



## **MILLENNIUM STOCK BROKING PRIVATE LIMITED**

**MEMBER :**

**NATIONAL STOCK EXCHANGE OF INDIA LTD., BSE LIMITED  
MULTI COMMODITY EXCHANGE OF INDIA LTD.**

**Corporate Office : Martin Burn House, 3rd Floor, Room No. 317  
1, R. N. Mukherjee Road, Kolkata - 700 001**

**Phone : (033) 3520-0600**

**E-mail : info@msbpl.in**



### **CLIENT REGISTRATION FORM NON-INDIVIDUAL**

**CLIENT NAME** \_\_\_\_\_

**CLIENT CODE** \_\_\_\_\_

**A/c Opening Date : \_\_\_\_/\_\_\_\_/\_\_\_\_**

# ACCOUNT OPENING KIT

**Name of Stock Broker / Trading Member : MILLENNIUM STOCK BROKING PRIVATE LIMITED**

**SEBI Regn. No. and Date : INZ000182435 Dt.21.06.2018**

**Registered Office address :**

910 & 911, 9th Floor, DSCCSL (53E), Road 5E, BLOCK - 53, Zone - 5, DTA, Gandhinagar - 382050, Gujarat  
Phone : 96743-20321, Email : info@msbpl.in, Website : www.msbpl.in, CIN : U67110GJ2000PTC121951

**Correspondence Office address :**

Martin Burn House, 3rd Floor, Room No. 317, 1, R. N. Mukherjee Road, Kolkata - 700 001  
Phone : (+91 33) 3520-0600, Email : info@msbpl.in

**Name of Clearing Member (For NSE-Commodity Derivatives and BSE-Commodity Derivatives Segments) :  
GLOBE CAPITAL MARKET LTD.**

**SEBI Regn. No. : INZ000177137**

**Registered & Correspondence Office address :**

609, Ansal Bhawan, 16, Kasturba Gandhi Marg, Connaught Place, New Delhi - 110 001  
Phone : (+91 11) 3041-2345 (30 lines), Fax : (+91 11) 2372-0883  
E.mail : mail@globecapital.com, Website : www.globecapital.com

**Compliance Officer Name, Phone No. & email ID : Mr. Aakash Khetan, +91 33 35200634, aakash@msbpl.in**

**CEO Name, Phone No. & email ID : Mr. Pawan Kumar Daga, +91 33 35200600, info@msbpl.in**

For any grievance/dispute please contact us at the above address or email us at the Investor Grievance Email ID : clients@msbpl.in or call us at (033) 3520-0634. In case not satisfied with the response, please contact the concerned exchange(s) at ignse@nse.co.in and Phone No. (022) 2659-8190 for NSE, at is@bseindia.com, Phone No. (022) 2272-8097 for BSE and grievance@mcxindia.com and Phone No. (022) 6731-8888 for MCX.

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

We, MILLENNIUM STOCK BROKING PRIVATE LIMITED, are also engaged in Proprietary trading apart from Client based business.

**PLEASE READ "MSBPL" AS "MILLENNIUM STOCK BROKING PRIVATE LIMITED" WHEREEVER IT APPEARS.**

# MILLENNIUM STOCK BROKING PRIVATE LIMITED

| INDEX OF DOCUMENTS                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| S.NO.                                                                                                                                                                                                                                                                                                                    | NAME OF THE DOCUMENT AND ITS BRIEF SIGNIFICANCE                                                                                                                                                | PAGE NOS.      |
| <b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |                |
| <b>1.</b>                                                                                                                                                                                                                                                                                                                | <b>Account Opening Form</b>                                                                                                                                                                    |                |
|                                                                                                                                                                                                                                                                                                                          | A. KYC form – Document captures the basic information about the constituent and an instruction/check list.                                                                                     | <b>1 - 15</b>  |
|                                                                                                                                                                                                                                                                                                                          | B. Document captures the additional information about the constituent relevant to trading account and an instruction/check list.                                                               | <b>16 - 20</b> |
| <b>2.</b>                                                                                                                                                                                                                                                                                                                | <b>Policies and Procedures</b>                                                                                                                                                                 | <b>21 - 23</b> |
|                                                                                                                                                                                                                                                                                                                          | Document describing significant policies and procedures of the stock broker.                                                                                                                   |                |
| <b>3.</b>                                                                                                                                                                                                                                                                                                                | <b>Most Important Terms &amp; Conditions</b>                                                                                                                                                   | <b>24</b>      |
|                                                                                                                                                                                                                                                                                                                          | As required under various Circulars of SEBI and Exchange(s)                                                                                                                                    |                |
| <b>4.</b>                                                                                                                                                                                                                                                                                                                | <b>Tariff sheet</b>                                                                                                                                                                            | <b>25</b>      |
|                                                                                                                                                                                                                                                                                                                          | Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).                                                                   |                |
| <b>Note :</b> Standard Mandatory Documents viz. Rights & Obligations of Stock Broker, Authorised Person and Client for trading on exchanges, Uniform Risk Disclosure Documents, and Guidance Note detailing Do9s and Don9ts for trading, are available in physical/electronic mode as per your choice marked on Page 17. |                                                                                                                                                                                                |                |
| <b>VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                |
| <b>5.</b>                                                                                                                                                                                                                                                                                                                | <b>Authority Letter for Running Account</b>                                                                                                                                                    | <b>26</b>      |
|                                                                                                                                                                                                                                                                                                                          | The document deals with an option given to client to settle his obligations towards funds and securities on a running basis & settle the same at monthly/quarterly interval at his discretion. |                |
| <b>6.</b>                                                                                                                                                                                                                                                                                                                | <b>Mandate to issue documents in Electronic format</b>                                                                                                                                         | <b>27</b>      |
|                                                                                                                                                                                                                                                                                                                          | The documents deals with the clauses relating to issue of Contract Notes, daily margin statement, quarterly statement in electronic format.                                                    |                |
| <b>7.</b>                                                                                                                                                                                                                                                                                                                | <b>Declaration / Letter of Understanding by client</b>                                                                                                                                         | <b>28</b>      |
|                                                                                                                                                                                                                                                                                                                          | The document deals with some voluntary declaration given by the client & also authorises the member for operational convenience.                                                               |                |
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| <b>9.</b>                                                                                                                                                                                                                                                                                                                | <b>Electronic Contract Note [ECN] – Declaration</b>                                                                                                                                            | <b>30</b>      |
|                                                                                                                                                                                                                                                                                                                          | Mandate to receive Contract Notes via E.mail                                                                                                                                                   |                |
| <b>10.</b>                                                                                                                                                                                                                                                                                                               | <b>Undertaking with regards to Position Limits</b>                                                                                                                                             | <b>31</b>      |
|                                                                                                                                                                                                                                                                                                                          | Undertaking for adherence to Position Limits specified by Exchanges / Regulatory Authorities                                                                                                   |                |

# MILLENNIUM STOCK BROKING PRIVATE LIMITED

| INDEX OF DOCUMENTS                                         |                                                                                                                                                                                                                |                |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| S.NO.                                                      | NAME OF THE DOCUMENT AND ITS BRIEF SIGNIFICANCE                                                                                                                                                                | PAGE NOS.      |
| <b>VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER</b> |                                                                                                                                                                                                                |                |
| <b>11.</b>                                                 | <b>Registration for Commodity Option</b><br>As required under various Circulars of SEBI and Exchange(s)                                                                                                        | <b>31</b>      |
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| <b>18.</b>                                                 | <b>Filing compliant on SCORES - Easy &amp; Quick</b>                                                                                                                                                           | <b>41</b>      |

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

**Important Instructions:**

A) Fields marked with <\*= are mandatory fields.

B) Tick 8/9 wherever applicable.

C) Please fill the date in DD-MM-YYYY format.

D) Please fill the form in English and in BLOCK letters.

E) KYC number of applicant is mandatory for update application

F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.

G) List of two character ISO 3166 country codes may be obtained from our office.

H) Please read sectionwise detailed guidelines / instructions at the end.

I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



**For office use only**

Application Type\*

☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

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

☐ Name\*

Entity Constitution Type\*

☐ Others (Specify)

(Please refer instruction B at the end)

Date of Incorporation / Formation\*

DD - MM - YYYY

Date of Commencement of Business

DD - MM - YYYY

Place of Incorporation / Formation\*

Country of Incorporation / Formation\*

TIN or Equivalent Issuing Country

PAN \*

☐ Form 60 furnished

TIN / GST Registration Number

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

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

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

Regn Certificate No.

