



CLIENT REGISTRATION FORM

(Equity-Cash, F&O and DEMAT)

INDIVIDUAL/ HUF/ PARTNERSHIP FIRM/ CORPORATE

Client Name : _____

Client Code (UCC) : _____

DP Client ID : _____

Control No. : _____

ACKNOWLEDGMENT

To,
MARCK SECURITIES PVT. LTD.
B-122, C-123 | 12th Floor | Himalaya House | 23 | KG Marg
Connaught Place | New Delhi | 110001

Client ID


Dear Sir,

Trading Code : _____ Client Name : _____ E-mail : _____

I/We hereby confirm and acknowledge the receipt of the following documents :

- Rights and Obligations**
Documents stating Rights Obligations of stock broker / trading member, sub-broker/Authorised Person and client for trading on exchange (including rights & obligations in case of internet/wireless technology based trading).
- Rights and Obligations of Beneficial Owners and Depository Participants :**
Documents stating the Rights & Obligations of Beneficial Owners and Depository Participants.
- Risk Disclosure Document (RDD), Guidance Note**
Documents dealing risks associated with dealing in the securities market.
Document dealing do's and don'ts for trading on exchange for the education of the investors.
- Duly Executed copy of KYC, Business policies and producers of company, voluntary terms and conditions, basic information of AML as describe in index pages has been received.

CLIENT SIGNATURE

	First / Sole Holder	Second Holder	Third Holder
Sign of Client	(27) 	(13) <input checked="" type="checkbox"/>	(13) <input checked="" type="checkbox"/>

Date of Receipt :



MARCK SECURITIES PVT. LTD.

(CIN : U67120UP2000PTC070000)

Member : National Stock Exchange of India Ltd.
Bombay Stock Exchange Ltd.

SEBI Registration Numbers :
INZ 000217638
IN-DP-29-2015

Depository :
NSDL : IN302960

REGISTERED OFFICE :
G-193, Sector-44, Noida, UP

CORPORATE & MAIN DEALING OFFICE :
B-122, C-123 | 12th Floor | Himalaya House | 23 | KG Marg |
Connaught Place | New Delhi | 110001
Landline | 011-43177631/32/33 & 43570994, Email : marck@marck.in
www.marcksecurities.com

CEO
MR. ASHOK KUMAR AGGARWAL
Ph.: 011-43177631
Email : aggarwal_a_k@rediffmail.com

Compliance Officer
NAVIN KUMAR MAHESHWARI
Ph.: 011-43177632
Email : nnavin@rediffmail.com

For any grievance/dispute please contact **MARCK SECURITIES PVT. LTD.** at the above address or email id-marckdelhi@gmail.com and Phone No. +91-11-43177631. In case not satisfied with the response, please contact the concerned exchange(s) at (NSE) ignse@nse.co.in and Phone No. +91-22-26598190, (BSE) is@bseindia.com and Phone No. +91-22-22728097.

GENERAL INSTRUCTIONS TO FILL THE FORM

A.	FILL IN BLOCK LETTERS WITH BLACK/BLUE PEN. All correction / overwriting should be counter signed by client.	<input type="checkbox"/>
B.	PROVIDE ALL NECESSARY DOCUMENTARY PROOFS (AS PER DOCUMENT CHECKLIST) Name of client on all documents should match with name in KYC Form on page A1/A3 - (For minor difference, fill declaration on page C8)	<input type="checkbox"/>
C.	CLIENT SIGNATURES	
	INDIVIDUAL	NON-INDIVIDUAL
	On Documentary Proofs	All documentary proofs should be self-attested (signed) by Individual.
	On KYC Form: marked as <input type="checkbox"/> Sole / First Holder <input checked="" type="checkbox"/> Second Holder <input checked="" type="checkbox"/> Third Holder	Individual should sign at 27 places (Serial No1 to 27)
		All documentary proofs should be signed by authorised signatory(ies) / Karta / Partner with rubber stamp
		Karta / Partners / All authorised signatory(ies) should sign with rubber stamp
	<i>Client signatures should match with sign on PAN card / DL / Passport (in case of individual) OR account opening payment cheque.</i>	
D.	WITNESS SIGNATURES with name & address required at 2 places on pages A14 & A15	<input type="checkbox"/>
E.	REGISTERED Sub-Broker / AP/ RM signature with stamp	
	INDIVIDUAL / NON INDIVIDUAL	<input type="checkbox"/>
	In Person Verification (IPV) on Page A2	<input type="checkbox"/>
	On all copies of client documents	<input type="checkbox"/>
	Introducer details and signature on Page A12	<input type="checkbox"/>
F.	Fill Brokerage and choose ANYONE account opening scheme from Tariff Sheet on Page A12 & A16 Approval is provided (if required)	<input type="checkbox"/>
G.	Provide unique Email ID & Mobile Number on Page A2/A3 Note: Provide your mobile number & E-mail ID to receive information of your transactions directly from Exchange & Depository on your mobile / E-mail at the end of the day. If Mobile No. is of Spouse/Dependent Children or Parents, please sign declaration on Page C8	<input type="checkbox"/>

TABLE OF ACCEPTABLE DOCUMENTS

TYPE OF ENTITY	DOCUMENT TYPE	(Any 1) ¹	(Any 1) ²	(Any 1) ³	(Any 1) ⁴	(Any 1) ⁵
		Pol (Proof of Identity)	PoA (Proof of Address)	Bank a/c & MICR/IFSC Code Proof	Income Proof	Demat A/c Proof
FOR INDIVIDUALS (& KARTA / DIRECTORS / IND. PROMOTERS / PARTNERS / AUTH. SIGN.)	FOR CORPORATE / PARTNERSHIP	PAN Card	<input type="checkbox"/>			
		Cancelled Cheque (with Client Name & A/c No. pre-printed)			<input type="checkbox"/>	
		Bank Verification Letter (with rubber stamp & sign of Bank Manager) *			<input type="checkbox"/>	
		Bank Statement (either on bank stationery or with rubber stamp & sign of Bank Manager) *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (6 months)
		Bank Passbook (if handwritten, then with stamp of bank) *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (6 months)
		Latest ITR (Income Tax Return) Acknowledgement				<input type="checkbox"/>
		Latest Annual Accounts				<input type="checkbox"/>
		Latest Networth Certificate by CA / CS				<input type="checkbox"/>
		Self Declaration along with relevant Supporting				<input type="checkbox"/>
		Any Other relevant documents substantiating ownership of assets				<input type="checkbox"/>
	Demat A/c Holding Statement (with Value duly stamped by DP)				<input type="checkbox"/>	
	Demat A/c Client Master (with Client Name, PAN, DP & Client ID)					<input type="checkbox"/>
	Demat A/c Transaction or Holding Statement (with Client Name, PAN, DP & Client ID *)					<input type="checkbox"/>
	Landline Telephone / Electricity / Gas / Flat Maintenance bill *		<input type="checkbox"/>			
	Registered Lease** or Sale Agreement		<input type="checkbox"/>			
	Insurance Copy**		<input type="checkbox"/>			
	Driving License ** / Passport **	<input type="checkbox"/>	<input type="checkbox"/>			
	Voter ID	<input type="checkbox"/>	<input type="checkbox"/>			
	Aadhar (UID) Card	<input type="checkbox"/>	<input type="checkbox"/>			
	Ration Card		<input type="checkbox"/>			
Proof of Address - issued by Bank / any Govt. or Statutory Authority.		<input type="checkbox"/>				
ID Card/Document with Address, - issued by any government or statutory institutions.		<input type="checkbox"/>				
ID Card/Document with Photo, - issued by any government or statutory institutions.	<input type="checkbox"/>					
Credit card/Debit card with photo - issued by Banks	<input type="checkbox"/>					
Salary Slip/Copy of Form 16				<input type="checkbox"/>		

DOCUMENTS REQUIRED - CHECKLIST

FOR INDIVIDUAL

DOCUMENTS OF INDIVIDUAL

- PoI PoA Bank & MICR/IFSC Proof Income Proof Proof of Demat A/c
 (Provide any one proof of each, as per table)
- Photograph pasted on page A1 & signed

DOCUMENTS OF NOMINEE (required, if nomination facility is chosen)

- Photograph pasted on page A8, Sign by Nominee
 Pan Adhar, Sign by Nominee

FOR HUF

DOCUMENTS OF HUF

- PoI PoA Bank & MICR/IFSC Proof Income Proof Proof of Demat A/c
 (Provide any one proof of each, as per table)

DOCUMENTS OF KARTA (Individual member in whose name HUF is formed)

