

DEPOSITORY SERVICES ACCOUNT OPENING FORM



AUM Capital Market Private Limited

Depository Participant of National Security Depository Ltd.

DP ID No. IN304211

SEBI Regn. No.: IN-DP-CDSL-479-2008

Email : depository@aumcap.com

Website : www.aumcap.com

Regd. Office :

"Akashdeep", 1st Floor, 5, Lower Rawdon Street
Kolkata 700 020



Client Name : _____
Client ID : _____
Branch Name : _____
Introducer : _____

Instructions for the Applicants/BOs for account opening

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal must attest languages.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address and Telephone Number(s), etc., of the Magistrate/Notary Public/Special Executive Magistrate are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals) separate annexure should be attached to the application form.
5. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified 1 copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever is not applicable.

Document Check List

INDIVIDUAL (All documents should be self attested)
1. Copy of PAN Card of the individual (mandatory).
2. Proof of Identity: (Any One) <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card with Photograph
3. Proof of Address: (Any One) <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Ration Card <input type="checkbox"/> Bank Passbook (not more than 2 months old) <input type="checkbox"/> Computer generated Bank Statement duly attested by concerned bank with stamp & signature of the bank official. <input type="checkbox"/> Original Bank statement (not more than 2 months old) self attested by BO along with cancelled cheque. <input type="checkbox"/> Electricity bill with bill date not more than 2 months old <input type="checkbox"/> Residence telephone with bill date not more than 2 months old. <input type="checkbox"/> Leave & License Agreement. <i>Note: If correspondence address is different from permanent address, photocopy of both the addresses should be submitted.</i>
4. Proof of Bank details: (Any One) <input type="checkbox"/> Photocopy of the Bank Statement having name and address of the BO not more than 4 months old. <input type="checkbox"/> Photocopy of the Passbook having name and address of the BO not more than 4 months old. <input type="checkbox"/> Original cancelled cheques having the name & account number of the BO (mandatory).
HUF (All documents should be self attested by Karta under the HUF stamp) <input type="checkbox"/> All documents, as mentioned above for individual required for Karta <input type="checkbox"/> PAN Card & Bank Passbook indicating the existence of HUF entity.
Minor (All documents should be attested by Guardian) <input type="checkbox"/> PAN Card of the minor <input type="checkbox"/> Birth Certificate of the minor <input type="checkbox"/> Proof of address & identity document of the Guardian, as specified above. <input type="checkbox"/> One passport size photograph of the minor and the guardian with their signature across the photograph. Guardian should sign across the photograph of the minor
NRI (All documents as mentioned above for individual) <input type="checkbox"/> Proof of foreign address and Indian address (if any). <input type="checkbox"/> Copy of Passport <input type="checkbox"/> NRE & NRO A/c details is required. <input type="checkbox"/> POA duly notarized. <input type="checkbox"/> Copy of PAN Card <input type="checkbox"/> All the documents as mentioned above for individual investors. <input type="checkbox"/> FEMA Declaration
CORPORATE <input type="checkbox"/> Copy of PAN Card of the corporate entity. <input type="checkbox"/> Memorandum & Article of Association & Certificate of incorporation of the Corporate. <input type="checkbox"/> Certified true copy of Board Resolution as per annexure B <input type="checkbox"/> In case of change of Directors, copy of Form 32 is required duly certified by Managing Director
Proof of Bank details: (Any One) <input type="checkbox"/> Photocopy of the Bank Statement having name and address of the BO not more than 4 months old. <input type="checkbox"/> Photocopy of the Passbook having name and address of the BO not more than 4 months old. <input type="checkbox"/> Original cancelled cheque having the name & account number of the BO (mandatory).
Proof of Bank details: (Any One) <input type="checkbox"/> Names of the authorized signatory (ies), designation, photograph and their specimen signatures duly verified by Managing Director / Company Secretary.
Proof of Address: (Any One) <input type="checkbox"/> Documents registered with registering authority. <input type="checkbox"/> Bank Statement / Passbook with the seal and signature of the respective bank not more than 2 months old. <input type="checkbox"/> Original Bank Statement and original cheque leaf duly signed by the authorized signatories not more than 2 months old. <input type="checkbox"/> Agreement for sale or leave and license agreement. <input type="checkbox"/> Latest acknowledged copy of Income Tax Return.
<input type="checkbox"/> PAN Card, address proof and KYC Form of all signatories/directors.
Clearing Member <input type="checkbox"/> Certified true copy of certificate of Registration with SEBI & all other documents of Corporate Investor.
Societies <input type="checkbox"/> Registration Certificate of Society. <input type="checkbox"/> Bye Law of Regulation of the Societies
Trust <input type="checkbox"/> Trust Deed & Rules <input type="checkbox"/> Certificate of Regulation of trust
FIs <input type="checkbox"/> True copy of certificate of Registration with SEBI certified by Managing Director/Company Secretary & all other documents of Corporate Investor.
OCBs <input type="checkbox"/> RBI Registration Certificate. <input type="checkbox"/> Declaration from the OCB that it meets with the guidelines issued by the RBI/Ministry of Finance Certificate from overseas auditor in form OAC-1 & all other documents of Corporate Investor.
Mutual Funds <input type="checkbox"/> SEBI Registration certificate.

