing Member	<input type="radio"/> FI	<input type="radio"/> Mutual Fund
<input type="radio"/> Private Limited Co.	<input type="radio"/> NBFC	<input type="radio"/> OCB
<input type="radio"/> Public Limited Co.	<input type="radio"/> Clearing House	<input type="radio"/> Non Government Organisation
<input type="radio"/> Charities	<input type="radio"/> Government Body	<input type="radio"/> FII
<input type="radio"/> NGO'S / Trust	<input type="radio"/> BOI (Body of Individual)	<input type="radio"/> LLP
<input type="radio"/> AOP	<input type="radio"/> Society	<input type="radio"/> Other (specify)

PERSONAL & CONTACT DETAILS (Please fill the Form in English & in Block Letters only)

Name of the Constituent																				
UID NO.													PAN No.							
Mapin ID																				
Reg. No. (SEBI / ROC / RBI)							Date of Reg.				-		-							
Pl. tick, if applicable		<input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP) <input type="radio"/> Not Applicable																		
Any other Information																				
Specify the proof of Identity Submitted																				
Darpan Registration Details																				
Darpan ID (if applicable)																				

Is the entity involved / providing any of the following services YES NO

- For Foreign Exchange / Money Changer Services YES NO - Gaming / Gambling / Lottery Services
(e.g. casinos, betting syndicates) YES NO

- Money Lending / Pawning YES NO

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT

(To be filled by the Depository Participant)

Application No.			Date			DP Internal Reference No.		
DP ID	12080200	Exchange	NSE/BSE/MCX/NCDEX		UCC			Client ID

DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES / WHOLE TIME DIRECTORS & DIRECTORS

Name of Company / Firm												
Individual Full Name					Designation							
Address												
City			Pin Code			State			Country			
Date of Birth	-		-		PAN No.							
Income Range (Per Annum in Rs.)	<input type="radio"/> Below 1 Lac. <input type="radio"/> 1-5 Lacs. <input type="radio"/> 5 -10 Lacs. <input type="radio"/> 10-25 Lacs. <input type="radio"/> 25-1 Crore <input type="radio"/> 1 Crore Above											
Occupation	Salarised / Government Servant / Professional / Business											
Gender	<input type="radio"/> Male	<input type="radio"/> Female	Nationality	<input type="radio"/> Indian	<input type="radio"/> Others	UID						
Please tick, if applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP) <input type="radio"/> Not applicable												

Individual Full Name									Designation			
Address												
City			Pin Code			State			Country			
Date of Birth	-		-		PAN No.							
Income Range (Per Annum in Rs.)	<input type="radio"/> Below 1 Lac. <input type="radio"/> 1-5 Lacs. <input type="radio"/> 5 -10 Lacs. <input type="radio"/> 10-25 Lacs. <input type="radio"/> 25-1 Crore <input type="radio"/> 1 Crore Above											
Occupation	Salarised / Government Servant / Professional / Business											
Gender	<input type="radio"/> Male	<input type="radio"/> Female	Nationality	<input type="radio"/> Indian	<input type="radio"/> Others	UID						
Please tick, if applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP) <input type="radio"/> Not applicable												

Individual Full Name									Designation			
Address												
City			Pin Code			State			Country			
Date of Birth	-		-		PAN No.							
Income Range (Per Annum in Rs.)	<input type="radio"/> Below 1 Lac. <input type="radio"/> 1-5 Lacs. <input type="radio"/> 5 -10 Lacs. <input type="radio"/> 10-25 Lacs. <input type="radio"/> 25-1 Crore <input type="radio"/> 1 Crore Above											
Occupation	Salarised / Government Servant / Professional / Business											
Gender	<input type="radio"/> Male	<input type="radio"/> Female	Nationality	<input type="radio"/> Indian	<input type="radio"/> Others	UID						
Please tick, if applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP) <input type="radio"/> Not applicable												

 Affix
 Passport Size
 Photograph
 Only
 Please Sign
 Across the
 Photograph

 Affix
 Passport Size
 Photograph
 Only
 Please Sign
 Across the
 Photograph

 Affix
 Passport Size
 Photograph
 Only
 Please Sign
 Across the
 Photograph

Sr. No.	Name of Promoters / Partners / Karta / Trustee / Whole time Directors & Directors	Signature(s) along with Seal
1.		
2.		
3.		

BANK DETAILS (MANDATE FOR ELECTRONIC CREDIT)

1 Bank Name											Branch							
Address																		
A/c. No.																		
A/c Type	<input type="radio"/> Savings		<input type="radio"/> Current		<input type="radio"/> Others (Specify) _____													
MICR Number								IFSC Code										

The above bank account will be captured in CDSL system • Default for dividend receipts and trading payouts

2 Bank Name											Branch							
Address																		
A/c. No.																		
A/c Type	<input type="radio"/> Savings		<input type="radio"/> Current		<input type="radio"/> Others (Specify) _____													
MICR Number								IFSC Code										

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque is issued, (or)

(ii) Photocopy of the Bank Statement having name and address of the BO

(iii) Photocopy of the Passbook having name and address of the Bo, (or)

(iv) Letter from the Bank.

(v) Documents should be not more than 2 month old.

In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

DEMAT DETAILS

1 - DEMAT DETAILS		<input type="radio"/> CDSL	<input type="radio"/> NSDL													
Beneficiary Name																
Depository Participant Name																
(Through which transactions will generally be routed)										(Default for Payout)						
DP ID No.								Beneficiary ID (BO ID)								

2 - DEMAT DETAILS		<input type="radio"/> CDSL	<input type="radio"/> NSDL													
Beneficiary Name																
Depository Participant Name																
(Through which transactions will generally be routed)										(Default for Payout)						
DP ID No.								Beneficiary ID (BO ID)								

PAST ACTIONS TAKEN

Details of any action/proceedings initiated / pending / taken by SEBI / Stock exchange /any other authority against the applicant / constituent or its Partners / promoters /whole time directors / authorized persons in charge of dealing in securities during the last 3 years _____ Yes No

VAT DETAILS

Local VAT Regn. No.		Sales		Validity Date	-	-		
Other VAT Regn. No.		Sales		Validity Date	-	-		

GST REGISTRATION DETAILS

SGST No.	
CGST No.	
IGST No.	

OTHER DETAILS

Income Range (Per Annum in Rs.)	<input type="radio"/> Below 1 Lac.	<input type="radio"/> 1 - 5 Lacs.	<input type="radio"/> 5 - 10 Lacs.
	<input type="radio"/> 10 - 25 Lacs.	<input type="radio"/> 25 Lacs. - 1 Crore	<input type="radio"/> Above 1 Crore
Networth		As on	-

(Networth should not be older than 1 year)

INVESTMENT EXPERIENCE	<input type="radio"/> No Prior Experience	<input type="radio"/> Capital Market _____ yrs.
	<input type="radio"/> Derivatives Market _____ yrs.	<input type="radio"/> Commodity Market _____ yrs.
		<input type="radio"/> Other Investment Field _____ yrs.

Please tick, if applicable

Whether you wish to receive. (please specify) Physical Contract Note Electronic Contract Note (ECN)

Specify your Email ID, if applicable :

Whether you wish to avail of the facility of internet trading / wireless technology (please specify) Yes No

Any other information

DEALINGS THROUGH SUB-BROKERS, AUTHORISED PERSON AND OTHER STOCK BROKERS

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

Sub-broker's Name	
SEBI Registration number	
Registered office address	
Phone No.	
Website	

Whether dealing with any other stock broker/sub- broker (If case dealing with multiple stock brokers/sub-brokers provided details of all)

Name of Stock Broker	
Name of Sub Broker	
Client Code	
Details of disputes / dues pending from / to such stock broker / sub-broker	

INTRODUCTION DETAILS

Introducer's Name																						
Address																						
<input type="radio"/> Authorized Person <input type="radio"/> Existing Client <input type="radio"/> Other _____																						
PAN No.														Tel. No.								