☐ Memorandum and Articles of Association

☐ Partnership Deed

☐ Trust Deed

☐ Resolution of Board / Managing Committee

☐ Power of attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity Proof - 1 (For Sole Proprietorship Only)

☐ Activity Proof - 2 (For Sole Proprietorship Only)

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

**3.1 Registered Office Address / Place of Business\***

Proof of Address\*

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

☐ Other Document

Line 1\*

Line 2

Line 3

District\*

PIN / Post Code\*

State / U.T Code\*

ISO 3166 Country Code\*

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

Line 1\*

Line 2

Line 3

District\*

PIN / Post Code\*

State / U.T Code\*

ISO 3166 Country Code\*

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

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

**5. NUMBER OF RELATED PERSONS**

(Please refer instruction E at the end)



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

## Important Instructions:

- A) Fields marked with \* are mandatory fields.  
 B) Tick 8/9 wherever applicable.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please fill the form in English and in BLOCK letters.  
 E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.  
 G) List of two character ISO 3166 country codes may be obtained from our office.  
 H) Please read section wise detailed guidelines / instructions at the end.  
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



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

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

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

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

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

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

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

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

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

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

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

☐ PHOTO\*



## Address

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

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

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

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

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

**Address**

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

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

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

**2. APPLICANT DECLARATION**

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

Date : DD — MM — YYYY Place:

Signature /Thumb Impression of Applicant

**3. ATTESTATION / FOR OFFICE USE ONLY**

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

**IPV and KYC VERIFICATION CARRIED OUT BY**

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

**INSTITUTION DETAILS**

Name **MILLENNIUM STOCK BROKING PRIVATE LIMITED**  
Code **IN0310**

[Employee Signature]

[Institution Stamp]

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

## Important Instructions:

- A) Fields marked with \* are mandatory fields.  
 B) Tick 8/9 wherever applicable.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please fill the form in English and in BLOCK letters.  
 E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.  
 G) List of two character ISO 3166 country codes may be obtained from our office.  
 H) Please read section wise detailed guidelines / instructions at the end.  
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



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

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

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

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

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

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

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

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

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

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

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

☐ PHOTO\*



## Address

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

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

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

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

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☐ F - Proof of Possession of Aadhaar   
 II ☐ E-KYC Authentication   
 II ☐ Offline verification of Aadhaar   
 IV ☐ Deemed PoA  
 V ☐ Self Declaration

**Address**

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

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

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

**2. APPLICANT DECLARATION**

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

Date : DD - MM - YYYY

Place:

✓

Signature /Thumb Impression of Applicant

**3. ATTESTATION / FOR OFFICE USE ONLY**

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

**IPV and KYC VERIFICATION CARRIED OUT BY**

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

**INSTITUTION DETAILS**

Name **MILLENNIUM STOCK BROKING PRIVATE LIMITED**  
Code **IN0310**

Employee Signature]

[Institution Stamp]

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| <b>Know Your Client (KYC)</b><br><b>Application Form (For Non- Individuals Only)</b><br><small>Please fill the form in ENGLISH and in BLOCK letters<br/> Fields marked * are mandatory<br/> Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div style="text-align: right;">  </div> Application Number: <input style="width: 250px;" type="text"/><br><br>KYC No. : <input style="width: 150px;" type="text"/> (Mandatory for KYC update request) |
| Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                           |
| <b>1. Entity Details</b> (please refer guidelines)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                           |
| PAN* <input style="width: 150px;" type="text"/> Please enclose a duly attested copy of your PAN Card <input type="checkbox"/> Form 60 furnished<br>TIN / GST Regn. No. <input style="width: 150px;" type="text"/><br>Name* (same as ID proof) <input style="width: 600px;" type="text"/><br>Entity Constitution Type <input style="width: 150px;" type="text"/> Others (Specify) <input style="width: 150px;" type="text"/> (Please refer Instruction G at the end)<br>Date of Incorporation* <input style="width: 100px;" type="text"/> Place of Incorporation* <input style="width: 150px;" type="text"/><br>Date of Commencement* <input style="width: 100px;" type="text"/> Registration Number* <input style="width: 150px;" type="text"/><br>Entity Type*<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Private Ltd. Co.<br/> <input type="checkbox"/> Trust/Charity/NGO<br/> <input type="checkbox"/> AOP<br/> <input type="checkbox"/> Body of Individuals<br/> <input type="checkbox"/> Non-Government Organization<br/> <input type="checkbox"/> Others <input style="width: 100px;" type="text"/> </div> <div style="width: 50%;"> <input type="checkbox"/> Public Ltd. Co.<br/> <input type="checkbox"/> HUF<br/> <input type="checkbox"/> Bank<br/> <input type="checkbox"/> Body Corporate<br/> <input type="checkbox"/> FPI Category I<br/> <input type="checkbox"/> Government Body<br/> <input type="checkbox"/> Society </div> <div style="width: 50%;"> <input type="checkbox"/> Partnership<br/> <input type="checkbox"/> FPI Category II<br/> <input type="checkbox"/> Defence Establishment<br/> <input type="checkbox"/> LLP </div> </div> |                                                                                                                                                                                                                                                                                           |
| <b>2. Proof of Identity</b> <sup>+</sup> (please refer the guidelines)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Officially Valid Document(s) in respect of person authorized to transact<br><input type="checkbox"/> Certificate of Incorporation/Formation <input style="width: 150px;" type="text"/> <input type="checkbox"/> Registration Certificate <input style="width: 150px;" type="text"/><br><input type="checkbox"/> Memorandum of Articles and Association <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Trust Deed<br><input type="checkbox"/> Board Resolution <input type="checkbox"/> Power of attorney granted to its manager, office, employees to transact on its behalf<br><input type="checkbox"/> Activity Proof –1* (For Sole Proprietorship Only) <input type="checkbox"/> Activity Proof –2* (For Sole Proprietorship Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                           |
| <b>3. Address Details</b> <sup>*</sup> (please refer the guidelines)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                           |
| <b>A. Registered Address</b> <sup>*</sup><br>Line 1* <input style="width: 600px;" type="text"/><br>Line 2 <input style="width: 600px;" type="text"/><br>Line3 <input style="width: 600px;" type="text"/><br>City/Town/Village* <input style="width: 150px;" type="text"/> District* <input style="width: 150px;" type="text"/> Pin Code* <input style="width: 100px;" type="text"/><br>State* <input style="width: 150px;" type="text"/> Country* <input style="width: 150px;" type="text"/><br><b>B. Correspondence/Local Address in India</b> (if different from above) <sup>*</sup><br>Line 1* <input style="width: 600px;" type="text"/><br>Line 2 <input style="width: 600px;" type="text"/><br>Line3 <input style="width: 600px;" type="text"/><br>City/Town/Village* <input style="width: 150px;" type="text"/> District* <input style="width: 150px;" type="text"/> Pin Code* <input style="width: 100px;" type="text"/><br>State* <input style="width: 150px;" type="text"/> Country* <input style="width: 150px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Applicant Signature                                                                                                                                                                                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Proof of Address*</b> (attested copy of any one POA to be submitted—*Not more than 3 months old)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> Certificate of Incorporation/Formation                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Registration Certificate                                                                                                                                                                                                     |
| <input type="checkbox"/> Latest Telephone Bill* (Landline only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Latest Electricity Bill*                                                                                                                                                                                                     |
| <input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Other document _____                                                                                                                                                                                                         |
| <input type="checkbox"/> Latest Bank Account Statement*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Validity/Expiry Date of POA (Expiry Date) ____                                                                                                                                                                                                        |
| <input type="checkbox"/> Any other proof of address document (as listed overleaf) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |
| <b>4. Contact Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |
| Email ID _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mobile No. _____                                                                                                                                                                                                                                      |
| Email ID _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mobile No. _____                                                                                                                                                                                                                                      |
| Tel (Off) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fax _____                                                                                                                                                                                                                                             |
| <b>5. Annexures Submitted</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |
| Number of Related Persons - <input style="width: 50px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                       |
| <b>6. Remarks / Additional Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       |
| <b>7. Applicant Declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       |
| I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.<br><br>I/We hereby consent to receiving information from KRA and/or CKYC Registry through SMS/Email on the above registered number/Email address<br>DATE: ____ (DD-MM-YYYY)<br>PLACE: _____ | <div style="background-color: #cccccc; padding: 5px; text-align: center;">Applicant Signature</div> <div style="height: 100px;"></div>                                                                                                                |
| <b>8. For Office Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |
| In-Person Verification (IPV) & KYC Verification carried out by*                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Intermediary Details*                                                                                                                                                                                                                                 |
| KYC Date _____<br>Emp. Name _____<br>Emp. Code _____<br>Emp. Designation _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Self certified document copies received (Originals Verified)<br><input type="checkbox"/> True Copies of documents received (Attested)<br>AMC / Intermediary Name OR Code:<br><b>Millennium Stock Broking Private Limited</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       |
| Employee Signature and Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Employee Signature and Stamp                                                                                                                                                                                                                          |