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

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike 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)

Account Type*

☐ Normal

☐ Simplified (for low risk customers)

☐ Small

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

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

PHOTO

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

Place / City of Birth*

ISO 3166 Country Code of Birth*

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

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

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

4. PROOF OF ADDRESS (PoA)*

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

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

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

Address

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

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

[illegible]

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

[illegible][illegible]

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

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

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

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

Mobile no. / Email-ID) (Please refer instruction **F** at the end)

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

● I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[illegible]

Signature / Thumb Impression of Applicant

Documents Received ☐ Certified Copies ☐ IPV Done Date

KYC VERIFICATION CARRIED OUT BY										INSTITUTION DETAILS									
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>[Institution Stamp]</div>									
Emp. Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Emp. Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<div>[Employee Signature]</div>																			

FORM 9

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

AUM CAPITAL MARKET PVT LTD. 5 Lower Rowdon Street, Akashdeep, 1 st Floor, Kolkata – 700020 WB (DP ID : IN304211)

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

A. IDENTITY DETAILS										Photograph Please affix your recent passport size photograph <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">Signature Across photograph</div>			
1	Name of the Applicant												
2	Father's / Husband's Name												
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth	D	D	M	M	Y	Y	Y	Y
4	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)			a) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National							
5	a) PAN												
6	Specify the proof of identity submitted			<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify; _____)									

B. ADDRESS DETAILS										
1	Residence/Correspondence Address	<input type="checkbox"/> Correspondence Address					<input type="checkbox"/> Residence Address			
		City/town/village			PIN Code					
		State			Country					
2	Specify the proof of address submitted for Residence/ correspondence address									
3	Contact Details	Tel. (Off.)					Tel. (Res.)			
		Fax No.					Mobile No.			
		Email ID								
4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)									
		City/town/village			PIN Code					
		State			Country					

C. 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.															
Signature of the Applicant						Date		D	D	M	M	Y	Y	Y	Y

FOR OFFICE USE ONLY												
Sr. No.	Particulars											
1	<input type="checkbox"/> Originals verified and Self-Attested Document copies received											
2	In-Person-Verification (IPV) details:											
	a)	Name of the person doing IPV										
	b)	Designation										
	c)	Name of Organization										
	d)	Signature										
	e)	Date			D	D	M	M	Y	Y	Y	Y
Name & Signature of the Authorised Signatory										Seal/Stamp of the intermediary		
Date					D	D	M	M	Y		Y	Y

FORM 9
PART II – ACCOUNT OPENING FORM
(FOR INDIVIDUALS)

DPID										I	N	3	0	4	2	1	1
AUM CAPITAL MARKET PVT LTD 5 Lower Rowdon Street, Akashdeep, 1st Floor, Kolkata – 700020										Client –ID (To be filled by Participant)							