Introducer's Signature



DECLARATION

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

Date			-			-							
Place													



(Client's Signature)

FOR OFFICE USE ONLY

UCC Code allotted to the Client :			
Documents verified with Originals / In person Verification done by			Client Interviewed / Approved by
Name			
Signature			
Designation			
Employee Code			
Date			

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



Signature of the Authorised Signatory

Seal/Stamp of the stock broker

Date			-			-						
------	--	--	---	--	--	---	--	--	--	--	--	--

STANDING INSTRUCTIONS

Smart Alert Facility Refer to Terms & Conditions given as Annexure-2.4	<input type="radio"/> Yes	<input type="radio"/> No	Mobile. No.	+	9	1									
	[(Mandatory, if you are giving Power of Attorney (POA) / DDPI] {if POA / DDPI is not granted & you do not wish to avail of this facility, cancel this option).														
Transactions Using Secured Texting Facility (Trust) Refer to Terms and Conditions Annexure-2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Term and Conditions prescribed by CDSL for the same. I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.														
	Stock Exchange Name/ID			Clearing Member Name				Clearing Member ID (Optional)							
Easi	<input type="radio"/> Yes	<input type="radio"/> No	To register for easi, please visit our website : www.cdsindia.com Easi allows a BO to view his ISIN balances, transactions and value of the protfolio online												
Account Statement Requirement		<input type="radio"/> As per SEBI Regulation	<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Forthnightly	<input type="radio"/> Monthly									
I/We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')															
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked, the default option would be 'No')															
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID															
I/We would like to share the email ID with the RTA															
I/We would like to receive the Annual Report <input type="radio"/> Physical / <input type="radio"/> Electronic / <input type="radio"/> Both Physical and Electronic (Ticke the applicable box. If not marked the default option would be in Physical)															
Do you with to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be Yes') (ECS is mandatory for locations notified by SEBI from time tot time)															

BENEFICIAL OWNER (S)

	Name of Holders										Signature(s)			
First / Sole Holder											⇒			
Second Holder											↔			
Third Holder											⇒			
Date				-			-				Place			

IN PERSON VERIFICATION

<input type="radio"/> IPV Through WEBCAM													
Verifier's Name													
Employee Code								Designation					
Date of Verification			-			-				Signature			

MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)

<input type="radio"/> Jointly	<input type="radio"/> Anyone of the Holder
-------------------------------	--

Consent for Communication to be received by first account holder / all Account holder :
(Tick the applicable box. If not marked the default option would be first holder)

<input type="radio"/> First Holder	<input type="radio"/> All Holder	Email Id
<input type="radio"/> Second Holder		
<input type="radio"/> Third Holder		

BROKERAGE STRUCTURE

1. CAPITAL MARKET SEGMENT	SLAB No.	FIRST SIDE % Min. Paise		SECOND SIDE % Min. Paise	
Trading Account					
a. Square of same day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Delivery		<input type="text"/>	<input type="text"/>		
2. F & O SEGMENT	SLAB No.	FIRST SIDE % Min. Paise		SECOND SIDE % Min. Paise	
Trading Account					
a. Brokerage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. CURRENCY DERIVATIVE SEGMENT	SLAB No.	FIRST SIDE % Min. Paise		SECOND SIDE % Min. Paise	
Trading Account					
a. Brokerage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. COMMODITY SEGMENT	SLAB No.	FIRST SIDE % Min. Paise		SECOND SIDE % Min. Paise	
Trading Account					
a. Brokerage MCX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Brokerage NCDEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Brokerage ICEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. OPTION TRADING	(a) Min. Per Lot <input type="text"/>	(b) Min. Brokerage <input type="text"/>		(c) <input type="text"/>	%
6. SECURITY LENDING & BORROWING SEGMENT					
a. Lender - Processing fees levied by NCL / ICCL + Other Statutory / Regulatory Charges					
b. Borrower - Processing fees levied by NCL / ICCL + Other Statutory / Regulatory Charges					

Note : Courier charges shall be levied to the client for the dispatch of physical document, including but not limited to contract notes, account statements, transaction reports, and any other relevant communication or documentation. These charges will be applicable in cases where the client has opted for or requires physical delivery of such document or email get bounced. you will be charged Rs. 100/- as a Courier Charges.



(Client's Signature)

DECLARATION

RIGHTS AND OBLIGATIONS

I/We have received & read the rights & obligations, including the schedules thereto and terms & conditions and agree to abide by and 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 to the best of my/our knowledge as on the date of making this application. I/We agree that any false / misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action.



First Holder Signature



Second Holder Signature



Third Holder Signature

Date	<input type="text"/>	Place	<input type="text"/>								
------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	-------	----------------------

Client Code : _____

Declaration

Date : / /

Dear Sir,

If any employee of Arham wealth Management Private Limited offer any Guaranteed return / fixed return-income / Assured return, please contact Mr Kalpesh Parekh on 9925004874 or +91 261 6941042. As Arham Wealth Management is not offer any such fixed or assured return to client. Since, Arham Wealth Management does not offer any Guaranteed return/fixed return / Assured return scheme/s, capital protection scheme.

Please contact Mr Kalpesh Parekh on 9925004874 or +91 261 6941042., if any employee of Arham Wealth Management Pvt. Limited offer any such fixed or assured return to you.

Regards,

(Client sign)



Demat Account Tariff Sheet

Tariff applicable to Beneficiary Accounts for DP Services (CDSL)

Sr. No.	Services	SCHEME
	<input type="radio"/> Investor / Traders	
1	Annual Maintenance Charges	800/-
2	Deliveries / Debit transaction a) Within AWMPL	₹ 11 / ISIN
	b) Outside AWMPL	Whichever is high 0.02% Min ₹ 15 / ISIN
3	Charges for Pledge creation/ Pledge closure	0.02% Min 25 / ISIN
4	Dematerialization	₹ 5 per certificate and ₹ 50 per DRF request and ₹ 50 per rejection
5	Rematerialization	Actual CDSL charges plus ₹ 50 per request
6	Additional DIS requisition	₹ 10/ booklet
7	Additional Request for account statement or holding with valuation, account modification,freeze & unfreeze etc.	₹ 25/ Request
8	Margin Pledge	10/- per ISIN

Notes :

1. GST and other statutory levies (if any) would be charged extra wherever applicable as per the prevailing rates.
2. Charges are payable monthly.
3. The rate will depend on existing CDSL charges and will be revised on revision by CDSL. All the charges are subject to revision at the sole & discretion of AWMPL. Charges will be revised by giving minimum 30 days notice in writing.
4. Value of the transaction will be in accordance with the rates provided by CDSL.
5. For availing 'Easiest' facility of CDSL, The charges as levied by CDSL would be collected from clients at actuals.
6. In case of every Corporate Accounts, CDSL AMC of 500/- shall be charged extra.
7. The Client shall not have any claim against the Exchange or the Stock broker on account of any suspension, interruption, non-availability or malfunctioning of the Stock broker's IT System or Service or the Exchange's service or systems or non-execution of his orders due to any link/system failure at the Client/Stock brokers/Exchange end for any reason beyond the control of the stock broker/Exchanges.
8. Courier Charges for Demat/Remat/Demat Rejection/CMR/additional DIS / Any Periodic/Adhoc Statement your will be charged Rs. 100/-

AUTHORISATION TO DEBIT TRADING ACCOUNT FOR THE DEM AT ACCOUNT CHARGES

I/We have opened/have a beneficiary account with your CDSL depository along with a trading account for investment and trading purposes. It would be difficult or me/us to keep issuing separate cheques against your depository bills. I/We, therefore authorize you to debit the charges payable towards operation of the above account. I/We are aware of the charges for operating the said account. Any such sum debited to my trading account shall be binding on me/us.

Client Code _____ BO ID : 12080200

	Name of Holders	Signature(s)
First / Sole Holder		
Second Holder		
Third Holder		

HUF DECLARATION AND CONSENT LETTER (NOC)

To,

Arham Wealth Management Pvt. Ltd.

With regard to Beneficiary account no. (BO ID) _____ And Trading Account _____ maintained in the same & style " _____" with DP/Trading

(Arham Wealth Management Pvt. Ltd.) We the following family members, being the co-parceners in the HUF account.

M/s. _____ do hereby give our consent that the side Karta, viz. _____ would operate above mentioned BO ID / Trading account as far as shares transactions of the HUF account is concerned of Hindu Undivided Family, hereby declare that the following are the Co-Parceners of my family. I, Mr. _____ the karta

Sr. No.	Name of Family Member	Sex	Date of Birth	Relationship	Signature
1					
2					
3					
4					
5					
6					
7					

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

Title of HUF / Karta _____

Stamp & Signature of Karta

Annexure - A

To,

Arham Wealth Management Pvt Ltd
Unit No. 418, 419, 419A, 4th Floor, Dsccsl Tower,
Block-53, Road 5c Gift City,
Gandhinagar Gujarat-382355

Beneficiary Account - 12080200_____

Date: _____

UCC Code: _____ Client Name: _____

Most Important Terms and Conditions (MITC) (For non-custodial settled trading accounts)

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

Client Signature_____

INTERNET & WIRELESS TECHNOLOGY BASED TRADING FACILITY PROVIDED BY STOCK BROKERS TO CLIENT

(All the clauses mentioned in the 'Rights and Obligations' document(s) shall be applicable. Additionally, the clauses mentioned herein shall also be applicable.)