- Photograph pasted on page A4 & A9
 PoI PoA (Provide any one proof of each, as per table)

SIGNATURES OF ALL COPARCENERS (family members other than Karta)

- Signatures of all major coparceners on page C9

FOR CORPORATE

DOCUMENTS OF CORPORATE

- PoI PoA Bank & MICR/IFSC Proof Income Proof Proof of Demat A/c
 (Provide any one proof of each, as per table)
- Board Resolution for investment in securities market with name of authorised signatory(ies) and mode of operations (jointly or severally) (Format available on www.marcksecurities.com)
 On Letter head of Company and should be certified by two directors
- List of Auth. Signatories
 Articles & Memorandum of Association (Along with Certificate of Incorporation)
 Latest shareholding 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 / WTD / MD (to be submitted every year)
 In case corporate shareholder holding more than 25% shares, shareholding pattern of
- Balance Sheets for last 2 financial years (to be submitted every year)

DOCUMENTS OF ALL WHOLE TIME DIRECTORS (WTD) / TWO DIRECTORS IN CHARGE OF DAY TO DAY OPERATION

- Photograph pasted on page A4
 PoI PoA (Provide any one proof of each, as per table)

DOCUMENTS / SIGN OF ALL AUTHORISED SIGNATORY(IES)

- Photographs on page A9 / on letterhead of company
 Signatures on page A9 / on letterhead of company

DOCUMENTS OF ALL INDIVIDUAL PROMOTERS HOLDING CONTROL EITHER DIRECTLY OR INDIRECTLY

- Photograph pasted on page A4
 PoI PoA (Provide any one proof of each, as per table)

FOR PARTNERSHIP FIRM

DOCUMENTS OF PARTNERSHIP FIRM

- PoI PoA Bank & MICR/IFSC Proof Income Proof Proof of Demat A/c
 (Provide any one proof of each, as per table)
- Certificate of Registration (in case of registered Partnership Firms Only)
 Partnership Deed
 Authority letter (download format from www.marcksecurities.com)
 Balance Sheet for last 2 financial years (to be submitted every year)

DOCUMENTS OF ALL PARTNERS

- KYC of all partners (Download from www.marcksecurities.com)
 Photograph pasted on page A4
 PoI PoA (Provide any one proof of each, as per table)

DOCUMENTS & SIGN OF ALL AUTHORISED SIGNATORY(IES)

- Photographs on page A9

SOLE PROPRIETOR

- Sole Proprietor must make the application in his **INDIVIDUAL** name & capacity only
 If you are submitting bank details of Proprietorship firm as bank / income proof, please provide letter from bank certifying name of individual proprietor

Please ensure

1. Proof of Identity (PoI)	<ul style="list-style-type: none"> If Name/Photo/Signature on PAN Card is not clear, then submit additional PoI Copy of PAN Card is mandatory for all applicants (except for applicants residing in state of Sikkim)
2. Proof of Address (PoA)	<ul style="list-style-type: none"> If correspondence & permanent addresses are different, then proofs for both could be submitted Address in proof should match with address in KYC form In case of Individual - PoA in name of spouse may be accepted. In such case proof to establish relationship such as ration card, Passport, Marriage Certificate should be provided Office/Business/Shop Address if not acceptable as permanent address in case of individual
3. Bank + MICR/IFS Code Proof	<ul style="list-style-type: none"> Proof should contain IFS Code (11 digits) / MICR Code (9 digits) of Bank If name is not pre-printed on cheque - then submit additional proof containing the Bank A/c number and Name of Client
4. Income Proof	<ul style="list-style-type: none"> Mandatory if you wish to trade in Future and Option Segment
5. Demat A/c Proof	<ul style="list-style-type: none"> Not required if you are opening new Demat

* Documents should not be more than 3 months old

** Documents having expiry date should be valid on the date of submission

INDEX

S.No.	Name of the Document	Brief Significance of the Document	Page No.
Mandatory Documents as prescribed by SEBI & Exchanges			
1.	Account Opening Form	A. KYC form - Document captures the basic information about the constituent. B. Document captures the additional information about the constituent relevant to trading account.	A1 – A11
2.	Disclosure	Disclosure information for pro - account trading.	A12
3.	Tariff Sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).	A12
4.	Nomination Form	Nomination form for Demat and Trading Account / opting out of nomination.	A14 - A15
Rights & Obligations, Risk Disclosure Document (RDD), Guidance note, Policies & Procedures			
1.	Rights and obligations (Trading)	Document stating the Right & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet / wireless technology based trading).	B1 – B4
2.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	B5 – B7
3.	Guidance note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	B8 – B9
4.	Policies and Procedures	Document describing significant policies and procedures of the stock broker.	B10 – B13
5.	Rights and obligations (DP)	Rights & Obligations of Beneficial owner and Depository Participant as prescribed by SEBI and Depository	B14 – B15
Demat Account opening form and Voluntary Documents as provided by the Stock Broker			
1.	Demat Account Opening Form (NSDL)	A. Demat Account opening Form – Document captures the basic and additional information about the constituent(s). B. Schedule of Demat charges – Document detailing the charges levied on the client for transacting in Demat account.	A5 – A15 A16
2.	NACH Mandate	National Automated Clearing House (NACH) Mandate form for direct debit of Demat charges.	C1 – C2
3.	DDPI	Demat Debit & Pledge instruction in favour of Marck Securities Pvt. Ltd.	C3 – C4
4.	Running A/c Authorisation	Authorisation by constituent to stock broker for maintaining fund and securities on running account basis.	C5
5.	Authority Letter to Send Documents Electronically	Authorisation to send Contract Note, Statement of funds & Securities, Client registration documents etc. electronically.	C5
6.	Authority letter	To enable the trading member to Act upon the clauses mention in the letter of authority	C6
7.	Standing Instructions/ Authorisation Letter	For Smooth Functioning of Account	C7
8.	Declaration	1. Client Defaulter Declaration 2. Declaration for Providing SMS and E-mail Alerts to Investors by Stock Exchanges on Mobile and Email ID of Relative. 3. Declaration to be filled if the name on documents is different.	C8
9.	Addendum to the client registration form/ KEY Information	Information regarding Prevention of Money Laundering	C9
10.	Online Trading	Member-Client Agreement (Online Trading)	C10 -C11
11.	FATCA & CRS Declaration	FATCA, CRS & Ultimate Beneficial Ownership (UBO) self certification form (Individual & Non-Individuals)	C12 -C14

Note : Rights and Obligations, RDB, Guidance Note, Policies and Procedures, Voluntary Terms and Conditions are available of over website www.marcksecurities.com



Important Instructions:

- A. Fields marked with "*" are mandatory fields.
- B. Tick " wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	(Mandatory for KYC update request)	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor

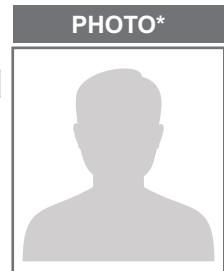
1. Personal Details (Please refer instruction A at the end)

<input type="checkbox"/> Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name				
Father / Spouse Name*				
Mother Name				
Date of Birth*	DD - MM - YYYY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="checkbox"/> FORM 60 furnished			
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code <input type="checkbox"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

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

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

- A-Passport Number Passport Expiry Date DD - MM - YYYY
- B-Voter ID Card
- C-Driving Licence Driving Licence Expiry Date DD - MM - YYYY
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*



1 Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*			
Line 2			
Line 3			City/Town/Village* <input type="checkbox"/>
District*	Pin/Post Code* <input type="checkbox"/>	State/U.T Code* <input type="checkbox"/>	ISO 3166 Country Code* <input type="checkbox"/>

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

- Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
 - A-Passport Number
 - B-Voter ID Card
 - C-Driving Licence
 - D-NREGA Job Card
 - E-National Population Register Letter
 - F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
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- IV Deemed Proof of Address – Document Type code

Address

Line 1*

Line 2

Line 3 City/Town/Village*

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

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

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

Email ID

5. Remarks (If any)

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[2 ✎ Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

Date: - -

Place:

7. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process

Equivalent e-document Video Based KYC

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

[Institution Stamp]

Instruction / Check list / Guidelines for filling individual KYC Application Form

General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
9. 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.

A. Clarification / Guidelines on filling 'Personal Details' section

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

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

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

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

7. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
8. "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
9. "Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.