| <b>Know Your Client (KYC)</b><br><b>Annexure (For Non- Individuals Only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                               |                     |
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| <small>Please fill the form in ENGLISH and in BLOCK letters</small><br><small>Fields marked * are mandatory</small><br><small>Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Application Number: <input style="width: 150px;" type="text"/><br><br>KYC No. : <input style="width: 100px;" type="text"/> (Mandatory for KYC update request) |                     |
| Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               |                     |
| <b>1. Identity Details of Related Person</b> (please refer guidelines overleaf)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                               |                     |
| <div style="display: flex; justify-content: space-between;"> <div> PAN* _____<br/> Name* (same as ID proof) _____<br/> Maiden Name* (if any) _____<br/> Fathers/Spouse's Name* _____<br/> Date of Birth* ____/____/____<br/> Gender* <input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Transgender<br/> Nationality* <input type="checkbox"/> Indian    <input type="checkbox"/> Other _____<br/> Related Person Type*<br/> <input type="checkbox"/> Director    <input type="checkbox"/> Promoter    <input type="checkbox"/> Karta    <input type="checkbox"/> Trustee    <input type="checkbox"/> Partner    <input type="checkbox"/> Court Appointed Official Proprietor<br/> <input type="checkbox"/> Beneficiary    <input type="checkbox"/> Authorized Signatory    <input type="checkbox"/> Beneficial Owner    <input type="checkbox"/> Power of Attorney Holder<br/> <input type="checkbox"/> Others _____ (please specify)    DIN: _____ (mandatory if the related person is Director) </div> <div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center; text-align: center;"> Applicant Photo </div> </div> <div style="margin-top: 10px;"> <b>Proof of Identity (POI) submitted for PAN exempted cases</b> (Please tick) </div> <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> A — Aadhaar Card    XXXX XXXX ____<br/> <input type="checkbox"/> B — Passport Number _____<br/> <input type="checkbox"/> C — Voter ID Card _____<br/> <input type="checkbox"/> D — Driving License _____<br/> <input type="checkbox"/> E — NREGA Job Card _____<br/> <input type="checkbox"/> F — NPR _____<br/> <input type="checkbox"/> Z — Others _____<br/> Identification Number _____ </div> <div style="flex: 1; margin-left: 20px;"> (Expiry Date) ____/____/____<br/><br/> (Expiry Date) ____/____/____<br/><br/> <small>(any document notified by Central Government)</small> </div> </div> |                                                                                                                                                               |                     |
| <b>2. Address Details*</b> (please refer guidelines overleaf)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               |                     |
| <b>A. Correspondence/ Local Address*</b><br><br>Line 1* _____<br>Line 2 _____<br>Line 3 _____<br><br>City/Town/Village* _____ District* _____ Pin Code* _____<br>State* _____ Country* _____<br><br>Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                               |                     |
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**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☐ A — Aadhaar Card XXXX XXXX \_\_\_\_\_☐ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ C — Voter ID Card \_\_\_\_\_☐ D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ E — NREGA Job Card \_\_\_\_\_☐ F — NPR Letter \_\_\_\_\_☐ Z—Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**3. Contact Details**

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

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

I/We hereby consent to receiving information from KRA and/or CKYC Registry through SMS/Email on the above registered number/Email address

DATE: \_\_\_\_\_ (DDMM-YYYY)

PLACE: \_\_\_\_\_

Applicant Signature

**5. For Office Use Only**

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

Intermediary Details\*

KYC Date \_\_\_\_\_

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

☐ Self certified document copies received (OVD)☐ True Copies of documents received (Attested)**Millennium Stock Broking Private Limited**

Employee Signature and Stamp

Institution Name and Stamp

| <b>Know Your Client (KYC)</b><br><b>Annexure (For Non- Individuals Only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                   |                     |
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| <small>Please fill the form in ENGLISH and in BLOCK letters</small><br><small>Fields marked * are mandatory</small><br><small>Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <div style="display: flex; justify-content: space-between;"> <div> Application Number: <input style="width: 200px;" type="text"/><br/><br/> KYC No. : <input style="width: 150px;" type="text"/> (Mandatory for KYC update request) </div> </div> |                     |
| Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |                     |
| <b>1. Identity Details of Related Person</b> (please refer guidelines overleaf)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                   |                     |
| <div style="display: flex; justify-content: space-between;"> <div> PAN* _____<br/> Name* (same as ID proof) _____<br/> Maiden Name* (if any) _____<br/> Fathers/Spouse's Name* _____<br/> Date of Birth* ____/____/____<br/> Gender* <input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Transgender<br/> Nationality* <input type="checkbox"/> Indian    <input type="checkbox"/> Other _____<br/> Related Person Type*<br/> <input type="checkbox"/> Director    <input type="checkbox"/> Promoter    <input type="checkbox"/> Karta    <input type="checkbox"/> Trustee    <input type="checkbox"/> Partner    <input type="checkbox"/> Court Appointed Official Proprietor<br/> <input type="checkbox"/> Beneficiary    <input type="checkbox"/> Authorized Signatory    <input type="checkbox"/> Beneficial Owner    <input type="checkbox"/> Power of Attorney Holder<br/> <input type="checkbox"/> Others _____ (please specify)    DIN: _____ (mandatory if the related person is Director) </div> <div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center; text-align: center;"> Applicant Photo </div> </div> <div style="margin-top: 10px;"> <b>Proof of Identity (POI) submitted for PAN exempted cases</b> (Please tick) </div> <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> A — Aadhaar Card    XXXX XXXX ____/____/____<br/> <input type="checkbox"/> B — Passport Number _____ (Expiry Date) ____/____/____<br/> <input type="checkbox"/> C — Voter ID Card _____<br/> <input type="checkbox"/> D — Driving License _____ (Expiry Date) ____/____/____<br/> <input type="checkbox"/> E — NREGA Job Card _____<br/> <input type="checkbox"/> F — NPR _____<br/> <input type="checkbox"/> Z — Others _____ (any document notified by Central Government)<br/> Identification Number _____ </div> </div> |                                                                                                                                                                                                                                                   |                     |
| <b>2. Address Details*</b> (please refer guidelines overleaf)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |                     |
| <b>A. Correspondence/ Local Address*</b><br>Line 1* _____<br>Line 2 _____<br>Line 3 _____<br>City/Town/Village* _____ District* _____ Pin Code* _____<br>State* _____ Country* _____<br>Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                   | Applicant Signature |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |
| Line 1* _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |
| Line 2 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |
| Line 3 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |
| City/Town/Village* _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | District* _____ Pin Code* _____                                                                                                                                                                                                                                                                  |
| State* _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country* _____                                                                                                                                                                                                                                                                                   |
| Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |
| <b>Proof of Address*</b> (attested copy of any 1 POA for correspondence and permanent address each to be submitted)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> A — Aadhaar Card      XXXX XXXX _____<br><input type="checkbox"/> B — Passport Number      _____ (Expiry Date) ____-____-____<br><input type="checkbox"/> C — Voter ID Card      _____<br><input type="checkbox"/> D — Driving License      _____ (Expiry Date) ____-____-____<br><input type="checkbox"/> E — NREGA Job Card      _____<br><input type="checkbox"/> F — NPR Letter      _____<br><input type="checkbox"/> Z—Others      _____ (any document notified by Central Government)<br>Identification Number      _____  |                                                                                                                                                                                                                                                                                                  |
| <b>3. Contact Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |
| Email ID _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |
| Mobile No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |
| Tel (off) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Tel (Res) _____                                                                                                                                                                                                                                                                                  |
| <b>4. Applicant Declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |
| I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.<br><br>I/We hereby consent to receiving information from KRA and/or CKYC Registry through SMS/Email on the above registered number/Email address<br><br>DATE: ____-____-____ (DDMM-YYYY)<br>PLACE: _____ | Applicant Signature<br>_____                                                                                                                                                                                                                                                                     |
| <b>5. For Office Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |
| In-Person Verification (IPV) & KYC Verification carried out by*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Intermediary Details*                                                                                                                                                                                                                                                                            |
| KYC Date      ____-____-____<br>Emp. Name      _____<br>Emp. Code      _____<br>Emp. Designation      _____                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Self certified document copies received (OVD)<br><input type="checkbox"/> True Copies of documents received (Attested)<br><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">Millennium Stock Broking Private Limited</div> |
| Employee Signature and Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Institution Name and Stamp                                                                                                                                                                                                                                                                       |

## **Instructions/Guidelines for filling Non-Individual KYC Application Form**

### **A. General Instructions:**

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per below list mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/ PIOCard / OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI9s, Mariner9s declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor/Birth Certificate must be provided.
11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior politician, senior government/judiciary/ military officer, senior executive of state owned corporation, important political party official, etc.