1. Stock broker is eligible for providing Internet based trading (IBT) and securities trading through the use of wireless technology that shall include the use of devices such as mobile phone, laptop with data card, etc. which use Internet Protocol (IP). The stock broker shall comply with all requirements applicable to internet based trading/securities trading using wireless technology as may be specified by SEBI & the Exchanges from time to time.
2. The client is desirous of investing/trading in securities and for this purpose, the client is desirous of using either the internet based trading facility or the facility for securities trading through use of wireless technology. The Stock broker shall provide the Stock broker's IBT Service to the Client, and the Client shall avail of the Stock broker's IBT Service, on and subject to SEBI/Exchanges Provisions and the terms and conditions specified on the Stock broker's IBT Web Site provided that they are in line with the norms prescribed by Exchanges/SEBI.
3. The stock broker shall bring to the notice of client the features, risks, responsibilities, obligations and liabilities associated with securities trading through wireless technology/internet/smart order routing or any other technology should be brought to the notice of the client by the stock broker.
4. The stock broker shall make the client aware that the Stock Broker's IBT system itself generates the initial password and its password policy as stipulated in line with norms prescribed by Exchanges/SEBI.
5. The Client shall be responsible for keeping the Username and Password confidential and secure and shall be solely responsible for all orders entered and transactions done by any person whosoever through the Stock broker's IBT System using the Client's Username and/or Password whether or not such person was authorized to do so. Also the client is aware that authentication technologies and strict security measures are required for the internet trading/securities trading through wireless technology through order routed system and undertakes to ensure that the password of the client and/or his authorized representative are not revealed to any third party including employees and dealers of the stock broker
6. The Client shall immediately notify the Stock broker in writing if he forgets his password, discovers security flaw in Stock Broker's IBT System, discovers/suspects discrepancies/ unauthorized access through his username/password/account with full details of such unauthorized use, the date, the manner and the transactions effected pursuant to such unauthorized use, etc.
7. The Client is fully aware of and understands the risks associated with availing of a service for routing orders over the internet/securities trading through wireless technology and Client shall be fully liable and responsible for any and all acts done in the Client's Username/password in any manner whatsoever.
8. The stock broker shall send the order/trade confirmation through email to the client at his request. The client is aware that the order/ trade confirmation is also provided on the web portal. In case client is trading using wireless technology, the stock broker shall send the order/trade confirmation on the device of the client.
9. The client is aware that trading over the internet involves many uncertain factors and complex hardware, software, systems, communication lines, peripherals, etc. are susceptible to interruptions and dislocations. The Stock broker and the Exchange do not make any representation or warranty that the Stock broker's IBT Service will be available to the Client at all times without any interruption.
10. The Client shall not have any claim against the Exchange or the Stock broker on account of any suspension, interruption, non-availability or malfunctioning of the Stock broker's IBT System or Service or the Exchange's service or systems or non-execution of his orders due to any link/system failure at the Client/Stock brokers/Exchange end for any reason beyond the control of the stock broker/Exchanges.



CLIENT COMMODITY WISE CATEGORISATION (MANDATORY - ONLY FOR COMMODITY CLIENTS)
Arham Wealth Management Private Limited.

B/2, Ground Floor, ITC Building,
Majura gate, Ring Road, Surat - 395002

I do hereby declare that my Commodity wise categorisation as a participant is as follows:[] tick mark.

Sr. No. Commodity	FARMER/FPOS	VALUE CHAIN PARTICIPANTS(VCPs)	PROPRIETARY TRADES	DOMESTIC FINANCIAL INSTITUTIONAL INVESTOR	FOREIGN PARTICIPANTS	OTHERS
1 ALUMINIUM						
2 BRASS						
3 CARDAMOM						
4 CASTORSEED						
5 COPPER						
6 COTTON						
7 CRUPALMOIL						
8 CRUDE OIL						
9 GOLD						
10 LEAD						
11 MENTHAOIL						
12 NATURALGAS						
13 NICKEL						
14 PEPPER						
15 RBDPALMOIL						
16 SILVER						
17 ZINC						
18 KAPAS						
19 MCXBULLDEX						
20 MCXMETLDEX						
21 RUBBER						
22 OTHERS						

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

- 1) **Farmers/FPOs:** It includes participants such as farmers, farmers' cooperatives, Farmers Producers Organisations (FPOs)
- 2) **Value chain participants (VCPs):** It includes participants such as Processors, Commercial users as Dal and Flour Millers, Importers, Exporters, Physical Market Traders, Stockists, Cash & Carry participants, Producers, SMEs/MSMEs & Wholesalers etc., but exclude farmers/FPOs.
- 3) **Proprietary traders:** It includes the members of stock exchanges trading in their proprietary account.
- 4) **Domestic financial institutional investors:** It includes participants such as Mutual Funds (MFs), Portfolio Managers, Alternative Investment Funds (AIFs), Banks, Insurance Companies and Pension Funds etc., which are allowed to trade in commodity derivatives.
- 5) **Foreign participants:** It includes participants such as Eligible Foreign Entities (EFEs), NRIs etc. which are allowed to trade in commodity derivatives markets.
- 6) **Others:** All other participants which cannot be classified in the above categories

Client Signature _____

Client Name: _____

UCC Code: _____



FATCA & CRS Declaration -Non Individual

PAN Trading DP Code

Name

Date of Incorporation Place of Incorporation

Nationality

Reg. No. (CIN)

Annual Income Below Rs. 1 Lac Rs. 1 Lac to 5 Lac Rs. 5 Lac to 10 Lac
 Rs. 10 Lac to 25 Lac Rs. 25 Lac to 1 Crore > 1 Crore

Net Worth Amount Rs..... Net Worth as on

(Net worth should not be older than 1 year)

Occupational Detail Business Private Sector Professional Government Service Public Sector
 Agriculturist Housewife Student Retired Forex Dealer Others Pl. Specify

Are you a tax resident of any country other than India Yes No

If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, Please Specify)
1.			
2.			
3.			

DECLARATION

We have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct the complete. I hereby agree and confirm to inform Arham Weath Management Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOL).

Sign here :

Date :

Place :

ANNEXURE-1



FATCA & CRS Declaration - Individual

PAN Trading DP Code

Name

Date of Birth Country of Birth

Nationality

Annual Income Below Rs. 1 Lac Rs. 1 Lac to 5 Lac Rs. 5 Lac to 10 Lac
 Rs. 10 Lac to 25 Lac Rs. 25 Lac to 1 Crore > 1 Crore

Net Worth Amount Rs..... Net Worth as on

(Net worth should not be older than 1 year)

Occupational Detail Business Private Sector Professional Government Service Public Sector
 Agriculturist Housewife Student Retired Forex Dealer Others Pl. Specify

Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP)

Are you a tax resident of any country other than India Yes No

If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, Please Specify)
1.			
2.			
3.			

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct the complete. I hereby agree and confirm to inform _____ Arham Weath Management Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Sign here :

Date :

Place :



FATCA and CRS : DETAILS and DECLARATION FORM

FATCA and CRS DETAILS (Mandatory)

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

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

<p>We are a, (please tick as appropriate)</p> <p><input type="checkbox"/> Financial Institution (Refer definition A)</p> <p>or</p> <p><input type="checkbox"/> Direct reporting NFE (Refer definition B)</p>	<p>GIIN <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 150px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/></p> <p>Note : If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</p> <p>Name of sponsoring entity : <input style="width: 300px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/></p>
--	--

PART B (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

<p>Is the Entity a publicly traded company ? (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)</p>	<p>Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded)</p> <p>Name of stock exchange _____</p>
<p>Is the Entity a related entity of a publicly traded company ? (a company whose shares are regularly traded on an established securities market) (Refer definition D2)</p>	<p>Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</p> <p>Name of listed company _____</p> <p>Nature of relation : <input type="checkbox"/> Subsidiary of the listed Company OR <input type="checkbox"/> Controlled by a Listed Company</p> <p>Name of stock exchange _____</p>
<p>Is the Entity an Active NFE ? (Refer definition D3)</p>	<p>Yes <input type="checkbox"/> <input checked="" type="checkbox"/> Also provide UBO Form <input type="checkbox"/></p> <p>Nature of Business _____</p> <p>Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (Mention code - refer D3)</p>
<p>Is the Entity a Passive NFE ? (Refer definition E2)</p>	<p>Yes <input type="checkbox"/> <input checked="" type="checkbox"/> Also provide UBO Form <input type="checkbox"/></p> <p>Nature of Business _____</p>

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.