C. Clarification / Guidelines on filling 'Contact details' section

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

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

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

E. Clarification on Minor

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

F. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. 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).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

G. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

H. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India

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

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

List of ISO 3166 two digit Country Code

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

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

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph



(2)

Name & Signature of the Authorised Signatory(ies)

Date [d | d] / [m | m] / [2 | 0 | y | y]

FORM 9
ACCOUNT OPENING FORM
(FOR INDIVIDUALS)

Marck Securities Pvt Ltd B-122, C-123, 12th Floor, Himalaya House, 23 K.G. Marg, Connaught Place New Delhi-110001 Ph -43570994 DP ID: IN302960					Client -ID (To be filled by Participant) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>													
I/We request you to open a depository account in my/our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>						Date		D	D	M	M	Y	Y	Y	Y			
A) Details of Account holder(s):																		
	Account holder(s)	Sole/ First Holder				Second Holder				Third Holder								
	Name																	
	PAN																	
<i>(please tick any one and give brief details)</i>	Occupation	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist									
		<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired									
		<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife									
		<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student									
		<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)									
	Brief details:																	
B) For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc, should be mentioned below:																		
	a) Name					b) PAN												
C) Type of account																		
	<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non															
	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Repatriable															
	<input type="checkbox"/> Margin	<input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Promoter															
D) Gross Annual Income Details																		
	Income Range per annum (please tick any one)																	
	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1- 5 lac	<input type="checkbox"/> 5- 10 lac															
	<input type="checkbox"/> 10- 25 lac	<input type="checkbox"/> More than 25 lac																
E) In case of NRIs/ Foreign Nationals																		
	RBI Approval Reference Number																	
	RBI Approval date								D	D	M	M	Y	Y	Y	Y		
F) Bank details																		
1	Bank account type	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Others (Please specify) _____														
2	Bank Account Number																	
3	Bank Name																	

4	Branch Address											
		City/town/village				PIN Code						
		State				Country						
5	MICR Code											
6	IFSC											

G) Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

H) **Standing Instructions**

1	I/We authorise you to receive credits automatically into my/our account.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Account to be operated through Demat Debit and Pledge Instruction (DDPI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA/DDPI). Ensure that the mobile number is provided in the KYC Application Form]			
	Sr. No.	Holder	Yes	No
	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>
5	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].		
6	For Joint accounts, communication to be sent to (See Note 5)	<input type="checkbox"/> First holder <input type="checkbox"/> All joint account holders		

I) **Guardian Details** (where sole holder is a minor):
[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian Name										
PAN										
Relationship of guardian with minor										

J) **Nomination Option**

<input type="checkbox"/> I/We wish to make a nomination. [Details are provided in at FORM 10 Nomination Form Prescribed by SEBI]	<input type="checkbox"/> I/We do not wish to opt out of make a nomination. [Declaration Form opting out of nomination as prescribed by SEBI]
--	--


K) **Mode of Operations for Joint Accounts**

Jointly	<input type="checkbox"/> Anyone of the holder or survivor(s)
---------	--

If Mode of Operation for Joint Account is chosen any one of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. 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. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Name(s) of holder(s)		Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		(3) 
Second Holder (Mr./Ms.)		(3) <input checked="" type="checkbox"/>
Third Holder (Mr./Ms.)		(3) <input type="checkbox"/>

Notes :

- All communication shall be sent at the address of the Sole/First holder only.
- Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate
- Signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases witness will not be required.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
- In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
- Strike off whichever is not applicable.

=====

Acknowledgement

Participant Name, Address & DPID

Received the application from Mr/Ms _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Participant Stamp & Signature

FORM 11
PART II – ACCOUNT OPENING FORM
(FOR NON-INDIVIDUALS)

MARCK Securities Pvt Ltd B-122, C-123, 12th Floor, Himalaya House, 23 K.G. Marg, Connaught Place New Delhi-110001 Ph -43570994 DP ID: IN302960					Client-ID (To be filled by Participant)																
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>					Date	D	D	M	M	Y	Y	Y	Y								
A)	Details of Account holder(s):																				
	Name					PAN															
	Sole/ Holder	First																			
	Second Holder																				
	Third Holder																				
B)	Type of account																				
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII																		
	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Trust																		
	<input type="checkbox"/> Bank	<input type="checkbox"/> CM	<input type="checkbox"/> HUF																		
	<input type="checkbox"/> Other (Please specify) _____																				
C)	For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:																				
	a) Name					b) PAN															
D)	Income Details (please specify)																				
	Income Range per annum					Networth															
	<input type="checkbox"/> Below 20 Lac					Amount () _____															
	<input type="checkbox"/> 20 – 50 Lac					As on (date) <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;">D</td><td style="border: 1px solid black; width: 20px; height: 20px;">D</td><td style="border: 1px solid black; width: 20px; height: 20px;">M</td><td style="border: 1px solid black; width: 20px; height: 20px;">M</td><td style="border: 1px solid black; width: 20px; height: 20px;">Y</td><td style="border: 1px solid black; width: 20px; height: 20px;">Y</td><td style="border: 1px solid black; width: 20px; height: 20px;">Y</td><td style="border: 1px solid black; width: 20px; height: 20px;">Y</td></tr></table>								D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y														
	<input type="checkbox"/> 50 Lac – 1 crore					(Networth should not be older than 1 year)															
	<input type="checkbox"/> Above 1 crore																				
E)	In case of FIIs/Others (as may be applicable)																				
	RBI Approval Reference Number																				
	RBI Approval date					D	D	M	M	Y	Y	Y	Y								
	SEBI Registration Number (for FIIs)																				
F)	Bank details																				
	1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																			
	2	Bank Account Number																			
	3	Bank Name																			
	4	Branch Address																			
		City/town/ village				PIN Code															
		State				Country															

	5	MICR Code												
	6	IFSC												
G)	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:			<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)										
H)	Clearing Member Details (to be filled up by Clearing Members only)													
	1	Name of Stock Exchange												
	2	Name of Clearing Corporation/ Clearing House												
	3	Clearing Member ID												
	4	SEBI Registration Number												
	5	Trade Name												
	6	CM-BP-ID (to be filled up by Participant)												
I)	Standing Instructions													
	1	We authorise you to receive credits automatically into our account.										<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2	Account to be operated through Power of Attorney (PoA)										<input type="checkbox"/> Yes <input type="checkbox"/> No		
	3	SMS Alert facility												
		Sr. No.	Holder	Yes	No									
		1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>									
		2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>									
		3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>									
	4	Mode of receiving Statement of Account [Tick any one]		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [<i>Read Note 3 and ensure that email ID is provided in KYC Application Form</i>].										
J)	List of family members (Separate Annexure may be used in case number of members is higher)													
	Sr No.	Name of Coparcener/Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/Member (please specify)								

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory/Karta of HUF		3
Second Signatory		X
Third Signatory		X
Other Holders		
Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes

- In case of additional signatures, separate annexures should be attached to the application form.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- Strike off whichever is not applicable.

=====

Acknowledgement

Participant Name, Address & DP ID

Received the application from M/s _____ as the sole/first holder along with _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Participant Stamp & Signature

J. DEPOSITORY ACCOUNT(S) DETAILS												
Depository Participant Name		Depository Name (NSDL/CDSL)		Beneficiary Name			DP ID			Beneficiary ID (BO ID)		
	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL										
	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL										

K. INVESTMENT / TRADING EXPERIENCE & PREFERENCE

Stock Exchange on which you wish to trade
Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the Client.

NSE	Cash	(4)		<input type="checkbox"/> Copy of ITR Acknowledgment <input type="checkbox"/> Copy of Annual Accounts <input type="checkbox"/> Copy of Form 16 in case of salary income <input type="checkbox"/> Net worth Certificate - CA Certified <input type="checkbox"/> Salary Slip <input type="checkbox"/> Bank Statement (For last 6 months) <input type="checkbox"/> Demat Statement along with valuation
	F&O	(5)	I have knowledge of trading in derivatives segment and an aware of risk associated therein	
BSE	Cash	(6)		
	F&O	(7)	I have knowledge of trading in derivatives segment and an aware of risk associated therein	
NSE BSE	Currency	(8)		

*In case of Derivative Trading it is compulsory to submit proof of Financial Details.