### **B. Proof of Identity (POI):**

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 8Z - Others (any document notified by the central government)<sup>9</sup> is ticked.
5. Others - Identity card with applicant9s photograph issued by any of the following: Central / State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

### **C. Proof of Address (POA):**

1. PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
2. Others includes - Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card/document with address issued by any of the following: Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members.
4. Self declaration of High courts / Supreme court judges, giving the new address in respect of their own accounts.
5. Proof of address in name of spouse may be accepted.
6. Registered lease or Sale agreement / Flat maintenance bill / Insurance copy / Ration card / Latest Property tax.
7. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card.

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

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

**E. List of people authorized to attest the documents:**

1. Authorized officials of Asset Management Companies (AMCs).
2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 8Know Your Distributor (KYD)9.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy / Consulate General in the country where the client resides are permitted to attest the documents.

**F. Entity Constitution Type**

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

| Type of Entity                                      | Additional Documents Required over and above PAN, POI and POA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Corporate                                           | <ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years (to be submitted every year).</li> <li>• Copy of latest share-holding pattern including the list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover regulations, duly certified by the company secretary / whole time director / MD (to be submitter every year).</li> <li>• Photograph, POI, POA, PAN and DIN number of the whole time Director / 2 directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control4either directly or indirectly.</li> <li>• Copy of Memorandum and Articles of Association and Certificate of Incorporation.</li> <li>• Copy of Board Resolution for Investment in security markets.</li> <li>• Authorized signatories list with specimen signatures.</li> <li>• Shareholding pattern.</li> </ul> |
| Partnership Firm                                    | <ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years (to be submitted every year).</li> <li>• Certificate of Registration (for registered partnership firms only).</li> <li>• Copy of Partnership Deed.</li> <li>• Authorized signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> <li>• Shareholding pattern.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Trust                                               | <ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years (to be submitted every year).</li> <li>• Certificate of Registration (for registered Trusts only).</li> <li>• Copy of Trust Deed.</li> <li>• List of Trustees certified by Managing Trustees / CA</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| HUF                                                 | <ul style="list-style-type: none"> <li>• PAN of HUF</li> <li>• Deed of Declaration of HUF or List of Co-Parceners.</li> <li>• Bank Passbook / Bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of KARTA.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Banks/Institutional Investors                       | <ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Unincorporated Association or a Body of Individuals | <ul style="list-style-type: none"> <li>• Proof of existence or Constitution document.</li> <li>• Resolution of Managing Body and power of Attorney granted to transact business on its behalf.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Army/Government Bodies                              | <ul style="list-style-type: none"> <li>• Copy of Constitution/Registration or Annual report / Balance Sheet for the last 2 financial years.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Army/Government Bodies                              | <ul style="list-style-type: none"> <li>• Self certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Registered Society                                  | <ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Society Registration Act.</li> <li>• List of managing committee members.</li> <li>• Committee Resolution for persons authorized to act as authorised signatories with specimen signatures.</li> <li>• True copy of society rules and by-laws certified by Chairman/Secretary.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FPI Category I                                      | <ul style="list-style-type: none"> <li>• FPI Certificate</li> <li>• Constitution Documents</li> <li>• Copy of Board Resolution (optional)</li> <li>• Shareholding pattern and Ultimate Beneficiary Owners List (UBO)</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FPI Category II                                     | <ul style="list-style-type: none"> <li>• FPI Certificate</li> <li>• Constitution Documents</li> <li>• Copy of Board Resolution</li> <li>• Shareholding pattern and Ultimate Beneficiary Owners List (UBO) with UBO proof of identity</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## **TRADING ACCOUNT RELATED DETAILS - FOR INDIVIDUALS & NON-INDIVIDUALS**

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

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>OTHER DETAILS</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| <b>Gross Annual Income Details (please specify)</b>                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| Income Range per annum                                                                                                                                                                                                                                                                | <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> 1–5 Lac <input type="checkbox"/> 5–10 Lac <input type="checkbox"/> 10–25 Lac <input type="checkbox"/> 25 Lacs–1 crore <input type="checkbox"/> > 1 crore |                                                                                                                                     |                                         |
| <b>Net-worth</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          | <b>as on (date)</b>                                                                                                                 |                                         |
| (Net worth should not be older than 1 year)                                                                                                                                                                                                                                           |                                                                                                                                                                                                                          | (dd/mm/yyyy)                                                                                                                        |                                         |
| <b>Occupation (Individuals)</b><br>(Please tick any one and give brief details)                                                                                                                                                                                                       | <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business                                                             |                                                                                                                                     |                                         |
|                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student                                        |                                                                                                                                     |                                         |
|                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Others _____                                                                                                                                                                                    |                                                                                                                                     |                                         |
| <b>Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees / whole time directors</b>                                                                                                                                            |                                                                                                                                                                                                                          | <input type="checkbox"/> Politically Exposed Person (PEP)<br><input type="checkbox"/> Related to a Politically Exposed Person (PEP) |                                         |
| <b>PAST ACTIONS</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| Details of any action / proceedings initiated / pending / taken by SEBI / Stock exchange / any other authority against the applicant / constituent or its Partners / promoters / whole time directors / authorized persons in charge of dealing in securities during the last 3 years |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| <b>DEALINGS THROUGH AUTHORISED PERSON OR OTHER STOCK BROKERS</b>                                                                                                                                                                                                                      |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| Whether dealing with any other stock broker / AP (in case dealing with multiple stock brokers / APs, provide details of all)                                                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| Name of stock broker                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| Name of AP, if any                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          | AP Regn. No.                                                                                                                        |                                         |
| Client Code                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                          | Exchange                                                                                                                            |                                         |
| Details of disputes/dues pending from/to such stock broker / AP                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| Details of disputes/dues pending from/to such stock broker/authorised person                                                                                                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| <b>ADDITIONAL DETAILS</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)                                                                                                                                                                                 |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| <input type="checkbox"/> Physical <input type="checkbox"/> Electronic, Specify your Email id, if applicable :                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| Whether you wish to receive the standard documents – Rights and Obligations, Risk Disclosure Document (RDD) and Guidance Note, (please specify)                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          | <input type="checkbox"/> Physically                                                                                                 | <input type="checkbox"/> Electronically |
| <b>Please note that these documents are also available in certain vernacular languages on demand.</b>                                                                                                                                                                                 |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| Whether you wish to avail of the facility of internet trading / wireless technology (please specify)                                                                                                                                                                                  |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                              |                                                                                                                                                                                                                          |                                                                                                                                     |                                         |

|                                                                                                                                                                                      |                                                                                                                       |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------|
| Number of years of Investment / Trading Experience                                                                                                                                   |                                                                                                                       |                      |
| In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others |                                                                                                                       | As per Annexure      |
| Any other information                                                                                                                                                                |                                                                                                                       |                      |
| <b>INTRODUCER DETAILS (optional)</b>                                                                                                                                                 |                                                                                                                       |                      |
| Name of the Introducer                                                                                                                                                               |                                                                                                                       |                      |
|                                                                                                                                                                                      | (Surname)                                                                                                             | (Name) (Middle Name) |
| Status of the Introducer                                                                                                                                                             | <input type="checkbox"/> Remisier <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client |                      |
|                                                                                                                                                                                      | <input type="checkbox"/> Others, please specify                                                                       |                      |
| Address and Phone No. of the Introducer                                                                                                                                              |                                                                                                                       |                      |
| Signature of the Introducer                                                                                                                                                          | ✓                                                                                                                     |                      |

#### DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 8Rights and Obligations9 document(s) and 8Risk Disclosure Document9. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker9s designated website, if any.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

✓ \_\_\_\_\_  
Signature of Client/ (all) Authorized Signatory (ies)

## ANNEXURE

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

| Particulars            | 1st                                                                                                              | 2nd                                                                                                              | 3rd                                                                                                              |
|------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Designation            |                                                                                                                  |                                                                                                                  |                                                                                                                  |
| Name                   |                                                                                                                  |                                                                                                                  |                                                                                                                  |
| PAN                    |                                                                                                                  |                                                                                                                  |                                                                                                                  |
| DIN / UID              |                                                                                                                  |                                                                                                                  |                                                                                                                  |
| Residential<br>Address |                                                                                                                  |                                                                                                                  |                                                                                                                  |
|                        |                                                                                                                  |                                                                                                                  |                                                                                                                  |
|                        |                                                                                                                  |                                                                                                                  |                                                                                                                  |
|                        |                                                                                                                  |                                                                                                                  |                                                                                                                  |
| Photograph             | <p>Please affix your recent passport size photograph and sign across it</p> <p style="text-align: center;">✓</p> | <p>Please affix your recent passport size photograph and sign across it</p> <p style="text-align: center;">✓</p> | <p>Please affix your recent passport size photograph and sign across it</p> <p style="text-align: center;">✓</p> |

Use additional sheets, if necessary.