I/We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby confirm that the information provided by me/us on this form are true, correct and complete.

Place

Date :

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

* Declaration for Ultimate Beneficial Ownership (UBO)

(Mandatory for Non-Individual Applicants/Investors)

This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

A: Applicant Details:-

PAN		CRF No.	please specify
Applicant Name			

B: Category (please tick applicable category):-

Unlisted Company	Partnership Firm	Limited Liability Partnership	Unincorporated Association/Body of Individuals	Religious Trust
Public Charitable Trust	Private Trust/Trust created by a Will	Others		

C: Details Of Ultimate Beneficial Owners:-

(Please list below each controlling person, confirming ALL countries of Tax Residency/permanent address/citizenship and ALL Tax Identification Numbers for EACH controlling person. Please submit photocopy" of the PAN with photo or any other valid photo identity proof for each of the UBO specified)

If any of the UBO is resident / citizen of a Country other than India or citizen / tax resident / green card holder of United States of America (USA), please provide TaxPayer Identification Number/ US Social Security Number (SSN) *

S.No	Name of Ultimate Beneficiary Owner PAN(forResidents/NRIs) ID Proof (Foreign /PAN Exempt Individuals)	Permanent Address	Country of : Birth (COB), Citizenship (COC), Nationality (CON)	Country of Tax Residency	Tax Identification Number (TIN)	UBO Code @
Name			<u>COB:</u>	1.	1.	
			<u>COC:</u>	2.	2.	
			<u>CON:</u>	3.	3.	
PAN			<u>COB:</u>	1.	1.	
			<u>COC:</u>	2.	2.	
			<u>CON:</u>	3.	3.	
ID Proof			<u>COB:</u>	1.	1.	
			<u>COC:</u>	2.	2.	
			<u>CON:</u>	3.	3.	
Name			<u>COB:</u>	1.	1.	
			<u>COC:</u>	2.	2.	
			<u>CON:</u>	3.	3.	
PAN			<u>COB:</u>	1.	1.	
			<u>COC:</u>	2.	2.	
			<u>CON:</u>	3.	3.	
ID Proof			<u>COB:</u>	1.	1.	
			<u>COC:</u>	2.	2.	
			<u>CON:</u>	3.	3.	
Name			<u>COB:</u>	1.	1.	
			<u>COC:</u>	2.	2.	
			<u>CON:</u>	3.	3.	
PAN			<u>COB:</u>	1.	1.	
			<u>COC:</u>	2.	2.	
			<u>CON:</u>	3.	3.	
ID Proof			<u>COB:</u>	1.	1.	

*- If the given rows are not sufficient, investor can submit multiple declarations covering all Beneficial Owners.

#- Attached document should be self certified by the UBO and certified by the Applicant /Investor's Authorized signatory.

@-UBO Codes

UBO Code	Description	UBO Code	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company	UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals	UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under clause 4 (a) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]
UBO-5	Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]	UBO-6	The settlor(s) of the trust
UBO-7	Trustee(s) of the Trust	UBO-8	The Protector(s) of the Trust [if applicable].
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s)	UBO-10	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership



Arham Wealth (Mandatory for Non-Individual Applicants/Investors)

This declaration is NOT needed for Companies that are listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed company

A : APPLICANT DETAILS:

Applicant Name :	[.....]
PAN :	[.....]
Folio Nos.:	[.....]

B : CATEGORY [tick applicable category]:

<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> LLP	<input type="checkbox"/> Unit Trust or Mutual Fund	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust/Trust created by a Will	<input type="checkbox"/> Others	<input type="checkbox"/> [Please Specify]
---	---	------------------------------	--	--	--	--	--	---------------------------------	---

C : DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)

Please list below each controlling person, confirming All countries of tax residency / permanent address / citizenship and All Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

S.No	Name of UBO [Mandatory]	Country of Tax Residency	PAN/ Taxpayer Identification Number/ Equivalent ID Number	Document type (Refer Instruction 4)	% of beneficial interest	Controlling person type Code (Refer Instruction 5)	Place & Country of Birth	Date of Birth [dd-mm-yy]	Address & Contact details [Include City, Pin code, State, Country]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
1	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....].....Mandatory [If PAN not provided	[.....]	[.....]	[.....]	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
2	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
3	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
4	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
5	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	[.....]	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others

I / We acknowledge and confirm that the information provided above is / are true and correct to the best of my / our knowledge and belief and provided after necessary consultation with tax professionals.

I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form are true, correct and complete.

Date :

Authorized Signatures [with Company/Trust/Firm/Body Corporate seal]

Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatory(ies) [with Company/Trust/Firm/Body Corporate seal]

Date: _____ / _____ / _____

Place : _____

Ultimate Beneficial Ownership (UBO)

BACKGROUND

Pursuant to SEBI master circular vide ref. no. CIR/ISD/AML/3/2010 dated December 31,2010 on anti money laundering standards and guidelines on identification of Beneficial Ownership issued by SEBI vide its circular ref. no. CIR/MIRSD/2/2013 dated January 24,2013, investors (otherthan Individuals) are required to provide details of Ultimate Beneficial Owner(s) ("UBO(s)") and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s). The Ultimate Beneficial Owner means:

● For Investor other than Trust:

A 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlements to:

- i. more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

In cases where there exists doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity details should be provided of the natural person who is exercising control overthe juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner). However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

● For Trust :

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

Exemption in case of listed companies:

The provisions w.r.t. Identification of UBO are not applicable to the investor or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company.

Applicability for foreign investors:

The identification of beneficial ownership in case of Foreign Institutional Investors (FIIs), their sub-accounts and Multilateral Funding Agencies / Bodies Corporate incorporated outside India with the permission of Government of India / Reserve Bank of India may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5,2012.

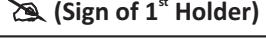
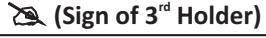
To all to whom these presents shall come, I/we,

1. Mr./Mrs./Ms. _____ an individual having his/her residence address at _____ (hereinafter called 'the First / Sole Holder')
2. Mr./Mrs./Ms. _____ an individual having his/her residence address at _____ (hereinafter called 'the second holder')
3. Mr./Mrs./Ms. _____ an individual having his/her residence address at _____ (hereinafter called 'the third holder')

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, having his/her/its residence/ registered office/place of business at

All Indian inhabitant(s) send greetings on this day of ,202 , Whereas

1. I/we hold a beneficiary account # 12080200 _____ with Central Depository Services (India) Ltd., though its Depository Participant, Arham Wealth Management Private Limited, a corporate body incorporated under The companies Act, 1956 having its Corporate Address B-2, ITC Building, Ground Floor, Majura Gate, Surat 395002 and having DP ID 80200 (hereinafter referred to as 'the Depository Participant').
2. I/we am/are an investor engaged in buying and selling of securities through Arham Wealth Management Private Limited, a corporate body incorporated under The companies Act, 1956 and having its Corporate Address B-2, ITC Building, Ground Floor, Majura Gate, Surat 395002 (Hereinafter referred to as 'the stock broker').
3. The said Stock Broker is presently a Member of BSE Ltd. & National Stock Exchange of India Ltd. in Capital Market Segment, Equity Derivative Segment, Currency Derivative Segment & Commodity Derivative providing MTF & Mutual Fund Distributor bearing SEBI Registration No. INZ000189034. (hereinafter referred to as "the Stock Exchange/Exchanges").
4. Due to exigency and paucity of time, I/we am/are desirous of executing DDPI i.e. Demat Debit and Pledge Instruction with Arham allowing Arham Wealth Management Private Limited.