I/We request you to open a depository account in my/our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)

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

A Details of Account holder(s):												
Account holder(s)	Sole/ First Holder				Second Holder				Third Holder			
Name												
PAN												
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist				
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired				
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife				
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student				
	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify)				
Brief details:												

B	For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:												
a) Name							b) PAN						

C	Type of account												
<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable				<input type="checkbox"/> NRI-Non Repatriable								
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National				<input type="checkbox"/> Promoter								
<input type="checkbox"/> Margin	<input type="checkbox"/> Others (Please specify) _____												

D	Gross Annual Income Details												
Income Range per annum (please tick any one)													
<input type="checkbox"/> Below ₹ 1 lac	<input type="checkbox"/> ₹1- 5 lac	<input type="checkbox"/> ₹ 5- 10 lac	<input type="checkbox"/> 10- 25 lac	<input type="checkbox"/> More than ₹ 25 lac									

E	In case of NRIs/ Foreign Nationals																
RBI Approval Reference Number _____																	
RBI Approval date										D	D	M	M	Y	Y	Y	Y

F	Bank details												
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____												
2	Bank Account Number _____												
3	Bank Name _____												
4	Branch Address _____												
	City/town/village				PIN Code								
State				Country									
5	MICR Code _____												
6	IFSC _____												

G	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
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H	Standing Instructions			
1	I/We authorise you to receive credits automatically into my/our account.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]			
	Sr. No.	Holder	Yes	No
	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>
4 (a)	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].		
(b)	Rights & Obligation documents receive	<input type="checkbox"/> Physical	<input type="checkbox"/> Electronic	
5	I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my / our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	I wish to avail BSDA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

J	Nomination Option	
	<input type="checkbox"/> I/We wish to make a nomination. [Details are provided at FORM 10]	<input type="checkbox"/> I/We do not wish to make a nomination.

DIS Booklet (please tick any one)

Option for issuance of DIS booklet alongwith account opening

(To be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stock broker/Participant/Portfolio Manager and do not intend to open a Basic Services Demat Account)

- ☐ I/We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me/us on my/our request at later date.
- ☐ I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.



Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Name(s) of holder(s)		Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		X
Second Holder (Mr./Ms.)		X
Third Holder (Mr./Ms.)		X

Notes :

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

to Nominee:

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

Format of Request (Declaration for same email & mobile number)*[Please tick (v) wherever applicable]***For 1st Holder**

DP ID		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					

For 2nd Holder

DP ID		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					

For 3rd Holder

DP ID		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					

Note : Each holder has to submit the form separately

FORM 11
PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM
(For Non-Individuals)
AUM CAPITAL MARKET PVT LTD. (DP ID : IN304211)
5 Lower Rowdon Street, Akashdeep, 1st Floor Kolkata : 700020 WB

Photograph

Please affix the recent passport size photograph and sign across it



Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS																											
1	Name of the Applicant																										
2	Date of incorporation								D	D	M	M	Y	Y	Y	Y	Place of incorporation										
3	Date of commencement of business												D	D	M	M	Y	Y	Y	Y							
4	a) PAN												b) Registration No. (e.g. CIN)														
5	Status (please tick any one):																										
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> Others (please specify) </div> <div style="width: 30%;"> <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non Government Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> Society <input type="checkbox"/> LLP </div> <div style="width: 30%;"> <input type="checkbox"/> Partnership <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> BOI </div> </div>																										
B. ADDRESS DETAILS																											
1	Correspondence Address																										
			City/town/village					PIN Code																			
			State					Country																			
2	Specify the proof of address submitted for correspondence address																										
3	Contact Details		Tel. (Off.)										Tel. (Res.)														
			Fax No.										Mobile No.														
			Email ID																								
4	Registered Address (if different from above):																										
			City/town/village					PIN Code																			
			State					Country																			
C. OTHER DETAILS																											
1	Name, PAN, residential address and photographs of Promoters/ Partners/ Karta/Trustees and whole time directors:										If space is insufficient, enclose these details separately <i>[Illustrative format enclosed]</i>																
2	DIN of whole time directors:																										
3	Aadhaar number of Promoters/Partners/Karta																										
D. DECLARATION																											
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.																											
Name & Signature of the Authorised Signatory(ies)															Date					D	D	M	M	Y	Y	Y	Y
FOR OFFICE USE ONLY																											
<input type="checkbox"/> Originals verified and Self-Attested Documents copies received																											
Name and Signature of the Authorised Signatory										Seal/Stamp of the intermediary																	
Date																				D	D	M	M	Y	Y	Y	Y