## FOR OFFICE USE ONLY

UCC Code allotted to the Client : \_\_\_\_\_

|                             | Documents verified<br>with Originals | Client Interviewed By |
|-----------------------------|--------------------------------------|-----------------------|
| Name of the Employee        |                                      |                       |
| Employee Code               |                                      |                       |
| Designation of the employee |                                      |                       |
| Date                        |                                      |                       |
| Signature                   |                                      |                       |

*I / We undertake that we have made the client aware of 8Policy and Procedures9, tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 8Rights and Obligations9 document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 8Policy and Procedures9, tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 8Rights and Obligations9 and RDD would be made available on my/our website, if any, for the information of the clients.*

\_\_\_\_\_  
**Signature of the Authorised Signatory**

**Date :** \_\_\_\_\_

**Seal/Stamp of the stock broker**

### INSTRUCTIONS / CHECK LIST

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

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

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

2. Copy of cancelled cheque leaf / pass book / bank statement specifying name of the constituent, MICR Code or / and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals :
  - a. Stock broker has an option of doing 8in-person9 verification through web camera at the branch office of the stock broker / authorised person9s office.
  - b. In case of non-resident clients, employees at the stock broker9s local office, overseas can do in-person verification. Further, considering the infeasibility of carrying out 8In-person9 verification of the non-resident clients by the stock broker9s staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals :
  - a. Form need to be initialized by all the authorized signatories.
  - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company / firm / others and their specimen signatures.

**MANDATORY**

## **POLICIES & PROCEDURES**

### **a) Refusal of Orders for Penny / illiquid Stocks:**

The Trading Member may from time to time limit (quantity / value) / refuse orders in one or more securities including T 2 T / Z Category shares due to various reasons including market liquidity, value of security(ies), the order being for securities which are not in the permitted list of the Trading Member / exchange(s) / SEBI. Provided further that Trading Member may require compulsory settlement / advance payment of expected settlement value, delivery of securities for settlement prior to acceptance / placement of order(s) as well. The client agrees that the losses, if any on account of such refusal or due to delay caused by such limits, shall be borne exclusively by the client alone.

The Trading Member may require reconfirmation of orders, which are larger than that specified by the Trading Member's risk management, and is also aware that the Trading Member has the discretion to reject the execution of such orders based on its risk perception.

### **b) Setting up Client's Exposure Limits:**

M/s. Millennium Stock Broking Private Limited (hereinafter referred to as "MSBPL") may give an exposure limit which would be a multiple (based on VAR) of the clear ledger balance in the account plus compulsory cash margin component (% to be decided by MSBPL time to time) plus value of the shares given as collaterals computed after applying appropriate haircut. In F & O segment exposure is given on the value of initial margin, after applying appropriate haircut on the securities given as collateral. The exposure limit may be changed based on the volatility in the market and quality of collaterals.

MSBPL may set different exposure limits varying for different clients depending on the credit worthiness, integrity and past conduct of the client. The client agrees that MSBPL shall not be responsible for such variation, reduction or imposition or the clients inability to route any order through MSBPL's trading system on account of any such variation, reduction or imposition of limits.

MSBPL at its sole discretion can give extra exposure or intraday limit to the client, such extra exposure will automatically be squared off by trading mechanism without any further reference to the client approx. 15 minutes before the scheduled closing.

### **c) Applicable Brokerage Rate:**

MSBPL follows the policy of charging brokerage not more than the maximum permissible brokerage as per the rules and regulation of the exchange/ SEBI. Brokerage shall be applied as per the rates agreed upon with the client in the KYC at the time of registration. The brokerage slab of a client shall be reviewed at intervals after assessment of the amount and quality of volume generated by the client as per his commitment. The rates may be increased with prospective effect with prior notice and sent to the E-mail address or postal address of the client registered with MSBPL. The brokerage amount debited to the client does not include any exchange related charges or statutory levies as applicable. Any other applicable charges & taxes (present & future) imposed by statutory authority or otherwise including securities transaction taxes, duties, GST and all incidental expenses etc will be paid by the client separately as may be levied on the transactions from time to time.

### **d) Imposition of Penalty/Delayed Payment Charges by either party, specifying the rate and the period (This must not result in funding by the broker in contravention of the applicable laws)**

Clients will be liable to pay late pay in/delayed payment charges not exceeding 2% per month for not making payment of their pay-in obligation / margin on time as per the exchange requirement or net ledger debit balance as applicable.

The client agrees that MSBPL may impose fines/penalties for any orders/trades/deals/actions of the client which are contrary to this agreement/rules/regulations/bye laws of the exchange or any other law for the time being in force, at such rates and in such form as it may deem fit. Further where MSBPL has to pay fine or bear any punishment from any authority in connection with/as a consequence of/ in relation to any of the orders/ trades/deals/actions of the client, the same shall be borne by the client.

**e) The right to sell clients' securities or close clients' positions, without giving notice to the client, on account of non-payment of client's dues (This shall be limited to the extent of settlement/margin obligation)**

MSBPL shall be entitled to liquidate client's securities including and not limited to unpaid securities, collateral and etc. towards margins or close out client's open position, without giving notice to the client for non-payment of margins or other amounts including the pay-in obligation, outstanding debts etc and adjust the proceeds of such liquidation/close out, if any, against the clients liabilities/obligations. Any surplus realised against the same shall be credited to client's account & any and all losses and financial charges on account of such liquidations/closing out shall be charges to and borne by the client.

In case the payment of the margin/security is made by the client through a bank instrument, MSBPL shall have absolute discretion to give the benefit/credit for the same only on the realization of clear proceeds in MSBPL bank account. Where the margin/security is made available by way of securities or any other property, MSBPL is empowered to decline its acceptance as margin/security and/or accept it at such reduced value as MSBPL may deem fit by applying haircuts or by valuing it by marking it to market. The stock broker has the sole discretion to decide referred stipulated margin percentage depending upon the market conditions.

In event of death or insolvency of the client, MSBPL may close out all outstanding positions of the client, adjusting the loss incurred on such closures with the margin deposited by the client and claim further shortfalls, if any, against the estate of the client. The successors or heirs of the client shall be entitled to any surpluses which may result there from.

The above action is at the sole discretion of MSBPL and may vary from client to client. It shall not be under any obligations to undertake the exercise compulsorily. MSBPL shall therefore not be under any obligation to compensate or provide reasons of any omission or delay on its part to sell client's securities or close open positions of the client.

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

Policy for settling shortage in obligation arising out of internal netting of trades is as under:

The securities delivered short are purchased from the market on T+2 day and the purchase consideration (including all statutory taxes, brokerages & levies) along with a penalty is debited to the short delivering seller client. In case the shares are not available for purchase for any reason then the shortage will be closed out as per the prevailing rules of the respective exchanges along with a penalty, if any decided time to time.

**g) Condition under which a client may not be allowed to take further position or the broker may close the existing position of a client.**

- Client unable to meet his pay-in obligation as per exchange requirement irrespective of the value of collaterals available.
- Long pending debit balance in the client's account.
- Margin shortfall not compensated by the client.
- Dishonor of Cheque
- Client dealing in <illiquid> stock as declared by MSBPL.
- Transactions which may appear to be suspicious in nature.
- Where Client's margin is evaporated in excess of required limit (as decided by MSBPL time to time) in any of the exchanges or where broker wise / client wise exposure exceeds in any securities / exchanges.
- Where broker's terminal is under square off mode / suspended / freezed for any reason.
- Where based on the happening of an event, MSBPL has a risk perception that further trading in the contracts/ securities may not be in the interest of the clients and /or the market.

The stock broker may refuse to execute / allow execution of orders due to but not limited to the reason of lack of margins / securities or the order being outside the limits set by stock broker / exchange / SEBI and any other reason which the stock broker may deem appropriate in the circumstances.