Sr. No.	Purpose	Signature of Client
1.	To Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations (via demat accounts as mentioned in Schedule 'A' attached herewith) arising out of trades executed by clients on the Stock Exchange through the same stock broker.	 (Sign of 1 st Holder)
		 (Sign of 2 nd Holder)
		 (Sign of 3 rd Holder)
2.	For 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. To return any securities that may have been received by me erroneously or those securities that I was not entitled to receive.	 (Sign of 1 st Holder)
		 (Sign of 2 nd Holder)
		 (Sign of 3 rd Holder)

Demat Debit and Pledge Instruction
VOLUNTARY

Sr. No.	Purpose	Signature of Client
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	☛ (Sign of 1 st Holder)
		☛ (Sign of 2 nd Holder)
		☛ (Sign of 3 rd Holder)
4.	Tendering shares in open offers through Stock Exchange platforms.	☛ (Sign of 1 st Holder)
		☛ (Sign of 2 nd Holder)
		☛ (Sign of 3 rd Holder)

I/We ratify the instructions given by the aforesaid stock broker to the depository participant named herein above in the manner specified herein. I/We hereby agree and declare that all acts and deeds done by the aforesaid stock broker under this authorization shall be construed as acts and deeds done by me/us jointly as well as severally and I/we further confirm and ratify all acts and deeds that the aforesaid stock broker shall lawfully do or cause to be done by virtue of this authorization.

I/We further agree and confirm that the powers and authorities conferred by this instruction shall continue until it is revoked (without notice) in writing by me/us and that the said revocation shall be effective from the date on which the revocation notice is received by the stock broker.

SCHEDULE 'A'

Particulars	Demat Account No.	Particulars	Demat Account No.
NSE CDSL POOL A/C	1208020000000035	BSE CDSL POOL A/C	1208020000000016
NSE Early Pay-in Account	1100001100019454	Client Securities Margin Pledge Account	120802000044630
NSE CDSL SLBM POOL A/C	1208020000030459	BSE Early Pay-in Account	1100001000023458
Client Unpaid Securities pledge AC	1208020000074524	Client Securities Margin Funding Account	1208020000134513
NSE/BSE Derivative TM POOL A/C	IN300966-11369131	—	—

Sr. No.	ACCOUNT TYPE	CM-BP ID	CM-BP ID
1	BSE NSDL POOL ACCOUNT	IN647147	IN665658
2	NSE NSDL POOL ACCOUNT	IN590954	IN519476

CO- PARCENERS DETAIL OF HUF

Sr. No.	Name of Family Member	Sex	Date of Birth	Relationship	Signature
1					
2					
3					
4					
5					
6					

We hereby confirm having accepted the aforesaid Instructions

For, Arham Wealth Management Private Limited



☛ Authorised Signatory

RUNNING ACCOUNT AUTHORISATION**VOLUNTARY**

(THE CLIENT MAY, IF HE DEEMS FIT, EXECUTE THIS AUTHORIZATION)
(REFERENCE PARA, 12 OF SEBI CIRCULAR NO. MIRSD/SE/CIR-19/2009 DATED DECEMBER 03, 2009)

To, Date
Arham Wealth Management Pvt. Ltd.

Reg. Office Add.: Unit No. 418, 419, 419A, 4th Floor, Dsccsl Tower, Block-53, Road 5c Gift City, Gandhinagar Gujarat-382355

Correspondence Add. : B-2, Ground Floor, International Trade Centre, Majuragate, Ring Road, Surat-395002.

Dear Sir,

SUBJECT: AUTHORITY TO MAINTAINING RUNNING ACCOUNT

in respect of my/our Trading Account held with you on Capital Market and/or Future & Options segment and/or currency derivative segment and/or Commodity Segment of the Bombay Stock Exchange, & National Stock Exchange of India Limited. Commodity Segment of Multi Commodity Exchange of India Limited & National Commodity Derivative Exchange Limited. As my/our broker I/We direct and authorize you to carry out trading/dealings on my/our behalf as per instruction given below:

- 1) I/We request you to do the settlement of running account of funds after considering the End of the day (EOD) obligation of funds as on the date of settlement across all the Exchanges in

Once in 30 days Once in 90 days

running account as per the selection made above.

- 2) I understand that as suggested by SEBI via circular SEBI/HO/MIRSD/PoD1/P/CIR/2023/197, the settlement of running account of funds of my trading account shall be done by you after considering the End of the day (EOD) obligation of funds as on the date of settlement across all the Exchanges on first Friday of the settlement cycle selected by us.
- 3) If my account has credit balance and I/We have not done any transaction in the 30 calendar days since the last transaction, I/We authorize and request you to return the credit balance within next three working days without any intimation irrespective of the date when the running account was previously settled.
- 4) I understand and accept that as per above referenced SEBI circular, security settlement won't be carried out in the account held by me/us.
- 5) I understand that
 - a) if I select quarterly (i.e., Apr-Jun, Jul-Sep, Oct-Dec, Jan-Mar) for all the clients i.e., the running account of funds shall be settled on first Friday of April-_____, July-_____, Oct-_____, Jan-_____, and so on for all the clients registered with you. If first Friday is a trading holiday, then such settlement shall happen on the previous trading day;
 - b) And if I have opted for Monthly settlement, running account shall be settled on first Friday of every month. If first Friday is a trading holiday, then such settlement shall happen on the previous trading day.
- 6) I agree that if I/We fail to bring any disputes arising from the statement of running account to your notice within 30 working days from the date of receipt of statement of running account, The statement of running account shall be final and binding to me/us and I/We shall have no right to dispute on the same.
- 7) I/We agree that we reserve right to revoke this authorization upon giving the instructions in writing to you

Thanking You,
 Yours faithfully,

Client Name



Client Signature

UCC Code : _____

PROPRIETARY DECLARATION

From,
ARHAM WEALTH MANAGEMENT PVT. LTD.

"PROPRIETARY TRADING DISCLOSURE NOTED"

This has reference to circular no. SEBI / MRD / SE / CIR. -42 / 2003 dated November 19, 2003, on the subject matter. As directed by SEBI Vide above mentioned circular I hereby disclose that **Member** does client based business as well as undertakes proprietary trading in NSE, BSE, MCX & NCDEX.



Client Signature

Client Name

OPTION FORM FOR ISSUE OF DIS BOOKLET

										Date		-		-				
DP ID										Client ID								
First Holder Name																		
Second Holder Name																		
Third Holder Name																		

To,

Arham Wealth Management Pvt. Ltd.

Reg. Office Add.: Unit No. 418, 419, 419A, 4th Floor, Dsccsl Tower, Block-53, Road 5c Gift City, Gandhinagar Gujarat-382355

Correspondence Add. : B-2, Ground Floor, International Trade Centre, Majuragate, Ring Road, Surat-395002.

Dear Sir / Madam

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

OPTION 1:

I/We require you to issue Delivery Instruction slip (DIS) booklet to me /us immediately on opening my/our CDSL account through I/We have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with _____(name of the attorney / Clearing / PMS manager) for executing delivery instruction for setting stock exchange trades (settlement related transactions) effected through such Clearing Member / by PMS manager.

Yours Faithfully

	Name of Holders	Signature(s)
First / Sole Holder		
Second Holder		
Third Holder		

OPTION 2 :

I/We do not require the Delivery Instruction Slip (DIS) for the time being, since I/We have issued a POA / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades (settlement related transactions) effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me/us immediately on my/our request at any later date.

Name of Holders		Signature(s)
First / Sole Holder		
Second Holder		
Third Holder		

VOLUNTARY UNDERTAKING/AUTHORISATION

With respect to member-constituent relationship and mandatory and voluntary (optional) documents executed between us, I/we do hereby authorize AWMPL to do the following:

1. ORDER PLACEMENT INSTRUCTIONS

I understand that you require written instructions from me for placing/modifying/cancelling orders. However, since it is not practical for me to give written instructions for placing/modifying/cancelling order. Even If I have facility to trade online through Internet and wireless technology, I may have to place orders by physically visiting/calling/emailing the call center/branch specified for the said purpose by AWMPL in case of breakdown of internet connectivity or other similar reasons. I hereby request you to kindly accept my verbal orders/instructions, in person or over phone and execute the same. I understand the risk associated with placement of verbal orders and accept the same. I shall not disown orders under the plea that the same were not placed by me provided I am sent ECN/Physical contract notes or trade confirmations through SMS and other approved modes. I/we also agree that non-receipt of bounced mail notification by you shall amount to delivery of contract note at my/our email ID. I indemnify AWMPL and its employees against all trade related losses, damages, actions which you may suffer or face, as a consequence carrying out my instructions for orders placed verbally

2. ERRORS AND OMISSIONS

I understand and agree that inadvertent errors may occur, while executing orders placed by me. In such circumstances AWMPL shall make all reasonable efforts to rectify the same and ensure that I am not put to any monetary loss. I understand and agree that I shall not hold AWMPL responsible beyond this and claim additional damages/loss. I understand and agree that my request to modify or cancel the order shall not be deemed to have been executed unless and until the same is confirmed by AWMPL.