L. PAST ACTIONS

Details of an 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 year, give details (attach annexure if required)

M. DEALINGS THROUGH SUB-BROKERS, OTHER STOCK BROKERS AND AUTHORIZED PERSON

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

Sub-broker / Authorised Person Name :			
SEBI / Exchange Registration Number :			
Registered Office Address :			
Ph:	Fax :	Website :	
Whether dealing with any other stock broker / sub-broker / authorised person (If case dealing with multiple stock brokers/sub-broker, provide details of all)			
Name of Stock Broker :			
Name of Sub Broker, If any :			
Client Code :	Exchange :		
Details of disputes / dues pending from / to such stock broker / sub broker / Authorised Person :			
Whether employee / Agent / Approved User / Authorize Person / Sub broker of any other Trading Member / Clearing Member :			
<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Member _____ (Please provide consent letter from such trading / clearing member). Member in Equity or Commodity Exchange/s _____			
Whether declared Defaulter / Debarred / Suspected by SEBI / FMC / RBI / Any other Recognized Stock exchange / Recognize commodity Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No			

N. ADDITIONAL DETAILS

Whether you wish to receive physical contract note or electronic contract note, Margin statement, Ledger statement, DP Statements
 Physical Contract Note Electronic Contract Note (ECN)

Specify your Email ID (as per email Id specified in KYC)	
Whether you wish to avail of the facility of internet trading / Wireless technology (please specify) :	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please sign agreement on page no. C10-C11)
Number of years of investment / Trading Experience :	
<input type="checkbox"/> No Prior Investment Experience <input type="checkbox"/> Years in Equities <input type="checkbox"/> Years in Derivatives <input type="checkbox"/> Years in other Investment Related Field	

Any other Information

In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others : (Please attach separate Annexure)

Any other Information

O. INTRODUCER DETAILS (optional)

Name of the Introducer :	
Status of the Introducer :	<input type="checkbox"/> Sub-broker <input type="checkbox"/> Remisier <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Employee <input type="checkbox"/> Others, please specify
Code of Introducer :	
Address of the Introducer :	
Contact details : Tel. No.	Mobile No. :
Proof of Identity :	<input type="checkbox"/> PAN No. <input type="checkbox"/> Passport No. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID _____
Signature of the Introducer :	

P. EDUCATION DETAILS

Under High School
 High School
 graduate
 Post Graduate
 Professional Degree
 Other _____ Please Specify _____

Networth as on Date ____/____/____ Rs. _____

DISCLOSURE

Dear Client, This is to inform you that we do client based trading and pro-account trading in National Stock Exchange of India Ltd. (NSE), BSE Ltd. (BSE)

For **MARCK SECURITIES PVT. LTD.**

Authorised Signatory

BROKERAGE STRUCTURE

PARTICULAR	CASH SEGMENT			%	Minimum / Per lot
	%	Minimum			
Square off same day (Each Side)			Future		
Delivery			Options		

- Note :**
- Rs. 100/- will be charged in case of Physical Contract Note.
 - Exchange Transaction charges, Securities Transaction Tax (STT), GST, Stamp Duty & Other Statutory Charges will be levied separately as applicable from time to time.
 - The Company reserves the right to review brokerage and other charges within limits set by SEBI.

(9) 

Signature of Client

1. Name : Mr. / Ms. / Mrs. : _____
 Designation : _____
 PAN NO. : _____ P _____ UID : _____
 Residential Address : _____

 City : _____ Pin : _____
 Ph. : _____ Mobile : _____
 E-mail : _____

LATEST
PHOTOGRAPH

Signature with Stamp

2. Name : Mr. / Ms. / Mrs. : _____
 Designation : _____
 PAN NO. : _____ P _____ UID : _____
 Residential Address : _____

 City : _____ Pin : _____
 Ph. : _____ Mobile : _____
 E-mail : _____

LATEST
PHOTOGRAPH

Signature with Stamp

3. Name : Mr. / Ms. / Mrs. : _____
 Designation : _____
 PAN NO. : _____ P _____ UID : _____
 Residential Address : _____

 City : _____ Pin : _____
 Ph. : _____ Mobile : _____
 E-mail : _____

LATEST
PHOTOGRAPH

Signature with Stamp

Nomination Form

[As per SEBI circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2022/23 dated February 24, 2022 on Nomination for Eligible Trading and Demat Accounts]

MARCK SECURITIES PVT LTD B-122, C-123 I 12th Floor I Himalaya House I 23 I KG Marg I Connaught Place I New Delhi I 110001										FORM FOR NOMINATION (To be filled in by Individual applying singly or jointly)																		
Date			D	D	M	M	Y	Y	Y	Y	UCC/ DP ID		I	N	3	0	2	9	6	0	Client ID							
UCC / Trading Code :-																												
I/We wish to make a nomination. [As per details given below]																												
Nomination Details																												
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																												
Nomination can be made upto 3 nominees in the account.					Details of 1st Nominee					Details of 2nd Nominee					Details of 3rd Nominee													
1	Name of the nominee(s) (Mr./Mrs./Ms.)																											
2	Share of each Nominee					Equally [If not equally, please specify %]					%					%					%							
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>																												
3	Relationship With the Applicant (If Any)																											
4 Address of Nominee(s) City / Place: State & Country:																												
										PIN Code																		
5	Mobile / Telephone No.of nominee(s)																											
6	Email ID of nominee(s)																											
7	Nominee Identification details : [Please tick any one of the following and provide details of same] <input checked="" type="checkbox"/> Photograph & Signature <input checked="" type="checkbox"/> PAN <input checked="" type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account Number <input type="checkbox"/> Any Other Proof of Identity <input type="checkbox"/> Demat Account ID										Affix Nominee Photo & Sign Across					Affix Nominee Photo & Sign Across					Affix Nominee Photo & Sign Across							
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																												
8	Date of Birth																											
9	Name of Guardian																											
10	Address of Guardian(s)																											
City / Place: State & Country:																												
										PIN Code																		
11	Mobile / Telephone no. of Guardian																											
12	Email ID of Guardian																											
13	Relationship of Guardian with nominee																											
14	Guardian Identification details [Please tick any one of following and provide details of same] Photograph & Signature PAN , Aadhaar Saving Bank account no. , Proof of Identity , Demat Account ID																											
Name(s) of holder(s)																	Signature(s) of holder*											
Sole / First Holder (Mr./Mrs./Ms.)																				(10)								
Second Holder (Mr./Mrs./Ms.)																				(4) <input checked="" type="checkbox"/>								
Third Holder (Mr./Mrs./Ms.)																				(4) <input checked="" type="checkbox"/>								
Note: This nomination shall supersede any prior nomination made by the account holder(s), if any.																												
Name and Signature of WITNESS*																												

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

Declaration Form for opting out of nomination

**[As per SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021
on Mandatory Nomination for Eligible Trading and Demat Accounts]**

To	Date	D	D	M	M	Y	Y	Y	Y
MARCK SECURITIES PVT. LTD. B-122, C-123 12th12th Floor Himalaya House, 23 KG Marg Connaught Place New Delhi - 110001									
UCC/Trading Code									
UCC/DP ID	1	N	3	0	2	9	6	0	
Client ID (only for Demat account)									
	Name(s) of holder(s)				Signature(s) of holder(s)				
Sole / First Holder (Mr./Mrs./Ms.)					(10)				
Second Holder (Mr./Mrs./Ms.)					(4) <input checked="" type="checkbox"/>				
Third Holder (Mr./Mrs./Ms.)					(4) <input type="checkbox"/>				
I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.									
Name and Signature of Witness(s)*									
1. _____ 2. _____ 3. _____									

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

SCHEDULE OF CHARGES

w.e.f. 1st April 2023

SCHEDULE "A"**MARCK SECURITIES PVT. LTD .**

CIN: U67120UP2000PTC070000

DP ID : IN302960

Client ID: _____




SERVICE	<input type="checkbox"/> Regular Demat A/c	<input type="checkbox"/> Life-time	<input type="checkbox"/> BSDA Scheme
Account Opening Charges*	399/-	399/-	599/-
Annual Maintenance (Individuals/ HUF/ Trust/ Partnership Firm)	499/- (Per Annum)	1499/- For Lifetime (Refundable Security : 2500/-)	As per regulation
Annual Maintenance (LLP / Corporate) - Domestic	Rs. 1000/- (Per Annum)	1000/- (Per Annum)	As per regulation
Transaction Charges			
i) Market Trades	Receipt	FREE	
	Delivery	0.01% Subject to Min.20/- & Max.100/- (Per Instruction)	Rs. 100/- per instruction
ii) Off Market Trades	Receipt	FREE	
	Delivery	0.03% Subject to Min.30/- & Max.200/- (Per Instruction)	Rs. 100/- per instruction
Custody Charges	NIL	Redemptions of MF Charges	0.05% subject to minimum Rs. 50/(Per Instruction)
Dematerialisation Charges	Rs. 15/- per certificate subject to maximum of Rs.500/- plus Rs. 60/- courier charges.		
Rematerialisation Charges	Rs. 15/- per certificate subject to maximum of Rs.500/- plus Rs. 60/- courier charges.		
Delivery Instruction Book Charges	Rs. 40/- (per Book)		Rs. 100/- (Per Book)
Creation of Pledge	Rs. 100/- (Per Instruction)		Rs. 100/- (Per instruction)
Closure / Invocation of Pledge	Rs. 50/- (Per Instruction)		Rs. 50/- (Per instruction)
Securities Lending / Borrowing	Rs. 50/- (Per Instruction)		Rs. 50/- (Per instruction)
SPEED-e CHARGES	Rs. 100/-(Per Annum)		Rs. 100/- (Per Annum)

*Account opening charges are for trading account only & GST will be levied separately.