**h) Temporarily Suspending or Closing a Client's account at the clients request:**

MSBPL may carry out periodic review of the client accounts and may suspend the accounts from trading (i.e. prohibiting any market transactions, only allowing client shares/ledger balance settlement to take place) under any of the following circumstances and not limited to -

- Where the Client is inactive for the last 24 months.
- Where the Client has not cleared his dues after repeated reminders
- Where Physical statements or contract notes, etc are received back undelivered and the client is not responding to update the correct address.
- Where the client is reported or known to have expired.
- Where client lodges a complaint either directly with MSBPL or through the Exchange relating to alleged unauthorized Trades being executed in his account.
- Where the account is under investigation by any regulatory body.
- As per direction of the Exchanges, SEBI or any other regulatory body.
- On written request received from the client and the same can be activated on the written request of the client only.
- Where client has not complied with the guidelines as provided in PMLA regulations / yearly review process.

The Client account can be closed on the written request of the client provided the client account is settled. If the client wants to reopen the account then the client has to again complete the KYC requirement.

**i) Deregistering a client:**

Notwithstanding anything to the contrary stated in the agreement, MSBPL shall be entitled to terminate the agreement with immediate effect in any of the following circumstances:

- If the action of the client are prima facie illegal/improper or such to manipulate the price of any securities or disturb the normal/proper functioning of the market, either alone or in conjunction with others.
- On the death/lunacy or other disability of the Client.
- If the client being a partnership firm/any other organization, has any steps taken by the Client and/or its partners for dissolution or liquidation.
- If the Client suffers any adverse material change in his/her/its financial position or defaults in any other agreement with the Stock Broker.
- If the Client has made any material misrepresentation of facts, including (without limitation) in relation to the Security.
- If the Client is in breach of any term, condition or covenant of this Agreement.
- Any suspicious information found by MSBPL in sites like CIBIL, world check, etc or if there is any commencement of a legal process against the client under any law in force.
- If the client forms a part of the list of debarred entities published by SEBI and/or any action is taken by NSE / BSE / MCX / SEBI on the client.
- MSBPL reserves the right to deregister a client after giving 30 days notice to the client without specifying any reason whatsoever. MSBPL may freeze the assets of the client where it deems prudent and shall have the right to close out the existing positions, sell all the collaterals to recover its dues, if any, before deregistering the client.

Inactive client account will be considered as inactive if the client does not trade for a period of 24 months. Calculation will be done at the beginning of every month and a written request has to be made by the client for reactivation of their account.

**Client Acceptance of Policies and Procedures stated hereinabove:**

I/We have fully understood the same and do hereby sign the same and agree not to call into question the validity, enforceability and applicability of any provision/clauses in this document under any circumstances whatsoever. These Policies and Procedures may be amended/changed by giving 15 days notice by the broker, provided the change is informed to me/us through any one or more means/ methods. In case I / we continue to deal with the broker subsequent to the intimation of such amendment, it shall be deemed that I / we is agreeable to the new clauses. I/we agree never to challenge the same on any grounds including delayed receipt/non- receipt or any other reason whatsoever. These Policies and Procedures shall always be read along with the agreement and shall be compulsorily referred to while deciding any dispute/difference or claim between me/us and MSBPL before any court of law/judicial/adjudicating authority including arbitrator/mediator, etc.

### **Most Important Terms and Conditions (MITC)**

As required by SEBI Circular No. SEBI/HO/MIRSD/MIRSD-PoD-1/P/CIR/2023/180 dt.13.11.2023  
(For non-custodial settled trading accounts)

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

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Signature of the Client

**TARIFF SHEET**  
**BROKERAGE STRUCTURE**

| SEGMENT           | DELIVERY (%) | MINIMUM (paisa) | SQUARE OFF (%) | MINIMUM (paise) | RISK CATEGORY |
|-------------------|--------------|-----------------|----------------|-----------------|---------------|
| Cash              |              |                 |                |                 |               |
| Equity Future     |              |                 |                |                 |               |
| Equity Options    |              |                 |                |                 |               |
| SLB               |              |                 |                |                 |               |
| Commodity Futures |              |                 |                |                 |               |
| Commodity Options |              |                 |                |                 |               |

(The above rates are exclusive STT, GST, Stamp Charges, Clearing Charges, SEBI Charges etc. if any, which will be charged extra at rates prevailing from time to time.)

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Signature of the Client

**MANDATORY**

## **AUTHORITY LETTER FOR RUNNING ACCOUNT OF FUNDS**

Date : \_\_\_\_\_

To

**Millennium Stock Broking Private Limited**

Martin Burn House, 3rd Floor, Room No. 317

1, R. N. Mukherjee Road, Kolkata - 700 001

Dear Sir,

1. With reference to my/our trading account opened with you, I/we request you to maintain a running account for funds on my/our behalf without settling the account on settlement of each transaction. As required by SEBI Circular, my/our funds at EOD shall be upstream to CC/CM on daily basis. Further, any request made for release of funds shall be processed within same day if request is made by 2 p.m. and on the next trading day, if request is received after 2 p.m.
2. I/we understand and agree that no interest will be payable to me/us on the funds so retained with you.
3. I/we may be trading in derivatives segment & cash segment of various Exchanges and hence have various accounts with you. In this regard I/we hereby authorize **Millennium Stock Broking Private Limited** to act at its discretion of adjusting any credit balance under my/ our various accounts against the debit in any account across segments/ Exchange, without taking any further instruction from me/us.
4. Excess margins deposited towards one exchange / segment may be adjusted, on a running basis towards margin requirement / debit balance in same / other exchange / segment, where I/we have the client account.
5. I/we authorize you to set off a part or whole of the margin deposited by me/us against any of my / our dues, by appropriating relevant amount of fund or by sale of securities which form part of margin.
6. I / we hereby authorize you to deposit my / our funds deposited as margin to exchange / Clearing Corporation.
7. I/we may revoke the authorisation at any time by giving a written notice.
8. I/we also agree that the actual settlement of fund and securities shall be done by us across all the Exchanges on First Friday of each Month or each Calendar quarter, as preference given below. If the Friday, as aforesaid, falls on a holiday, then the settlement shall be done one day earlier, i.e. on Thursday. The statement of account for the same will be provided to me by **Millennium Stock Broking Private Limited**.
9. I/we agree that fund given towards collaterals/margins in form of bank guarantee (BG) / Fixed Deposit Receipts (FDR) may not be periodically settled.
10. I/we agree that (a) in respect of derivatives market transactions, the Trading Member may retain funds calculated in the manner specified below :
  - i) Entire pay-in obligation of funds outstanding at the end of the day on date of settlement, across all segments.
  - ii) Member may retain 50% of End Of the Day (EOD) margin requirement as cash margin, excluding the margin on consolidated crystallised obligation/MTM.
  - iii) Apart from 50% Cash Margin mentioned in Point No. 10(ii) above, Member may also retain 225% of EOD Margin (which includes additional 125% Margin) reduced by 50% Cash Margin and the value of securities (after applying appropriate haircut) accepted as collateral from the Clients by way of 8margin pledge9 created in the Depository System for the purpose of margin and value of commoditized (after applying appropriate haircut). The margin liability shall include the End Of the Day Margin requirement in all the segments across Exchanges excluding the margin on consolidated crystallised obligation/MTM. The margin liability may also include the margin collected by the Member from its Clients as per the Risk Management Policy as informed to the Clients.
11. I/we agree/understand that there shall be no inter-client adjustment for the purpose of settlement of the running account.
12. I/we shall bring any dispute arising from the statement of account or settlement so made to the Notice of the Trading Member preferably within 30 working days from the date of receipt of funds / securities or statement as the case may be.

### **PREFERENCE OF CLIENT FOR SETTLEMENT OF RUNNING ACCOUNT (FUNDS)**

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

Thanking you,

Yours truly,

✓

Signature of the Client

**VOLUNTARY**

## MANDATE TO ISSUE DOCUMENTS IN ELECTRONIC FORMAT

Date : \_\_\_\_\_

To

**Millennium Stock Broking Private Limited**

Martin Burn House, 3rd Floor, Room No. 317

1, R. N. Mukherjee Road

Kolkata - 700 001

Dear Sir,

I/We are a client with Millennium Stock Broking Private Limited and my/our Trading Client Code is \_\_\_\_\_. With reference to SEBI circular No. MRD/Dop/SE/Cir-20/2005 dated September 08, 2005, I/we are desirous to avail the facility of Electronic Contract Notes.

I/We would request you that henceforth i.e. from \_\_\_\_\_ onwards you are requested to send my/our contract notes/trade confirmations through email on my/our

E-mail ID (1) : \_\_\_\_\_

E-mail ID (2) : \_\_\_\_\_

You are also requested to send the copies of the daily/quarterly/periodical ledger statements of accounts for funds and securities, margin statement, holding statements, bills/notice/circulars and other documents/communications, meant for me/us on this e-mail ID on a regular basis.