3. NO MARKET MANIPULATION

I undertake not to execute transactions, either singly or in concert with other clients, which may be viewed as manipulative trades viz. artificially raising, depressing or maintaining the price, creation of artificial volume, synchronized trades, cross trades, self-trades, etc or which could be termed as manipulative or fraudulent trades by SEBI/Exchanges. In case I am found to be indulging in such activities, AWMPL has every right to inform the Exchange/SEBI/other regulatory authority of the same and suspend/close my trading account.

4. NOT TO ACT AS UNREGISTERED SUB BROKER

I undertake not to act as unregistered Sub-broker and deal only for myself and not on behalf of other clients. In case I wish to deal for other clients also, I undertake to apply to SEBI through AWMPL to obtain a sub broker registration. In case AWMPL perceives that I am acting as an unregistered sub broker, AWMPL has the right to immediately suspend my trading account and close all open positions and adjust the credits (across all segments) against the dues owed by me to AWMPL without the requirement of any notice from AWMPL. Further, AWMPL has the right to inform the concerned regulatory authorities about the same. In aforesaid eventuality, I agree and undertake to indemnify AWMPL from any loss/damage/claim arising out of such activity.

5. NOT DEBARRED BY ANY REGULATOR

I confirm and declare that there is no bar on me imposed by any Exchange or any regulatory and/or statutory authority to deal in securities directly or indirectly. I agree to inform AWMPL, in writing, of any regulatory action taken by any Exchange or regulatory/ statutory authority on me in future. In case I fail to inform the same and AWMPL on its own comes to know of such action, AWMPL has the right to suspend/close my trading account and refuse to deal with me. Also, AWMPL can at its sole discretion, close all the open positions and liquidate collaterals to the extent of trade related debit balances, without any notice to me.

6. PMLA DECLARATION

I declare that I have read and understood the contents and the provisions of the PMLA Act, 2002, which were also explained to me by AWMPL officials. I further declare that I shall adhere to all the provisions of PMLA Act, 2002.

I further undertake and confirm that;

- a. I do not have any links with any known unlawful persons/institutions
- b. I am a genuine person and not involved or indulge knowingly or assisted, directly or indirectly, in any process or activity connected with the proceeds of crime nor I am a party to it. The investment money is derived from proper means and does not involve any black or Hawala money in any manner.

7. INDEMNIFICATION

I hereby indemnify and hold AWMPL, its Directors and employees harmless from and against all trade related claims, demands, actions, proceedings, losses, damages, liabilities, charges and/or expenses that are occasioned or may be occasioned to the AWMPL directly or indirectly, relating to bad delivery of shares/ securities and/ or third party delivery, whether authorized or unauthorized and fake/forged/stolen shares/ securities/transfer documents introduced or that may be introduced by or through me during the course of my dealings/ operations on the Exchange(s) and/ or proof of address, identity and other supporting/ documents provided by me at the time of registration and/ or subsequently.

8. INDEMNITY OF JOINT HOLDINGS

I hereby agree to indemnify and hold AWMPL harmless from any trade related claims, demands, actions, proceedings, losses, damages, liabilities, charges and/or expenses arising from transactions in securities held jointly by me with any other person or persons, if any.

9. BSE STAR MUTUAL FUND FACILITY

I am interested in availing the STAR Mutual Fund facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the STAR platform of the Exchange. For the purpose of availing the STAR Mutual Fund facility, I state that "Know Your Client" details as submitted by me for the opening of Trading Account may be considered for the purpose of STAR and I/we further confirm that the details contained in same remain unchanged as on date. I am willing to abide by the terms and conditions as has been specified and as may be specified by the Exchange from time to time in this regard. I shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI). I shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I choose to subscribe/redeem. I further agree to abide by the terms and conditions, rules and regulations of the respective Mutual Fund Schemes subscribed by me.

10. DELAYED PAYMENT CHARGES

I understand that in case my account is in debit balance and/or if I have insufficient funds to manage my trading positions, I will be charged an interest of 0.05% per day as delayed payment charges. I confirm having read the rules & regulations pertaining to the levy of such interest under the policies & procedures page on AWMPL's website.

11. NRI DECLARATION

I understand that if the sole/first applicant has or attains NRI Status, investments in scheme of mutual funds can be made only upon providing Foreign Inward Remittance Certificate (FIRC) to AWMPL every time the investment is made.

12. THIRD-PARTY PAYMENTS

AWMPL shall have the prerogative to refuse payments received from any bank account where the client is not the first holder or which is not mentioned in the KYC or which the client has not got updated subsequently by submitting a written request along with adequate proof thereof as per proforma prescribed by AWMPL. AWMPL shall not be responsible for any loss or damage arising out of such refusal of acceptance of payments in the situations mentioned above.

However, due to oversight, if any such third-party payment has been accepted by AWMPL and the credit for the same has been given in the client's ledger, AWMPL shall have the right to immediately reverse such credit entries on noticing or becoming aware of the same. In such a case, AWMPL reserves the right to liquidate any of the open positions and/or any of the collaterals received/ held on behalf of the client. AWMPL, its Directors and employees shall not be responsible for any consequential damages or losses.

13. NO DEALINGS IN CASH

AWMPL as a policy neither accepts any funds for pay-in/margin in cash nor makes any payment or allows withdrawal of funds in cash. No claim will be entertained where the client states to have made any cash payment or deposited cash with any Branch/Sub- Broker/ Remisier/Employee/Authorized Person of AWMPL.

14. DELIVERIES

The client shall ensure that the shares are properly transferred to the designated demat account of AWMPL, for effecting delivery to the Exchange against the sale position of the client. Such transfers shall be entered by the client within the time specified by SEBI/Exchanges/AWMPL. In case the client fails to transfer the shares on time to AWMPL, AWMPL shall not be responsible for any loss/damages arising out of such delayed transfers.

15. SQUARING OFF OF POSITIONS & SALE /LIQUIDATION OF COLLATERAL MARGINS (to the extent of Settlement Margin obligation)

The client shall settle the transactions, within the Exchange specified settlement time, by making the requisite payment of funds and/or delivery of the shares. In case the client fails to settle the transactions within the settlement date, then AWMPL has the right to square off the open and/or unpaid positions, at an appropriate time, as it deems fit, without any notice to the client. The client shall not have any right or say to decide on the timing of closure of the open positions that needs to be closed. AWMPL, its Directors and Employees shall not be responsible for any trade related loss or damages arising out of such square offs. All such square off transactions shall have implied consent and authorization of the client in favour of AWMPL.

After such square off of open positions by AWMPL, as mentioned in above clauses, if there is a debit balance, the client shall pay the same immediately. However, if the client does not clear off the debit balance, AWMPL shall have the right to liquidate the shares and other securities of the client (kept as collateral/margin) to the extent of the debit balance, without any intimation to the client. The client shall not have the right to decide on the timing of liquidation of shares and securities held in collateral/margin and the shares and securities that needs to be sold or liquidated. AWMPL, its Directors and employees shall not be responsible for any trade related loss or damages arising out of such selling.

16. INDEMNITY FOR USE OF BACKOFFICE, E-DIS & OTHER FACILITY MADE AVAILABLE UNDER THE SAME

I/We understand that login credentials for back-office and trading platform shall be provided to us on email id provided to you on account opening form, I/we hereby agree to indemnify and hold AWMPL, its employee or directors harmless from any action taken by us from the back-office access, execution of E-dis, profile modification carried out from login access given to us in account held jointly by me with any other person or persons, if any.

The Client acknowledges that he is fully aware of and understands the risks associated with availing of access to online back-office & trading services through internet including the risk of misuse and unauthorized use of his Username and/or Password by a third party and the risk of a person hacking into the Client's account on AWMPL's back-office & Online Trading. The Client agrees that he shall be fully liable and responsible for any and all unauthorized use and misuse of his Password and/or Username and also for any and all acts done by any person through AWMPL's back-office & Online Trading System on the Client's Username in any manner whatsoever.