Any Service not listed above will be charged for extra.

- Annual charges will be levied w.e.f.1st day of the quarter in which account is opened.
- Demat Customers eligible for the BSDA facility need to register their mobile number for the SMS alert facility for debit transactions.
- To evaluate the eligibility for Basic Services Demat Account (BSDA) the value of holdings will be determined on a daily basis as per the file send by the NSDL/CDSL. The AMC will be calculated at the pro-rata basis based on the value of holding of securities in the account.
- In case of BSDA, such account would be levied AMC applicable basis the value of holdings exceeding the prescribed limit immediately from the next day of exceeding such limit.
- In case the Demat accounts BSDA facility does not meet the listed eligibility as per guidelines issue by SEBI or any such authority at the point of time, such BSDA account will be converted to Regular AMC accounts without further reference to customers.
- In case, if the Demat accounts with BSDA facility exceed the prescribed limit and move out of the stipulated BSDA criteria, the eligibility for such accounts BSDA facility will be evaluated on the last day of the Annual billing cycle.
- Annual Maintenance charges for 1st year are payable at the time of Account opening.
- In case Bank mandate for debit through ECS is not given, minimum credit balance of Rs.500/- shall be maintained as advance towards future charges.
- Rejection of Request Company / Registrar on the matter beyond DP Deeds will be charged at Rs.60/- per rejection.
- Charges for delivery instructions accepted at client's risk beyond NSDL deadline, Rs. 20/- per delivery slip, Delivery instruction slip must be received at Connaught Place Head Office within NSDL stipulated deadline.
- Rejection of Delivery instruction will be charged Rs.40/-per rejection
- Non-execution of delivery instruction due to any problem/error Courier charges Rs. 60/- per communication / dispatch.
- Modification in client master Rs.50/-per instance.
- Non-periodic statement and other communications shall be charged @ Rs.10/-per page and postage/courier charges @ Rs.60/- per mail.
- In case of Foreign correspondence address, in addition to annual account maintenance charges, statement / communication charges @ Rs.50/-per mail shall be charged extra.
- GST and other taxes as applicable on the billings payable by client.
- Interest @ 12% per annum will be charged on outstanding payment after due date.
- In case of any upward revision in schedule of charges 30 days notice would be given by publication in newspaper/post/e - mail
- In case of non-payment of bill/dues within 15 days of due date, the depository service are liable to be discontinued within a period of 30 days from the date of demand. The renewal charges for resuming the services will be Rs.50/-.

For Marck Securities Pvt. Ltd.**Director / Authorized Signatory**

CLIENT SIGNATURE			
	First / Sole Holder	Second Holder	Third Holder
Sign of Client	(11) 	(5) 	(5) 
Date:	20	Place:	

UMRN Date (tick ✓)⁷Sponsor Bank Code Utility Code
 CREATE
 MODIFY
 CANCEL
I/We hereby authorize Marck Securities Pvt. Ltd. to debit (tick ✓)⁶ SB / CA / CC / SB-NRE / SB-NRO / OtherBank Account Number With Bank IFSC or MICR an amount of Rupees (Name of Customers Bank) ₹
¹⁴ FREQUENCY Mthly Qtly H-Yrly Yrly as & when presented ¹⁵ DEBIT TYPE Fixed Amount Maximum Amount
Reference-1 Phone No Reference-2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

²⁰ PERIOD
 From
 To
 Until Cancelled
(12) Signature of primary account holder Signature of the account holder Signature of the account holder Name of the account holder Name of the account holder Name of the account holder

• This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.
 • I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.
 I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

MANDATE INSTRUCTION (Refer Instruction over leaf before filling)

Instructions to fill Mandate:

- | | |
|---|--|
| 1. UMRN-To be left blank | 12. Amount in words |
| 2. Date in DD/MM/YYYY format | 13. Amount in figures |
| 3. Sponsor Bank IFSC code - HDFC0000060 - already printed | 14. Frequency at which the debit should happen |
| 4. Utility Code: Unique code of the entity to whom mandate is being given - To be provided by the entity. | 15. Whether the amount is fixed or variable |
| 5. Name of the entity to whom the mandate is being given | 16. Reference-1 : Any details requested by the entity to whom mandate is being given |
| 6. Account type - SB/CA/CC / SB-NRE / SB-NRO / OTHER | 17. Reference - 2 : Any details requested by the entity to whom mandate is being given |
| 7. Tick - Select your appropriate Action | 18. Your phone number |
| a. Create - For New Mandate | 19. Your email id |
| b. Modify - For Changes/Amendment on existing mandate | 20. Period for which the debit mandate is valid |
| c. Cancel - For cancelling the existing registered Mandate | a. Start date |
| 8. Your Bank Account Number for debiting the amount | b. End Date |
| 9. Name of your bank and branch | c. Or until cancelled |
| 10. Your Bank branch IFSC code OR | 21. Signatures of the account holder |
| 11. Your Bank branch MICR code | 22. Name of the account holder |
-

Demat Debit and Pledge Instruction (“DDPI”)

Voluntary

I/We agree to the terms and purpose of this DDPI document **between** Mr./Ms/Mrs. _____
 _____ (First Holder) _____

(Second holder) and _____ (Third holder)

_____ (an individual/ body of individuals/ 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 2013, or any relevant Act or unregistered in nature **and** Marck Securities Private Limited (hereinafter referred to as “MARCK”), a Company within the meaning of Companies Act, 2013 with its registered office at Marck Securities Private Limited, G-193, Sector-44, Noida, UP, India.

Whereas:

(a) I/We have established a business relationship with Marck to avail services w.r.t trading, investing & other services offered by Marck, having a **DP ID : IN302960** & Client ID :

_____.

(b) This DDPI document shall be in line with SEBI Circular no. SEBI/HO/MIRSD/DoP/P/CIR/ 2022/44 dated April 04,2022, as may be updated from time to time, & I agree to the below points :-



Annexure B

<u>Particulars</u>	<u>DP ID</u>	<u>CLIENT ID</u>
NSDL NSE Pool A/C	IN302960	10000635
NSDL BSE Pool A/C	IN302960	10029522
PLEDGE A/C	IN302960	10037909

Client Code _____

DEMAT A/c No. _____

S.No.	Purpose	Signature of Client
1.	I/We agree and permit Marck to transfer any securities held in my beneficial owner account towards any Exchange (any SEBI Recognized Exchanges where Marck is a member) related deliveries/settlement obligations arising out of trades executed by me/us on the Exchanges through Marck;	13. Signature of 1st/ Sole Holder
		6. <input checked="" type="checkbox"/> Signature of 2nd Holder
		6. <input type="checkbox"/> Signature of 3rd Holder
2.	I/We agree and confirm to allow pledging/ repledging of securities in favour of Marck and the clearing member (CM) with whom Marck is a member of, for the purpose of meeting my/our margin requirements in connection with the trades executed by me/us on the Exchanges.	14. Signature of 1st/ Sole Holder
		7. <input checked="" type="checkbox"/> Signature of 2nd Holder
		7. <input type="checkbox"/> Signature of 3rd Holder

3.	I/We agree enabling Mutual Fund transactions (buy or sell) to be executed via stock exchange operated order entry platforms, such as BSEStar MF & NSE NMF.	15.  Signature of 1st/ Sole Holder
		8. <input checked="" type="checkbox"/> Signature of 2nd Holder
		8. <input type="checkbox"/> Signature of 3rd Holder
4.	I/We agree to enable tendering of shares submitted by me under any open offers through stock exchange platforms.	16.  Signature of 1st/ Sole Holder
		9. <input checked="" type="checkbox"/> Signature of 2nd Holder
		9. <input type="checkbox"/> Signature of 3rd Holder

Date: _____

Place: DELHI

(17) 	(10) <input checked="" type="checkbox"/>	(10) <input type="checkbox"/>
--	--	-------------------------------

1st Holder

2nd Holder

3rd Holder

**AUTHORISATION WHEN A CLIENT WANTS TO MAINTAIN A RUNNING ACCOUNT
(As per SEBI Guidelines vide circular MIRSD/ SE /Cir-19/2009 Dt. December 3, 2009)**

I/We confirm that I/We am/are desirous of regularly dealing in CM, F&O and CDS segments of the stock exchange(s). I/We request you to maintain the account funds, with you on a running account basis. I/We also request you to consider the balances in my/our running funds account for the purpose of margins/any other of my/our obligations due to you. I/We understand and agree that no interest will be payable to me/us on the amounts or securities so retained by you.