I/We shall ensure that this email ID is kept valid and any change in my/our above email ID shall be communicated to you in writing. I/We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email account(s)/email id(s). I/We agree not to hold you responsible for late/non-receipt of contract notes sent in electronic form and any other communication for any reason including but not limited to failure of email services, loss of connectivity, email in transit etc. I/We agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me/us on account of any non-receipt/delayed receipt for any reason whatsoever.

I/We am/are also aware that copies of the contract notes are also available in MSBPL website for which I/we will be provided with a USER ID and Password . In case of non-receipt of mails the same will be intimated to MSBPL immediately in writing.

In case I/we wish to withdraw this facility I/we shall inform MSBPL in writing at least one week in advance from the date of withdrawal.

Thanking you,

Yours truly,

✓

\_\_\_\_\_  
Signature of the Client

## DECLARATION/LETTER OF UNDERSTANDING

Date : \_\_\_\_\_

To

**Millennium Stock Broking Private Limited**

Martin Burn House, 3rd Floor, Room No. 317

1, R. N. Mukherjee Road, Kolkata - 700 001

Dear Sir,

1. I/We authorise MSBPL to set off outstanding in any of my/our accounts against credits available or arising in any other account 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 exchanges and/or against the value of cash margin or collateral shares provided to MSBPL by us.
2. I/We hereby authorise MSBPL not to provide me Order Confirmation/Modification/Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We hereby request MSBPL to kindly accept my/our mandate holder's verbal orders/instructions in person or over phone and execute the same. I/We shall get the required details from the contract notes issued by you. I/We understand the risk associated with placement of verbal orders and accept the same. I/We shall not disown orders under the plea that the same was not placed by me.  
I/We indemnify MSBPL and keep you indemnified against all losses, damages, actions which you may suffer or face, as a consequence of adhering to and carrying out my/our orders placed verbally. In case I wish to withdraw this consent I shall inform MSBPL in writing and get the same acknowledged by MSBPL at least one week in advance from the date of withdrawal.
3. I/We hereby authorise MSBPL to deposit securities received from me/us or purchased through MSBPL lying in my/our account to the Stock Exchange(s)/NSCCL or their custodian appointed by them for the purpose of margin/other obligation and/or to facilitate my/our transaction in the normal course of securities business. Further, MSBPL shall release the securities to me/us on my/our request, if the same is releasable to me/us.
4. Trading of all Exchanges is in Electronic Mode, based on VSAT, Leased line, ISDN, Modem and VPN, combination of technologies and computer systems to place and route orders. We understand that there exists a possibility of communication failure or system problems or slow or delayed response from system or trading halt, of any such other problem/glitch whereby not being able to establish access to the trading system/network, which may be beyond your control and may result in delay in processing of buy or sell orders either in part or in full. I/We shall be fully liable and responsible for any such problems/fault and shall not claim any notional profit or equivalent from MSBPL.
5. I/We agree not to hold MSBPL liable or responsible for delay or default in performance of your obligations due to contingencies beyond your control such as fire, flood, civil commotion, earthquake, riots, war strikes, failure of systems, failure of internal links, government/regulatory actions or any other contingencies beyond your control.
6. I/We hereby confirm that I/we will never sublet the trading terminal on any term of connectivity, from my/our place to any other place without your prior approval.
7. I/We am/are agreeable for inter-settlement transfer of securities towards settlements.
8. I/We am/are agreeable for & authorise MSBPL to with hold funds pay-out towards all applicable margins and debits.
9. All fines/penalties and charges levied upon MSBPL due to my acts/deeds or transactions may be recovered by MSBPL from my account.
10. Any queries related to security delivered by MSBPL, would be brought to the notice of MSBPL within seven days of the receipt of such securities in my/our Demat Account or otherwise it can be presumed that I/We have checked all the security received by me/us and that they are good as per the prevailing norms.
11. Any queries related to my/our Contract cum Bill, shall be brought to the notice of the MSBPL within 24 hours of the receipt of Contract cum Bill, however not after than 7 days from the execution of the trade.
12. MSBPL is hereby advised to keep this instructions in force unless specifically informed by me/us in writing.
13. I/We will be extending all co-operation to MSBPL in their endeavour towards Anti-Money Laundering. MSBPL may initiate any enquiry against me/us and/or my/our transactions any time without any legal implication whatsoever against them.
14. I/We understand that information about me/us and my/our transactions may be reported by MSBPL to FIU/concerned authorities without any intimation to me/us and have no objection to the same.
15. I/We hereby reconfirm and accept all the terms & conditions mentioned hereinabove.

Thanking you,

Yours truly,

✓

\_\_\_\_\_  
Signature of the Client

**VOLUNTARY**

## DECLARATION FOR MOBILE NUMBER

Date : \_\_\_\_\_

To

**Millennium Stock Broking Private Limited**

Martin Burn House, 3rd Floor, Room No. 317

1, R. N. Mukherjee Road

Kolkata - 700 001

Dear Sir,

I, \_\_\_\_\_ do hereby declare that my Mobile Number is \_\_\_\_\_. Further, I authorize MSBPL that the same may be used for giving me any information/alert/sms/call.

Or

We, \_\_\_\_\_ do hereby declare that Mr. \_\_\_\_\_ having mobile number \_\_\_\_\_ is authorized on our behalf to receive information/alert/sms/call on our behalf.

I/We undertake to MSBPL and confirm to use my/our own judgement in taking a call and execute trade in the identified securities according to my/our financial strength/capabilities and shall not hold MSBPL responsible for any loss suffered by me/us on account of executing or omitting to execute any trades in pursuance of the SMS alerts and/or investment advises sent by MSBPL. I/We further declare that the above mentioned statement is true and correct.

Thanking you,

Yours truly,

✓

\_\_\_\_\_  
Signature of the Client

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

To  
Millennium Stock Broking Private Limited  
Member : NSE, BSE, MCX  
Martin Burn House, 3rd Floor, Room No. 317  
1, R. N. Mukherjee Road  
Kolkata - 700 001

Dear Sir,

I, \_\_\_\_\_, a client with Millennium Stock Broking Private Limited, Member of National Stock Exchange of India Ltd., BSE Limited and Multi Commodity Exchange of India Ltd. undertake as follows:

- I am aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the Member has to provide electronic contract note for my convenience on my request only.
- Though the Member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
- My email id is\*\_\_\_\_\_. This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other language known to me.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

*The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same. \*(The email id must be written in own handwriting of the client.)*

Client Name : \_\_\_\_\_

Unique Client Code : \_\_\_\_\_ PAN : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Signature of the client : ✓ \_\_\_\_\_

Date : \_\_\_\_\_ Place : \_\_\_\_\_

.....

Verification of the client signature done by :

Name of the designated officer of Millennium Stock Broking Private Limited \_\_\_\_\_

For Millennium Stock Broking Private Limited

Authorised Signatory Signature

Date : \_\_\_\_\_

To  
**Millennium Stock Broking Private Limited**  
Martin Burn House, 3rd Floor, Room No. 317  
1, R. N. Mukherjee Road, Kolkata - 700 001

Dear Sir,

**Subject : My/Our request for trading in commodity forward contracts/  
commodity derivatives on NSE, BSE and MCX as your client**

I/We, the undersigned, have taken cognizance of MCX Circular no. MCX/338/2006 dated August 21, 2006 on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits prescribed from time to time by NSE, BSE, MCX or SEBI and such position limits will be calculated in accordance with the contents of above stated circulars of NSE, BSE, MCX as modified from time to time.

I/We undertake to inform you and keep you informed if I/any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUFs/ Trusts in which I or any of above such person is a partner/director/ karta/trustee, takes or holds any position in any commodity forward contract/commodity derivative on NSE, BSE, MCX through you or through any other member(s) of NSE, BSE, MCX, to enable you to restrict our position limit as prescribed by the above referred circulars of MCX as modified from time to time.