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

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors /Aadhaar number of Promoters/Partners/Karta	Photograph
1						
2						
3						
4						
5						

													
Name & Signature of the Authorised Signatory(ies)					Date	D	D	M	M	Y	Y	Y	Y

 AUM CAPITAL <small>YOUR TRUST IS OUR WEALTH</small>		FORM 11 PART II – ACCOUNT OPENING FORM (FOR NON-INDIVIDUALS)																		 NSDL <small>Technology, Trust & Reach</small>									
Date		D	D	M	M	Y	Y	Y	Y	DP ID	I	N	3	0	4	2	1	1	Client ID										
AUM CAPITAL MARKET PVT LTD (DP ID : IN304211) 5, Lower Rowdon Street, Akashdeep, 1st Floor, Kolkata – 700020, WB										Client –ID (To be filled by Participant)																			
We request you to open a depository account in our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)										Date		D	D	M	M	Y	Y	Y	Y										
A) Details of Account holder(s):																													
		Name										PAN																	
Sole/First Holder																													
Second Holder																													
Third Holder																													
B) Type of account																													
<input type="checkbox"/> Body Corporate <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> CM <input type="checkbox"/> Other (Please specify) _____																													
C) For HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the karta, partner(s), trustee(es) etc., the name & PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:																													
a) Name												b) PAN																	
D) Income Details (please specify)																													
Income Range per annum										and		Network																	
<input type="checkbox"/> Below ₹ 20 Lac												Amount (₹) _____																	
<input type="checkbox"/> ₹ 20 – 50 Lac												As on (date) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>										D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																						
<input type="checkbox"/> ₹ 50 Lac – 1 crore												(Networth should not be older than 1 year)																	
<input type="checkbox"/> Above ₹ 1 crore																													
E) In case of FIIs/Others (as may be applicable)																													
RBI Approval Reference Number																													
RBI Approval date										D	D	M	M	Y	Y	Y	Y												
SEBI Registration Number (for FIIs)																													
F) Bank details																													
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																												
2	Bank Account Number																												
3	Bank Name																												
4	Branch Address																												
		City/town/village										PIN Code																	
		State										Country																	
5	MICR Code																												
6	IFSC																												

G)	Please tick, if applicable, for any of your authorized signatories/ Promoters/ Partners/ Karta/ Trustees/ whole time directors:		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	
H)	Clearing Member Details (to be filled up by Clearing Members only)			
	1	Name of Stock Exchange		
	2	Name of Clearing Corporation/ Clearing House		
	3	Clearing Member ID		
	4	SEBI Registration Number		
	5	Trade Name		
	6	CM-BP-ID (to be filled up by Participant)		
I)	Standing Instructions			
	1	We authorise you to receive credits automatically into our account.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3	SMS Alert facility		
		Sr. No.	Holder	Yes No
		1	Sole/First Holder	<input type="checkbox"/> <input type="checkbox"/>
		2	Second Holder	<input type="checkbox"/> <input type="checkbox"/>
		3	Third Holder	<input type="checkbox"/> <input type="checkbox"/>
	4	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].	
	5	Mode of receiving Rights & Obligation	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic	
	6	I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my / our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

Sole/First Holder	Name	Signature(s)
First Signatory		X
Second Signatory		X
Third Signatory		X
Other Holders		
Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes :

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

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FOR DETERMINING US PERSON STATUS [Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]