All the access, edis instruction executions, corporate action, profile modification or any other request or instructions given through the AWMPL's back-office system via the Client's Username, password & 2FA shall be deemed to have been done and given by the Client.

17. INDEMNITY FOR BO HAVING JOINT BANK ACCOUNT

In case where client's bank has joint holder, it is client's responsibility to get consent of the other holder(s) in respect of mapping & executing transaction via mapped bank in client's demat & trading account held with AWMPL.

All the transaction Carried out via such bank account which has multiple holder shall be assumed to have done through consent of all holders.

Client Sign._____

Consent for Bank A/c

Bank A/c No._____

Name of Bank_____

IFSC._____ MICR_____

Name of First Holder as per Bank A/c._____

Name of Second Holder as per Bank A/c._____

Consent of Bank A/c Holder Sign._____



**CONSENT CUM DECLARATION FOR COMMON MOBILE NUMBER & EMAIL ID
MAPPED IN FAMILY TRADING ACCOUNT & DEMAT ACCOUNT**

To,

Arham Wealth Management Pvt Ltd
Unit No. 418, 419, 419A, 4th Floor, Dsccsl Tower,
Block-53, Road 5c Gift City,
Gandhinagar Gujarat-382355

Subject: Mapping of common Mobile number & Email-id in family trading accounts

Ref: Trading Id/UCC: _____

Dear Sir/Ma'am,

I am writing this to inform you about my trading account _____ held with Arham Wealth Management Pvt. Lt where Mobile Number _____ email-id, _____ are mapped which belongs to Client ID _____ which is my account.

I am aware that common mobile number and email id are mapped in family account having following relation: Spouse/Dependent Children/Dependent Parents.

I declare that hereby declare that the mapped mobile number and email id belongs to family member and I have given my consent to use the said Mobile Number and Email Id in family trading Accounts & Demat Account.

I am aware that the said Mobile Number Email-id is mapped in following trading accounts & Demat Account

Sr. No.	UCC	BO ID 12080200	Client Name	Relation	Signature

Further, I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. Further I shall update you about the any changes occur in future immediately.

Yours Truthfully,

Client Signature



LETTER OF CONSENT

Dear Sir/Madam,

SUB.: A) Consent for use of common E-mail id & Common Mobile Number in our trading and Demat Account;

B) Consent to receive digitally signed documents by E-mail (Electronic Contract Note (i.e. ECN) & other Documents) and trade confirmation etc by SMS.

A. With ref. to SEBI circular CIR/MIRSD/15/2011 DATED 02/08/2011, I/we hereby authorized you to accept following common email id & common mobile number in our family member's trading & Demat account with you as per annexure 1. As per the clause (2B IV) of this SEBI circular, family member means self, spouse, dependent children and dependent parents. Following is our common E-mail id & Common Mobile number.

Sr. No.	Mobile No. / Email-Id	Owner	Relationship	Code
1				
2				

Annexure 1 (List of family Member's Trading & Demat Account having common Email & mobile Number as mentioned above)

Sr. No.	CODE	BO ID 12080200	NAME	RELATIONSHIP

B. I/we hereby consent to receive digitally signed documents like contract note (ECN), daily margin statement, statement of accounts for funds & securities of the trades executed by me/us, retain statement, trade confirmation, ledger, bills, demat holdings statements, demat transaction statements, notices, circulars, amendments and such other correspondence as per exchange & regulatory requirements in electronic form duly authenticated by means of a digital signature as specified in the Information technology Act, 2000 and the rules made there under on above our common email id & SMS if any on above common mobile number & accept and authorized the same as correct. If any error or any false information or details received in such email then I/we will agree to inform you in writing or by email immediately or within week. I/we further agree that non-receipt of bounce mail notification by the member shall amount to delivery of the electronic documents.

I/we further agree that in future if any change in my/our email id / or mobile number, I/we will inform immediately in writing to member for updation.

Thanking you.

Your's faithfully,



(First/Sole Holder Signature)



(Second Holder Signature)



(Third Holder Signature)

Terms & Conditions :

The Stock Broker or Commodity Exchange / Stock Exchanges may confirm the details by way of sending SMS or E-mail or letter directly to the client. Only upon receipt of confirmation from the Client, the Stock Broker / Stock Exchanges or Commodity Exchanges shall commence sending the transaction details directly to client.

In case of non-individual accounts the service will be available only to one mobile number as provided to stock Broker/Stock Exchanges as provided in the above details.

Client acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/or inaccuracy. In case the client observes any error in the information provided in the alert, the client shall inform the Stock Broker/Stock Exchange immediately in writing and the stock Broker/Stock Exchange will make best possible efforts to rectify the error as early as possible.

The information sent as an alert on the mobile phone number/ Email ID shall be deemed to have been received by the client and the Stock Broker / Stock Exchanges shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.

The Stock Broker/Stock Exchanges will make best efforts to provide the service. The Client cannot hold the Stock Broker/ Stock Exchanges liable for non-availability of the service in any manner or for any non-delivery, delayed delivery or distortion of the alert in anyway whatsoever.

Stock Exchanges reserves the right to charge such fees from time to time as it deems fit for providing this service to the Client as governed by the regulatory authorities.

I/We agree that the member will not be responsible for non receipt of documents sent via electronic delivery due to change in email address or for any other reason which inter alia include my/our email/inbox running out of capacity, mail function of my/our computer system/server/internet connection etc.

The Stock Broker/Stock Exchanges shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorised access to the information meant for the Client. In consideration of the Stock Broker / Stock Exchanges providing the service, the Client agrees to indemnify and keep safe, harmless and indemnified the Stock Broker / Stock Exchanges and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a Stock Broker/ Stock Exchanges may at anytime incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the Client. The Stock Broker/Stock Exchanges shall also not be liable for any delay or any other interruption which may occur in providing the date due to force majeure, communication failure, any technical reason including network (internet) related reasons, system failure or any other form of breakdown of services or the inability of the Broker / Exchange to send the data beyond the control of the Broker/Exchange.

The Stock Broker/ Stock Exchanges may amend the terms and conditions by giving prior notice to the Client. Any such amendments shall be binding on the Client who is already registered as user of this service.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the Stock Broker/ Stock Exchanges from time to time. I/We further undertake to pay fee/charges as may be levied by the Stock Exchange from time to time, as applicable, I/We am/are aware that mere acceptance of the registration from does not imply in any way that the request has been accepted by the Stock Broker/Stock Exchanges for providing the service. Providing the Service as outlined above shall be governed by the laws of India. I/We agree to intimate to Stock Broker, for any change in my mobile number and/or email ID provided to you in writing.

	Name of Holders	Signature(s)
First / Sole Holder		
Second Holder		
Third Holder		

UCC Code _____ **BO ID : 12080200**

Date			-			-				Place	
------	--	--	---	--	--	---	--	--	--	-------	--

To,

VOLUNTARY

Arham Wealth Management Pvt. Ltd.

Reg. Office Add.: Unit No. 418, 419, 419A, 4th Floor, DSCCSL Tower, Block-53, Road 5c Gift City, Gandhinagar Gujarat-382355
Correspondence Add. : B-2, Ground Floor, International Trade Centre, Majuragate, Ring Road, Surat-395002.

Dear Sir,

I/We hereby consent to receive the procedure for filling the complaints on SEBI Complaint Redress System (SCORES). Following are the procedures for filling complaint.

SCORE website : <https://scores.sebi.gov.in>

Filing of complaints on SCORES - Easy & Quick

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

	Name of Holder	Signature(s)
First / Sole Holder		
Second Holder		
Third Holder		

AUTHORISATION FOR RECEIPT OF CONTRACT NOTES AND OTHER DOCUMENTS IN DIGITAL MODE.

I/We hereby consent to receive from AUTHORISATION FOR RECEIPT OF CONTRACT NOTES AND OTHER DOCUMENTS IN DIGITAL MODE.

I/We hereby consent to receive from Arham Wealth Management Private Limited the digital contract notes, bills, ledgers, transaction statements, DEMAT statement of accounts/DEMAT transaction statement/holding statement(s)/bills/other statements, notices, retention statement, circulars, amendments and such other correspondence documents, records by whatever name called in electronic form duly authenticated by means of a digital signature as specified in the Information Technology Act, 2000 and the rules made thereunder to my/our below mentioned E-mail Id (said E-mail Id).