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

Thanking You,

Yours faithfully,

✓

\_\_\_\_\_  
Signature of the Client

Date : \_\_\_\_\_

To  
**Millennium Stock Broking Private Limited**  
Martin Burn House, 3rd Floor, Room No. 317  
1, R. N. Mukherjee Road, Kolkata - 700 001

Dear Sir,

**Sub : Registration for Commodity Options**

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

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

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

Thanking You,

Yours faithfully,

✓

\_\_\_\_\_  
Signature of the Client

**VOLUNTARY**

Dated : \_\_\_\_\_

To

**Millennium Stock Broking Private Limited**  
 Martin Burn House, 3rd Floor, Room No. 317  
 1, R. N. Mukherjee Road, Kolkata - 700 001

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

[Please tick (✓) wherever applicable]

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

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

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

**VOLUNTARY**

## CONSENT LETTER FOR EMAIL AND MOBILE ALERT FACILITIES

Dated : \_\_\_\_\_

To  
**Millennium Stock Broking Private Limited**  
Martin Burn House, 3rd Floor, Room No. 317  
1, R. N. Mukherjee Road  
Kolkata - 700 001

Sir,

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

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

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

In this regards we state the following :

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

✓

\_\_\_\_\_  
Signature of the Client

**VOLUNTARY**

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

Name of the Client : \_\_\_\_\_

If Business / Profession : Nature of business : \_\_\_\_\_

Industry : \_\_\_\_\_

Details of my/our Relatives, having account with Millennium Stock Broking Private Limited :

| Name | Relationship | UCC (Client Code) |
|------|--------------|-------------------|
| 1.   |              |                   |
| 2.   |              |                   |

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

| Name | Entity Type | Nature of Business | Relationship | UCC (Client Code) |
|------|-------------|--------------------|--------------|-------------------|
| 1.   |             |                    |              |                   |
| 2.   |             |                    |              |                   |

I/We hereby submit and agree to submit every year any one of the following documents to Millennium Stock Broking Private Limited, before the due date as prescribed by Millennium Stock Broking Private Limited :

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

☐ I/We hereby declare that I/We do not fall under Clients of Special Category as defined in Prevention of Money Laundering Act 2002, **OR**

☐ I/We hereby declare that I/We fall under Clients of Special Category as defined in Prevention of Money Laundering Act, 2002 (choose the relevant category as under)

☐ Non Resident Client, ☐ High Net-worth Clients, ☐ Trust, Charities, Non- Governmental Organisations (NGOs) and organizations receiving donations, ☐ Companies having close family shareholdings or beneficial ownership, ☐ Politically Exposed Persons, ☐ Companies Offering foreign exchange offerings, ☐ Clients in high risk countries where existence/ effectiveness of money laundering controls is suspect, ☐ Non face to face clients, ☐ Clients with dubious reputation as per public information available etc.

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

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

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

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

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

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

✓

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client's Name

**FOR OFFICE USE ONLY**

Risk categorisation of client as per PMLA, 2002 : ☐ High Risk ☐ Medium Risk ☐ Low Risk

## FORMAT OF BOARD RESOLUTION - IN CASE OF CORPORATE/TRUST FOR TRADING ACCOUNTS

(To be given on the letter head of Corporate/Trust)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS / TRUSTEES OF M/s. \_\_\_\_\_ Ltd. / TRUST AND  
HAVING ITS REGISTERED OFFICE AT \_\_\_\_\_  
HELD ON \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ AT \_\_\_\_\_ A.M./P.M

RESOLVED THAT the Company/Trust be registered as Client with Millennium Stock Broking Private Limited, Member of NSE / BSE / MCX for the purpose of dealing in Equities, F&O Contracts, Currency Derivatives Contracts, Commodity Derivatives Contracts, Debentures, Debt & others products and the said Member be and is hereby authorised to honour instruction oral or written, given on behalf of the Company/Trust by any of the under noted authorised signatories :-

| Sl. No. | Name  | Designation |
|---------|-------|-------------|
| 1.      | _____ | _____       |
| 2       | _____ | _____       |

who are authorised to sell, purchase, transfer, endorse, negotiate and/or otherwise deal with/through deal through MSBPL on behalf of the Company/Trust.

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

RESOLVED FURTHER THAT, the Common Seal of the Company be affixed, wherever necessary, in the presence of any Trustees/any one Director and Company Secretary, if any, who shall sign the same in token of their presence."

For \_\_\_\_\_ Ltd.

✓

Chairman/Company Seceretary/All Trustees

Specimen Signatures of the Authorised Persons

| Sl. No. | Name  | Specimen Signatures |
|---------|-------|---------------------|
| 1.      | _____ | ✓ _____             |
| 2.      | _____ | ✓ _____             |

RESOLVED FURTHER THAT, the above signatures to be attested by the person signing the resolution for account opening on behalf of the Company/Trust.

For \_\_\_\_\_ Ltd.

✓

Chairman/Company Seceretary/All Trustees

## **DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP**

(Mandatory For Non-Individuals)

Investor Name \_\_\_\_\_ PAN \_\_\_\_\_

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

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

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

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

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

Stock Exchange where listed \_\_\_\_\_ Security ISIN \_\_\_\_\_

### **Part II - OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY**

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

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

### **Part III - DECLARATION**

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

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

## **GENERAL INFORMATION & INSTRUCTIONS**

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

### **Ultimate Beneficiary Owner [UBO]:**

#### **A. For Investors other than individuals or trusts:**

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

#### **B. For Investors which is a trust:**

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

#### **C. Exemption in case of listed companies/foreign investors**

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies Intermediaries dealing with foreign investors<sup>9</sup> viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/ MIRSD/ 11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

### **UBO Code Description**

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

## FATCA/CRS DECLARATION FORM - FOR NON-INDIVIDUAL

Applicant Name \_\_\_\_\_

### **PART I**

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

☐ Yes ☐ No

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

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

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

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

If <yes=, please provide your GIIN, if any \_\_\_\_\_. If <No=, proceed to point D.

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

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

### **CUSTOMER DECLARATION**

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

1. The applicant is:

- (i) An applicant taxable as a US person under the laws of the United States of America (<U.S.=) or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.,
- (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**

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

- (i) I/We understand that Millennium Stock Broking Private Limited is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. Millennium Stock Broking Private Limited is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (ii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iii) I/We agree that as may be required by domestic regulators/tax authorities Millennium Stock Broking Private Limited may also be required to report, reportable details to CDBT or close or suspend my account.
- (iv) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity \_\_\_\_\_

Signature 1  \_\_\_\_\_ Signature 2  \_\_\_\_\_

Signature 3  \_\_\_\_\_ ( As per MOP)

Date : \_\_\_\_\_

## PART II

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

### Section 1 : Entity information

Name of Entity\_\_\_\_\_

Customer id (if existing)\_\_\_\_\_Entity Constitution Type\_\_\_\_\_

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

Entity Identification No.\_\_\_\_\_

Entity Identification issuing country\_\_\_\_\_Country of Residence for tax purpose\_\_\_\_\_

### Section 2 : Classification of Non-Financial entities

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

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

*If <Yes=, please provide your U.S. Taxpayer Identification Number (TIN)\_\_\_\_\_*

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

*If <Yes=, please provide your TIN or its functional equivalent\_\_\_\_\_*

*Provide your TIN issuing country \_\_\_\_\_*

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

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

☐ Active NFFE ☐ Passive NFFE without any controlling Person

☐ Passive NFFE with Controlling Person(s) : US ☐ Others ☐

☐ Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus Millennium Stock Broking Private Limited is not required to do the reporting)

Please provide GIIN number : \_\_\_\_\_

### Section 3 : Classification of financial institutions (including Banks)

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

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

*If <Yes=, (i) Please provide your Taxpayer Identification Number (TIN)*

*(ii) Please provide GIIN, if any \_\_\_\_\_*

*If <No=, please tick one of the following boxes below :*

#### FATCA classification

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

☐ Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement (<IGA=) Jurisdiction

\_\_\_\_\_

☐ Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction

\_\_\_\_\_

☐ Participating FFI in a Non-IGA Jurisdiction

\_\_\_\_\_

☐ Non-reporting FI

\_\_\_\_\_

☐ Non-Participating FI

\_\_\_\_\_

☐ Owner-Documented FI with specified US owners

\_\_\_\_\_

#### Section 4 : Controlling person declaration

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

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

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

#### Section 5 : Declaration

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

1. The number shown on this form is the correct taxpayer identification number of the applicant, and
2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America (<U.S.=) or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

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

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.

(iv) I/ We agree as may be required by Regulatory authorities, Millennium Stock Broking Private Limited shall be required to comply to report, reportable details to CDBT or close or suspend my account.

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

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



Authorized Signatories and Company Seal (if applicable)

Name \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

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

**Filing compliant on SCORES - Easy & Quick**

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

Dated : \_\_\_\_\_

From :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To  
**Millennium Stock Broking Private Limited**  
Martin Burn House, 3rd Floor, Room No. 317  
1, R. N. Mukherjee Road  
Kolkata - 700 001

**Ref. : Acknowledgement for the receipt of documents**

Dear Sir,

This is to acknowledge and declare that

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

Thanking you,

Yours truly,

✓ \_\_\_\_\_  
Signature of the Client

Client Code \_\_\_\_\_