I/We agree and empower/authorize you

- a. to act in your discretion of merging balances kept under various accounts held with the you, such as NSDL DP Account, CM Trading Account, F&O Trading Account, Online IPO to nullify the debit in any of my/our other account held with you without taking any further instructions from me/us;
- b. to debit my/our trading account towards depository charges payable by me/us to the designated depository participant and make onward payment to the designated depository participant upon receipt of intimation from the designated depository participant;
- c. to block securities against pending order or pledge securities in your favour against any of my/our dues; I/We have the liberty to revoke this authorization at any time in writing with prospective effect.

While settling the account you will be sending me/us a 'statement of account', containing an extract from the client ledger for funds and an extract from the register of securities displaying all receipts/deliveries of funds/securities. The statement shall also explain the retention of funds and the details of the pledge, if any. Such periodic settlement of the running account shall not be necessary when (a) I start availing margin trading facility as per SEBI circulars; or (b) The margin provided by me to you is in the form of Bank Guarantee (BG)/Fixed Deposit Receipt (FDRs).

On actual settlement date you may retain the requisite funds towards any outstanding obligation and may also retain additional margin requirement on the day of settlement to take care of my margin obligation arising in the next 5 trading days, calculated in the manner specified by respective Exchanges.

I will bring any discrepancy or dispute arising from the Statement of account so issued by you or the settlement made by you to your notice preferably within 7 working days from the date of receipt of funds or statement as the case may be.

I/We understand that, unless otherwise required to meet my obligations for margin or on settlement you shall transfer the funds lying with you in credit of my/our account within one working day and those lying with the Clearing Member or Clearing Corporation within three working days of my request for transfer.

(18) 

Signature of Client

Date :

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

**AUTHORISATION TO SEND CONTRACT NOTE, STATEMENT
OF FUNDS & SECURITIES ETC. ELECTRONICALLY**

I/we authorise you to issue the contract notes, statement of funds & securities, circulars, amendments, Client Registration Documents and such other documents in electronic mode in lieu of physical mode on my E-mail ID as given in KYC form and updated from time to time. Any change in the E-mail ID shall be communicated by me / us in writing to your customer care department or through Official email available on your website.

Further, to my /our authority to you to issue Contract Notes in digital format I/we authorise you not to provide me/us Order Confirmation / Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We shall get the required details from the Contract Notes issued to us.

I/We authorize you to send periodic statements of funds and securities & margin statement etc. in digital format at my Email address unless I/We request you in writing to send them in paper form.

I/We hereby acknowledge that all the documents as send above by MARCK electronically will be considered as having delivered to me once the e-mail leaves the MARCK e-mail server unless the same is rejected by client e-mail server and bounced mail notification is not received by MARCK. I/We further agree that in the absence of communication from my/our end regarding non-receipt of documents through e-mail, or notification of any discrepancy within 2 days from the date of issuance of digital contract note through e-mail, MARCK may construe that there is a deemed acknowledgement of the document(s) send to client electronically.

(19) 

Signature of Client

AUTHORITY LETTER


To,
MARCK SECURITIES PVT. LTD.
B-122, C-123 | 12th Floor | Himalaya House | 23 | KG Marg
Connaught Place | New Delhi | 110001

Dear Sir,

Sub : Letter of Authority

I/we dealing with you as client at NSE/BSE in Cash and F&O Segment and in order to facilitate ease of operations, I/We authorise you as under :

1. I/We authorise you to set off outstanding in any of my/our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange or in any other exchange and/or against the value of cash margin or collateral shares provided to you by me/us.
2. I/We hereby authorise you not to provide me/us Order Confirmation/ Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We shall get the required details from contract notes issued by you.
3. I/We hereby authorise you to keep all the securities which I/We have given you in margin including the payout securities received by us for meeting margin / order obligation in any of the stock exchanges in whatever manner which may include pledging of shares in favour of bank and / or taking loan against the same or meeting margin/ pay - in obligation on my/our behalf or for giving the same as margin to the any of the Stock Exchanges or otherwise.
4. I/We request you to retain credit balance in any of my/our account and to use the unused funds towards my/our margin/future obligation at any or both the Exchanges unless I/We instruct you otherwise. I/w also authorize you to debit the necessary demat charges from time to time, for keeping the shares in your client demat beneficiary account on my behalf. I/We also authorise you to debit the financial charges @2% p.m., for the debit balances, if any, in my account and not settled as per the exchange requirements.
5. I/We request you to retain Securities in your demat account for my/our margin/future obligations at all Exchanges, unless I/We instruct you to transfer the same to my/our account.
6. I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give me/us all the confirmation on telephonic unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.
7. We request that you may send/dispatch us contract notes/other documents through e-mail on my/our designated e-mail address of I/We will completely rely on the log reports of your dispatching software as a conclusive proof of dispatch of e-mail to me/us and will not disputed on the same.
8. I/We will inform you the change of my/our email: ID, if any, in future either by regd. Post or through a digitally signed e-mail.
9. I/We are aware and acknowledge that trading of all exchanges is in Electronic mode, based on Vsat, lease line, ISDN, Modem, VPN, Internet and/or combination of technologies and computer system to place and route order and also involves many uncertain factors and complex hardware, software, systems, communication lines, peripherals, pay in payout of funds & securities, online & offline banking etc.. these are susceptible to interruptions, delay, mistake and dislocations; and your services may at any time be unavailable without further notice and I/we understand that there exists a possibility of communication failure or system problems or slow or delay response from system or trading half, or any such other problem/glitch whereby not been able to establish access to the trading system/network or delay in execution of trades, which may be beyond your control any may result in delay in processing or not processing of any orders either in part or in full. I understand that you are not making any representation or warranty that your service will be available to the Client at all times without any interruption. I/We agree that I/We shall not have any claim for any loss incurred by me/us against you on account of any suspension, delay, interruption, nonavailability or malfunctioning of your System or Service for any reason whatsoever;
10. I/We confirm that I/We never sublet the trading terminal on any term of connectivity from my place to any other place without your prior approval.
11. I/We am/are agreeable for inter-settlement transfer of securities towards settlement.
12. I/we am/are agreeable for & authorise you to with hold funds pay-out towards all the applicable margins and debits.
13. All fines/penalties and charges levied upon you due to my acts / deeds or transaction may be recovered by you from my account.
14. I have a Trading As well as depository relationship with MARCK SECURITIES PVT. LTD. Please debit the charges relevant with depository services from my trading account on monthly basis. I also agree to maintain the adequate balance in my trading

(20) 
Signature of Client

Client Code : _____

Date : _____

Client Name : _____

STANDING INSTRUCTIONS / AUTHORISATION LETTER

To,

MARCK SECURITIES PVT. LTD.

B-122, C-123 | 12th Floor | Himalaya House | 23 | KG Marg
Connaught Place | New Delhi | 110001

I/We have been/ shall be dealing through you as my/our broker on the Capital Market and F&O Segment. This instruction is applicable for all the exchanges / segments in which I / We have opted to open the account with you. As my /our broker / we direct and authorize you to carry out trading / dealings on my /our behalf as per instructions given below.


1. Since you are issuing contract notes bearing order number and trade numbers on a daily basis, please do not issue the order / trade confirmation slips as generated from the Trading Terminal.
2. I/ We Client hereby authorize Marck Securities Pvt. Ltd. (MSPL) to maintain records / books of accounts for the Client collectively for different exchanges / segments of the exchanges and / or any other services which the I/ We may be availing.
3. I/We hereby agree and give my /our consent for sending the trade confirmations via SMS and I / We have also understood that we will not receive the telephonic trade confirmations. For this purpose, I/We would like to confirm following details for the database maintained with you , Please update the record with the same.

MOBILE No.