APPLICANT'S INFORMATION

Demat A/c No.	I	N	3	0	4	2	1	1								

FATCA DECLARATION FOR INDIVIDUAL CLIENTS

Please provide a response common to all holders in the folio(s). For eg : If the answer to any one of the question for any one of the holder is "Yes", please tick on "Yes" against the question

FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

FATCA Compliance Confirmation Indicia	"Yes" or "No" please()	
Are you a resident or Citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is US your place of birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a US telephone number in the capacity of a resident / citizen of US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold any residence/mailling address/'C/o address'/hold mail address/PO Box address in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your POA holder based out of US or hold US residence / citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay tax in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold an Identification Number or any identification that indicates US residence / citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In case of individual client who is a resident or Citizen of the United States:

Spouse Name: _____

Nationality: _____ Place of Birth: _____

Tax Identification Number (TIN) allotted by Tax resident country : _____

TIN Issuing country: _____

Foreign Address : _____

DECLARATION & SIGNATURE(S) (To be signed as per mode of holding)

Client agrees to provide the trading member and/or depository participant with any documentation or information requested relating to individual or entity tax status. To the extent required by the trading member and/or depository participant, client hereby consents to the disclosure and reporting of any tax related information obtained or held by the trading member and/or depository participant to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by the trading member and/or depository participant, client hereby agrees to obtain a written waiver or consent from the entity's "substantial owners" or "controlling persons" and to provide those consents to the trading member and/or depository participant to permit it to disclose and report tax and account specific financial information to any local or foreign Tax authority. The terms "substantial owners" and "controlling persons" shall have the meaning as defined under local or foreign tax laws, regulatory guidance or inter governmental cooperation agreements. The potential consequences for failure to comply with requests for tax information, failure to respond to requests for waivers or consents for tax information disclosure, and/or failure to respond to requests to obtain waivers or consents from substantial owners or controlling persons, include, but are not limited to: (a) trading member and/or depository participant has the right to carry out actions which are necessary to comply with the local or foreign tax reporting obligations; (b) trading member and/or depository participant has the ability to withhold taxes that may be due from certain payments made to the client's account; (c) trading member and/or depository participant has the right to pay relevant taxes to the appropriate tax authority; (d) trading member and/or depository participant has the right to refuse to provide certain services; and (e) trading member and/or depository participant has the discretion to close client accounts. The client agrees to inform, or respond to any request from, the trading member and/or depository participant, if there are any changes to tax information previously provided.

<p>Authorised Signatory 1st Applicant</p> 	<p>Authorised Signatory 2nd Applicant</p> 	<p>Authorised Signatory 3rd Applicant</p> 
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Date: _____

Place: _____

DECLARATION

From:

Date :




To,
AUM CAPITAL MARKET PVT LTD(DP ID : IN304211)
5, Lower Rawdon Street
"Akashdeep", 1st Floor, Kolkata – 700 020, WB

Ref: Authority to Debit the Trading Account for the Depository Charges

I/We _____ having my/our Client
ID _____ with AUM Capital Market Pvt Ltd. and address at _____

Hereby request & authorise Aum Capital Market Pvt Ltd., as a Depository Participant to debit my Trading account No. _____
_____ with Aum Capital Market Pvt Ltd. for the depository charges.

Signature :

First Holder	Second Holder	Third Holder
		

EMAIL REGISTRATION

From:

Date :

To,
AUM CAPITAL MARKET PVT. LTD. (DP ID : IN304211)
5, Lower Rawdon Street
"Akashdeep", 1st Floor, Kolkata – 700020, WB

Re: Client Account No:

I/We name(s) of the Client(s) had entered into agreement dated
..... with you at the time of the aforesaid Client account.




I/We confirm having opted to receive the statement of account and monthly transaction bill pertaining to the above mentioned Client account in electronic mode in lieu of physical copy of the statement of account and monthly transaction bill.