E-mail Id: _____

I/We further hereby agree that AWMPL shall fulfil the legal obligation, if the above documents are sent electronically to the said E-mail Id and I/we am/are aware that I/we will not receive the statements/documents in paper form. In this regard, I/we further confirm and agree that: -

1. The above is my/our personal E-mail Id. The same has been created by me/us and not by someone else. I/We shall take all necessary steps to ensure confidentiality and the secrecy of the login and password of the above-mentioned E-mail account. AWMPL shall not be liable to or responsible for any breach of secrecy. I/We am/are aware that the statements/documents may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised. I/We will be solely responsible for the security of the information provided on my/our aforesaid E-mail Id
2. E-mails sent to any of the above-mentioned E-mail accounts, which have not bounced back, shall be deemed to be duly delivered to me/us. I/We am/are aware that non-receipt of bounced email notification by the member shall amount to delivery of the Contract Note and other documents to the above-mentioned E-mail Id(s)
3. AWMPL shall not take cognizance of out-of-office/out of station auto replies and I/we shall be deemed to have received such electronic mails. Such Statements shall be deemed to have been delivered on the day when the E-mail is sent by AWMPL
4. AWMPL shall not be liable or responsible for any Statement received from frauds or impostors or any consequences thereof
5. AWMPL shall not be liable for any problem, which arises at my/our computer network because of my/our receiving any Statement from AWMPL
6. I/We shall inform AWMPL by way of a letter in writing duly signed by me/us or informed through an internet platform if there is any change in the E-mail given above
7. I/We undertake to check the Statement and bring the discrepancies to your notice within the time period as specified under the relevant agreements entered into with AWMPL. My/Our non-verification or not accessing the Statement on a regular basis shall not be a reason for disputing the same at any time
8. Further I/we agree and undertake to indemnify AWMPL and its group companies, that they will not be held liable/responsible for any losses, claims damages, cost and liabilities etc. caused to me/us due to misuse of this information or pursuant to any litigation cases, complaints, actions, etc. that may arise in future on account of my/our above authorization request
9. In case of bounced E-mail, AWMPL shall send physical copy of contract note to me/us within the stipulated time under the extant regulations of SEBI/stock exchanges

UCC Code _____

BO ID : 12080200

	Name of Holders	Signature(s)
First / Sole Holder		
Second Holder		
Third Holder		



B/2, Ground Floor, ITC Building, Majura gate, Ring Road, Surat - 395002

Date							
------	--	--	--	--	--	--	--

Annexure

Aadhaar Consent letter

Date :

To,

National Stock Exchange of India Ltd, Exchange Plaza, C-1, Block G, Bandra, Kurla Complex, Bandra (E) Mumbai - 400 051
BSE Limited. - Pheroze Jeejeebhoy Towers, Dalai Street, Mumbai - 400 001

Multi Commodity Exchange of India Limited - Exchange Square, Suren Road, Chakala, Andheri (East), Mumbai - 400 093

National Commodity & Derivatives Exchange Limited - Akruti Corporate Park, 1st Floor, Near G.E. Garden, LBS Marg, Kanjurmarge (West), Mumhai- 400078. .

Indian Commodity Exchange Limited. - 1st Floor, Office - 109, Blue Diamond, Nodh No. 1158 to 63/65/9, Hat Faliya, Mahidhpura, Surat, Gujarat - 395 003.

Subject: Consent to use Aadhaar card copy

Ref : Application for New membership/KYC/AP Registration

Dear Sir,

I the undersigned _____, understand that I can submit either of the following document copy as an address proof for registration,

- a. Voter ID Card
- b. Driving License
- c. Passport
- d. Ration Card
- e. Aadhaar Card
- f. Utility Bills

I willingly give my consent to NSE I BSE / MCX / NCDEX / ICEX to accept copy of my Aadhaar card and proceed with the referred application.

Thanking you,

Yours Sincerely

Name of Client : _____
 (Aadhaar Owner)

Signature of Client : _____
 (Aadhaar Owner)

FOR ALL EXCHANGES

CLIENT AUTHORISATION LETTER

To,
Arham Wealth Management Pvt. Ltd.
B-2, Ground Floor, International Trade Centre,
Majuragate, Ring Road, Surat-395002.

Date											
------	--	--	--	--	--	--	--	--	--	--	--

Dear Sir/Madam,

I/we, Mr./Ms./M/s. _____ do hereby state that I/we am/are registered as a client with M/s. Arham Wealth Management Private Limited, member of The National Stock Exchange of India Limited (NSE), Bombay Stock Exchange of India (BSE), Multi Commodity Exchange of India Limited (MCX) and National Commodity & Derivatives Exchange Limited (NCDEX) in Cash, Derivatives & Currency Derivatives and Commodity Segment having Client Code No. _____

I/we, further confirm that I/we have authorised following person(s) to give and Modify Order(s) and to receive Trade confirmation / Ledger Statement / Stock Statement and any other Regulatory Requirements existing in force or updated /modified by the regulatory Agency and/or Respective Exchanges from time to time on my behalf to M/s Arham Wealth Management Pvt Ltd, and any Order placed or transaction entered by the following person(s) on my behalf with M/s Arham Wealth Management Pvt Ltd Shall be binding on me/us.

	Name of the authorised person	Relation	Specimen Signature
1			
2			

I ACKNOWLEDGE THAT PRIOR TO COMPLETING AND EXECUTING THIS LETTER I HAVE READ AND UNDERSTOOD THE DISCLOSURE STATEMENT PRINTED BELOW

I further declare and agree that:

- My Authorised Person shall have power as my Authorised Person to act as fully and effectually for the purpose (s) as I could do personally;
- All acts and matters previously done by my Authorised Person in respect of my account (s) opened and maintained with you are hereby deemed ratified and confirmed; and
- Notwithstanding the authorisation given to my Authorised Person above, I may still communicate instructions to you personally. However, in the event of any inconsistency between instructions communicated by my Authorised Person and instructions communicated by me personally, you shall have the absolute discretion (but shall not obliged) to act upon the instructions communicated last in time and in your sole opinion considered capable of being acted upon, and in so acting you shall not be liable for any loss what so ever and howsoever arising.

First Holder Signature

Second Holder Signature

Third Holder Signature

Client Name : _____

Thanking you.

ACKNOWLEDGEMENT OF KYC DOCUMENTS

To,


**ARHAM WEALTH
MANAGEMENT PVT. LTD.**

B/2, Ground Floor, ITC Building, Majura gate, Ring Road, Surat - 395002

Dear Sir/Madam,

Sub : Acknowledgement of Receipt of KYC Documents
Mode of Receipt **Email** **Physical**

Date								
------	--	--	--	--	--	--	--	--

Ref : Client Code : _____, BO ID : 12080200 _____

I/We hereby acknowledge receipt of the following documents

1. Xerox copy of KYC Form including CKYC Form
2. A copy of Nomination Form
3. A copy of Trading Brokerage Structure
4. A copy of DP Tariff Sheet
5. Right & Obligations of Client & stock broker
6. Risk Disclosure Documents (RDD)
7. Guidance Note
8. Policy and Procedure & CUSPA Policy
9. Right & Obligations of BO & DP
10. SMART – Terms & Conditions (Annexure 2.4)
11. Trust – Terms & Conditions (Annexure 2.6)
12. A copy of BSDA facility option form
13. A copy of Running Account Authorisation
14. A copy of letter for debit demat
15. A copy of consent for use of common Email id & common Mobile no.
16. Xerox copy of POA
17. Xerox copy of Identity Proof, Address Proof & Bank Proof.
18. Login details of Back office software.
19. Terms & Condition for availing service with Arham Wealth Management Pvt. Ltd.
20. Investor Charter document.
21. Most Important Terms and Condition
22. Policy on Voluntary freezing of trading account
23. Xerox Copy of DDPI

Also I/we have read, received & understood term & conditions, right & obligations of client & stock broker, right & obligations of beneficiary owner & depository participants as prescribed by SEBI and risk disclosure documents for capital market, derivative market, currency derivative market segment & Commodity Segment. I/we understand the risk involved in trading in stock market & same was also explained by the official of Arham Wealth Management Pvt. Ltd. at the time of account opening. Also noted Arham's website www.arhamwealth.com for latest updatations related to above.

Thanking you.

Regards,



Signature of First/Sole Holder)



Signature of Second Holder)



Signature of Third Holder)