4. I/We am/are aware that SEBI has directed its members to inform that clients whether they engage in Proprietary trading. In this regard I/ We wish to inform you that member has confirmed that they are engaged in proprietary business in Capital Market and F&O Segment.
5. Transfer funds and securities to meet our Margin and Pay-in-obligations and / or debit of my / our running account.
6. I/We have been / shall be dealing through you as my / our broker on the Capital Market and F&O Segment.
7. I/We authorise MSPL to debit demat account operating charges in trading A/c.

As I/We shall be dealing by ordering over phone and even if I/we visit the branch, the fluctuations in market are so rapid that it is not practical to give written instructions for order placement / modification and cancellation, I/We hereby authorize you to accept my / my authorised representative' s verbal instructions for placement / modification and cancellation in person or over phone (fixed line or mobile phone) and execute the same.

I/We understand the risk associated with verbal orders and accept the same, and agree that I / We shall not be entitled to disown order and consequent trades (if any) under the plea that same were not under mine/ our instructions. I/We agree that I/We will not have the right to shift the burden of proof by asking you to prove the placement of orders through telephone recording or otherwise. I/We agree to indemnify you and keep you indemnified against all losses, damages and actions which you may suffer or face as a consequence of adhering to and carrying out my/our authorization given above.

(21) 
Signature of Client

Client Code : _____

Date : _____

Client Name : _____

CLIENT DEFAULTER DECLARATION

I/We, _____ having PAN No. _____ do hereby declare that I/We have not been involved in any terrorist activity and I/We have not been declared as defaulter or my/our name is not appearing in defaulter as per SEBI/Various Exchange / Regulatory bodies / CIBIL (Credit Information Bureau of India Ltd.) etc.

I/We further declare that the above mentioned declaration / statement is true and correct.

(22) 
Signature of Client

Client Name :

Date : ||||2|0||

Client Code :

[Note : To be signed by person himself / herself not to be signed by his / her attorney / Authorised person etc.]

DECLARATION FOR PROVIDING SMS AND E-MAIL ALERTS TO RELATIVE

I hereby declare that the Mobile Number and/or Email ID given in the account opening form are of my relative. He / She already has a trading account with MARCK Securities Limited under the below mentioned PAN or UCC.

Relationship: Spouse Dependent parent Dependent child (✓ where applicable)

Name of the relative : _____

PAN of the relative: _____

Or

Unique Client Code (UCC) of the relative: _____

I request you to please accept their Mobile number and/or E-mail ID for the purpose of sending SMS and/or E-mail alerts by the Stock Exchange / Depository to me.

(23) 
Signature of Client

(11)
Signature Second Holder

**DECLARATION FOR NAME MISMATCH
(To be filled if the name on documents is different)**

This is to bring to your notice that my name is spelt differently in my Identity proof, Address proof and Bank proof. Please find below the names as spelt in respective proofs:

Name as per PAN CARD _____

Name as per Address Proof _____

Name as per Bank Proof _____

I hereby confirm that all the said names belong to me. I hereby state and confirm that what is stated above is true and correct information.

I agree to indemnify and keep MARCK indemnified at all times from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and/or incurred by MARCK for any act done or omitted to be done on the above declaration.

(24) 
Signature of Client

Date _____

In compliance with the provisions of Prevention of Money Laundering Act, 2002 and subsequent circulars issued by SEBI thereto, we hereby obliged to consider it as a part of client registration document: -

PREVENTION OF MONEY LAUNDERING

Prevention of Money Laundering Act, 2002 (herein refer to an "Act") came into affect July 1,2005 vide notification No. GRE 436(E) dated July 1,2005 issued by Department of Revenue, Ministry of Finance, Govt. of India. Further SEBI vide Circular reference number ISD/CIR/RR/AML/1/06 dated January 18,2006 mandated that all the Stock Brokers should formulate and implement a proper policy framework as per the guidelines on anti money laundering measures and also to adopt a Know Your Client (KYC) policy. SEBI also issued another circular reference number ISD/CIR/RR/AML/2/06 dated March 23,2006 advising all the Stock Broker to take necessary steps to ensure compliance with the requirement of Sec12of the Act inter-alia, maintenance and preservation of records and reporting of information relating to cash and suspicious transactions to Financial Intelligence Unit-India (FIU-IND), New Delhi.

The constituents should ensure that the amount invested in the securities is through legitimate sources only and does not involve and is not designated for the purpose of contravention or evasion of the provision of the Income Tax Act, Prevention of Money Laundering Act,Prevention of corruption Act and/or any other law for the time being in force enacted by Govt. of India from time to time or any rules and regulations, notifications or directions issued there under.

To ensure appropriate identification of the constituents under its KYC policy and with view to monitor the transactions for the prevention of anti money laundering, the company has reserve the right to seek information, record constituents telephonic calls and/or obtained or retained documentation for establishing the identity of the constituents, proof of residence, source of funds, etc. It may re-verify identity and obtain any incomplete or additional information for this purpose.

The constituents or their attorney, if any, shall produce independent source documents, such as photographs, certified copies of ration card/passport/pan card/driving license or such other documents or produce such information as may be required from time to time for verification of the identity, residential address, financial information of the constituents by the company.

If the constituents refuses/fails to produce the required documents and information with in the period specified in the communication sent by company to the constituents, then the company after applying due diligence measures believes that the transaction is suspicious in nature within the purview of the Act and SEBI circulars issued from time to time or on account of deficiencies in the documentation shall have absolute discretion to report suspicious transaction to FIU-IND or to reject the application or to freeze the account of constituent. Thus the KYC documentation shall comply by all the constituents in its true spirit and word.

The Company, its Directors, its Employees and age'nts shall not be liable in any manner for any claim arising whatsoever on account of freezing of account or on rejection of application etc. due to noncompliance of the provisions of the Act, SEBI circulars and KYC policy and or where company believes that transaction is suspicious in nature within the purview of the Act or SEBI circulars and reporting the same to FIU-IND.

This document form an integral part of the client registration form as addendum or key information memorandum and will be subject to amendments from time to time.

(25) 
Signature of Client

**MEMBER-CLIENT AGREEMENT
(ONLINE TRADING)**

THIS AGREEMENT ("this Agreement") is executed at _____ on this _____ day of _____ 200_____

BETWEEN

M/S MARCK SECURITIES PVT LTD A company incorporated under the provisions of the Companies Act, 1956 having its Dealing office at B-122, C-123 | 12th Floor | Himalaya House | 23 | KG Marg Connaught Place | New Delhi | 110001, herein after referred to as "The Member", (which expression shall, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its successors) of the **ONE PART**;

AND

Mr. / Mrs./Ms./M/s _____ and individual/a sole proprietary concern/a partnership firm/a body corporate, registered/incorporated under the provisions of the Indian Partnership Act 1932, / the companies Act 1956, having its/her/his residence /registered office at _____ hereinafter referred b as "the Client", (which expression shall, unless it be repugnant to the context or meaning thereof, be deemed to mean and include his/her heirs, executors, administrator and legal representatives) of the **OTHER PART**;

WHEREAS:

- (i) **MARCK SECURITIES PVT. LTD.** is a member of the NSE & BSE, ("the Exchanges) and is also registered with the Securities & Exchange Board of India ("SEBI") as a stock broker with SEBI Registration No. INZ 000217638 for Cash segment and Derivatives segment.
- (ii) The client is desirous of investing/trading in those securities contacts /other instruments admitted to dealings on the Exchange as defined in the Rules, Byelaws and Regulations of the Exchange and circulars issued there under from time to time.
- (iii) The client has satisfied itself of the capacity of the stock broker to deal in securities and/or deal in derivatives contracts and wishes to execute its orders through the stock broker and the client shall from time to time continue to satisfy itself of such capability of the stock broker before executing orders through the stock broker.
- (iv) The stock broker has satisfied and shall continuously satisfy itself about the genuineness and financial soundness of the client and investment objectives relevant to the services to be provided;
- (v) The stock broker has taken steps and shall take steps to make the client aware of the precise nature of the Stock broker's liability for business to be conducted, including any limitations, the liability and the capacity in which the stock broker acts; and
- (vi) The stock broker and the client agree to be bound by all the Rules, Byelaws and Regulations of the Exchange and circulars issued there under and Rules and Regulations of SES1 and relevant notifications of Government authorities as may be in force from time to time.