I/We confirm that the dispatch of statement of account and monthly transaction bill to me/us at the following email address shall constitute full and absolute discharge of your obligation under the above agreement to provide me/us with statement of my/our Client account and monthly transaction bill. But, I/We reserve my/our right to receive the physical copy of statement and bill of accounts despite receiving the same in electronics mode, if such a demand is made in writing on you.

Email address:

I/We confirm that any change in the aforesaid email address or any other instructions with regard to dispatch/service of my/ our statement of account on me / us shall not be binding upon you unless you are intimated in writing by me/ us by acknowledged delivery

Yours faithfully,




First Holder	Second Holder	Third Holder
		

SCHEDULE OF FEES FOR DEMAT ACCOUNT

SERVICE	CHARGES
Annual Maintenance Charges	Rs. 500/- per financial year for Individual and Rs. 1000/- per financial year for Corporate
TRANSACTION	
All debits	Rs. 15/- per transaction
Dematerialisation	Rs. 5/- per certificate Min. Rs. 100/- per request
Rematerialisation	Rs. 20/- per certificate or Rs. 20/- per 100 securities or part qty. Which ever is higher. (Min Rs. 100/- per request)
Freeze	Rs. 25/- per request
De-Freeze	Rs. 25/- per request
PLEDGE	
Pledge Creation	Rs. 0.02% of the value of securities of all type or minimum Rs.35/-
Pledge Creation Confirmation	Rs. 0.02% of the value of securities of all type or minimum Rs.35/-
Pledge Closure	Rs. 0.02% of the value of securities of all type or minimum Rs.35/-
Pledge Closure Confirmation	Rs. 0.02% of the value of securities of all type or minimum Rs.35/-
Pledge Invocation	Rs. 0.02% of the value of securities of all type or minimum Rs.35/-
Power of Attorney Stamp Charges	Rs. 100/- to be borne by the applicant at the time of A/c opening.

- Maintenance charges payable at the time of opening the account for the first year and in April of every subsequent year
- All statutory charges will be levied separately.
- Non-periodic statements will be charged at Rs. 10 for first 5 pages and thereafter Rs 2/- per page.
- For Weekly statements Rs 50/- will be charged per month which is payable in advance within 10th of every month.
- Rs. 20/- for each erroneous/failed/rejected transaction.
- Charges will be Rs. 50/- per cheque bounce.
- In case of Demat, Remat & bill dispatching etc courier charges will be borne by client.
- Demographic details change Rs. 50/- per request (except telephone no & email id).
- SEBI penalty charges will be reimbursed from CMs on Actuals.
- Non Payment of bill after 30 days from the due date will cause withdrawn of depository services for the account.
- Charges are subject to revision at the company's (ACMPL) sole discretion.
- Late submission charge for same day Pay in is Rs. 20/- per transaction in addition to transaction charge.
- Password reset charge of Rs. 20/- per request for Speed E.
- Cost of Delivery instruction book, containing 20 leaves, except the first one is Rs. 20/- which is payable at the time of depositing of Requisition Slip.

In case of BSDA account AMC will be charged as per SEBI Guidelines.

<p>First Holder</p> 	<p>Second Holder</p> 	<p>Third Holder</p> 
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POWER OF ATTORNEY

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE _____
(Name(s) of the Client), residing at / having his / its office / registered office at _____ India.

An Indian inhabitant

SEND GREETINGS,

Whereas I/We hold a Beneficiary account no IN304211 _____ (Client ID)

Trading code _____ with Aum Capital Market Pvt Ltd.

Depository participant of National Securities Depository Ltd. (Sebi Regn. No. **IN-DP-CDSL-479-2008**)

And whereas I/we am/are an investor /trader engaged in dealing/desirous of dealing in securities/derivatives/currency derivatives contracts through Aum Capital Market Pvt Ltd (hereinafter referred to as "ACMPL"), (Single Entity SEBI Registration No. INZ000185431) a member of National Stock Exchange of India Limited (NSE) bearing SEBI Regn. No. INB 231276438 for cash segment, INF 231276438 for Derivatives segment and INE 231276438 for Currency segment, Bombay Stock Exchange Limited (BSE) for currency derivatives and for cash segment (SEBI Registration No. INB 011276434) and Metropolitan Stock Exchange of India Limited (MSEI) having SEBI Regn.No. INE 261276438 (hereinafter referred to as the "Stock Exchanges").