ADDENDA TO THE AGREEMENT DT _____

1. The provisions of this agreement shall always be subject to government notification any rules, regulation and guideline issued by SEBI and Stock Exchange rules, regulation and Bye-laws that may in force from time to time.
2. In the event of death or insolvency of the client or his otherwise becoming incapable of receiving and paying for or delivering or transferring securities which the client has ordered to be bought or sold, MEMBER may close out the transaction of the client or the client or his legal representative shall be liable for any losses, costs and be entitled to any surplus which may result therefrom.
3. The agreement entered into between the MEMBER and the CLIENT shall stand terminated by mutual consent of the parties by giving at least one month written notice. Such cancellation and termination shall not have any effect on the transaction executed before the date of such notice of termination and the parties shall enjoy the same right and shall have same obligation in respect of such transaction.
4. The instruction issued by an authorized representative of the client shall be binding on the client in accordance with the letter authorizing the said representative to deal on behalf of the client.

5. The CLIENT is aware that authentication technologies and strict security measures and required for the internet trading through order routed system and undertakes to insure that the password of the CLIENT and /or his authorized representative are not revealed to any third party.
6. The CLIENT agrees that the MEMBER shall not be liable or responsible for not-execution of the orders of the client due to any link/system failure at the CLIENT /MEMBER /EXCHANGE end.
7. The Stock Exchange may cancel a trade suo-moto without giving any reason thereof. In the event of such cancellation, MEMBER shall be entitled to cancel relative contract(s) with CLIENT .
8. The MEMBER shall also send the Order/Trade confirmation slip through E-mail to the CLIENT at his request, within _____(time period as specified by the client) from the time of execution of order/trade on the NEAT system, as the case may be a valid delivery of such information by the CLIENT.
9. The CLIENT is aware that the MEMBER has provided on the web site a facility for reconfirmation of orders, which are larger than that specified by the MEMBER's risk reject the execution of such orders based on his risk perception.
10. The Member and the Client are aware of the provisions of Bye-laws, Rules and regulations of the Exchange relating of dispute /differences through the mechanism of arbitration provided by the Exchange and agree to abide by the said provisions.
11. All trade, transaction and contracts are subject to Bye-laws, Rules and Regulation of the Exchange and shall be deemed to be and shall take effect as wholly made, entered into and to be performed in the city of Mumbai and the parties to such trade shall be deemed to have submitted to the jurisdiction of the courts in Mumbai for the purpose of giving effect to the

Signed for and behalf of

CLIENT : _____

By : _____

Signature : (26)  
Signature of Client

Title : _____

Witness : _____

Signed for and behalf of

MEMBER : _____

By : _____

Signature : 
Signature of Member

Title : _____

Witness : _____

Annexure - FATCA Declaration form for Individual Application / Investors

Annexure to KYC / Undertaking Application form No : _____

First / Sole Applicant : _____

Second Applicant : _____

Third Applicant : _____

This information is required for all applicant(s), Guardian(s), Power of attorney

Details under FATCA/ Foreign tax laws (see instructions)

1. Country of Birth : _____
2. Country of citizenship / Nationality : _____
3. Are you residence of any country other than India for tax purpose? If no _____ (please tick here). If yes, please indicate all countries in which you are resident for tax purpose and the tax reference Numbers below :

Account Holder	Country of Tax Residency	Tax Reference Number
First / Sole		
Second		
Third		

4. I hereby declare that all the particulars given here in are true, correct and complete to the best of my knowledge & belief. I further agree not to hold Marck Securities Ltd., their employee, Authorized persons, sub brokers, representatives of the distributors liable for any consequences / losses / cost / damages in case of any of the above particulars being false / in correct OR in complete OR in case of my NOT intimating / delay in intimating any changes to the above particulars. I hereby authorize Marck Securities Ltd. to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including all charges, update to such information ad and when provided by me / us to any Indian / Foreign government OR statutory OR Judicial authorities / agencies, the tax / revenue authorities, other investigation agency and SEBI registered intermediaries without obligation of advising me / us of the same. I / We hereby agree to provided any additional information / documentation that may be require in connection with this application.

I / We agree to notify Marck Securities Ltd. within 30 days of any change in my / our status as a U.S. persons for the purpose incomplete information regarding me / our "U.S. persons" status for U.S. federal income tax purpose.

Instructions :

Details under FATCA/ Foreign Tax Law : Tax regulations require us to collect information about each investor's tax residency In certain circumstances (including if we not received valid self certification from you) we may be obliges to share information on your account with relevant tax authority, if you have any question about your tax residency, please contact your tax adviser. Should there be any change in information provided, please ensure you advice us promptly, i.e. within thirty days.

If you are a US citizens or resident or green card holder, please including United States in foreign country information field along with your US tax identifications no.

Foreign account tax complete provision (commonly known as FATCA) are contain in the US hire act 2010. Applicants are required to mandatorily fills / sign of "FATCA declaration form". application without these information / declaration being filled / signed of will be deemed as incomplete and are liable to be rejected. Investors are requested to note that the contents of the information to be provided / declaration in the application form any undergo a change on receipt of communication / guidelines from exchange / SEBI.

Truly yours,

CLIENT SIGNATURE			
	First / Sole Holder	Second Holder	Third Holder
Sign of Client	(27)	(12) <input checked="" type="checkbox"/>	(12) <input checked="" type="checkbox"/>

FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

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

FATCA & CRS Declaration			
Please tick the applicable tax resident declaration -			
1. Is "Entity" a tax resident of any country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)			
Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			
* In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.			
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

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

1. We are a, Financial institution <input type="checkbox"/> (Refer Instruction 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer Instruction 3(vii) of Part C) (please tick as appropriate)	GIIN <input style="width: 80%;" type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width: 30px;" type="text"/> (Refer Instruction 1 A of Part C)

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

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer Instruction 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer Instruction 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active NFE (Refer Instruction 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention code – refer instruction 2c of Part C)
4.	Is the Entity a passive NFE (Refer Instruction 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):

<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Others (please specify _____)	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer Instruction 3(iv) (A) of Part (C))			
Country of Tax residency*			
PAN*			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax ID [§]			
Tax ID Type			
City of Birth			
Country of Birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder
 #If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.
 %In case Tax Identification Number is not available, kindly provide functional equivalent
 \$Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform MARCK for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Authorized Signatory

Signature	
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CHECK LIST FOR CLIENT REGISTRATION FORM

FORM RECEIVING DATE :	BRANCH CODE :	CLIENT CODE
ACCOUNT OPENING DATE : TM	GROUP CODE :	TM :
DP		DP :

1.	CHECKING DETAILS	YES	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)		
b)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>		
c)	Signature Checked and Verified.		
d)	Photograph (duly signed) <input type="checkbox"/>		
e)	A copy of PAN Card (Self Attested) <input type="checkbox"/>		
f)	Address Proof (Self Attested) <input type="checkbox"/>		
g)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>		
h)	Demat Account Proof (Self Attested) <input type="checkbox"/>		
i)	Stamp Paper : NSE <input type="checkbox"/> BSE <input type="checkbox"/>		
j)	Brokerage : Intra Day_____ Min_____ Delivery_____ Min_____		
	F & O Intra Day_____ EOD_____ Option_____		
k)	Exchange given : <input type="checkbox"/> NSE (CM) <input type="checkbox"/> NSE (F&O) <input type="checkbox"/> BSE (CM) <input type="checkbox"/> BSE (F&O)		
2.	Franchisee and Client to be informed if any of the above detail is missing or invalid by _____ Date _____ Time _____		
3.	Details Punched in Computer by TM _____ DP _____		
4.	Cross Checking done by TM _____ DP _____		
5.	UCC UPLOADED : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ENTERED IN FORM DATA		
6.	BACK OFFICE WEB LOGIN User Name ID _____ Password _____		
7.	DP WEB LOGIN User Name ID _____ Password _____		
8.	Form sent to Surveillance by _____ Date : _____ Time : _____		
9.	Client ID Mapping done by _____ Branch ID _____ User ID: _____ Dealer ID : _____		
10.	INTERNET TRADING <input type="checkbox"/> Now User ID _____ Password Sent on _____		
11.	Form sent to DP by _____ Date : _____ Time : _____		
12.	Client Instruction Book issued by _____		
13.	Client Account Status Report issued by _____		
14.	Form Returned to Compliance by _____ Date : _____ Time : _____		
15.	Kit Dispatched on _____ (Date)		



REGISTERED OFFICE :

G-193, Sector-44, Noida, UP

CORPORATE & MAIN DEALING OFFICE :

B-122, C-123 | 12th Floor | Himalaya House | 23 | KG Marg |
Connaught Place | New Delhi | 110001

Landline | 011-43177631/32/33 & 43570994, Email : marck@marck.in

www.marcksecurities.com

Date : 14-01-21

S & S : 011-43035012/14