And Whereas I/We am/are desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the matter hereinafter appearing:

NOW KNOW WE ALL THESE PRESENTS WITNESSTH THAT I/WE THE ABOVE NAMED DE HEREBY NOMINATE CONSITITUTE AND APPOINT AUM CAPITAL MARKET PVT LTD, a member of Stock Exchanges having its registered office at , 5, Lower Rawdon Street, Akashdeep, 1st Floor, Kolkata – 700 020(WB) as my/our name to do the following acts, deeds, matters and things namely:

To Instruct the aforesaid Depository Participant and to execute following acts, deeds, matters and things namely to debit the aforesaid beneficiary account and/or to transfer/pledge and securities from my/our aforesaid beneficiary account to the attorney or any account of the Attorney as specified in the Annexure A in accordance with the instruction of the Attorney for my/our obligations/dues including for pay-in/early pay-in/ or for margin in cash and/ or Derivative segment and/or any other segment of any Exchange(s) in respect of dealing through the Attorney;

I/We authorize ACMPL to return to me/us the securities that it might have received erroneously from me/us i.e., those securities that ACMPL was not entitled to receive;

I/We authorize ACMPL to send consolidated summary of my/our scrip wise buy and sell positions taken with average rates to me/us by way of SMS/email on daily basis, notwithstanding any other document to be disseminated as specified by SEBI form time to time.

This power of Attorney shall continue to be in full force and effect until revoked by me/us in writing at any time, without notice and duly communicated to ACMPL. This Power of Attorney shall also be revoked in the event of my death / insolvency and upon receipt of the notification of my death/insolvency from my legal heirs or from a joint holder in case the power is given jointly. Revocation of this Power of Attorney (whether by revocation in writing or by actual notice of death / insolvency / winding up) shall in no way affect the validity of this Power of Attorney, with reference to any transaction initiated by my/our Attorney, prior to the actual receipt by AMPCL the fact of such revocation by me/us in writing or notice of death/insolvency/winding up as above provided.

All disputes arising out of this Power of Attorney shall be subject to jurisdiction of the courts in Kolkata (West Bengal).

I/We hereby agree that anything which my/our attorney does in the exercise of the rights and powers granted by me/us under this Power of Attorney shall be solely/jointly binding on me/us.

SIGNED AND DELIVERED BY the within named Beneficial Owner/Client

First Holder



Second Holder



Third Holder



IN THE PRESENCE OF

Name of Witness _____ Signature of Witness _____

Address of Witness : _____

I/We accept _____ Date: _____ POA ID _____




For Aum Capital Market Pvt Ltd.

Authorized Signatory




Annexure – A
Details of Margin, Pool Accounts of Aum Capital Market Pvt Ltd.

D.P.Name	D.P.ID	CLIENT ID
BSE Pool Account No.	12057800	00000031
NSE Pool Account No.	12057800	00000010
Futures & Options Margin Account No.	12057800	00000103
NSE Margin Account No.	12057800	00000082
BSE Margin Account No.	12057800	00000097
Shares Margin Account No.	12057800	00000118
MSEI Currency Derivatives Segment Account No.	12057800	00004792
NSE Currency Derivatives Segment	12057800	00014737
NSE Security Lending & Borrowing Segment	12057800	00018406
BSE Currency Derivatives Segment	12057800	00019131
NSE Early Pay In A/c no.	11000011	00017140
BSE Early Pay In A/c no.	11000010	00019536
NSE SLB Early Pay In A/c no.	11000023	00000260
NSE NSDL POOL A/C NO	IN304211	10000061
BSE NSDL POOL A/C NO	IN304211	10000070
NSE NSDL HOLDBACK A/C NO	IN304211	10000037
BSE NSDL HOLDBACK A/C NO	IN304211	10000045

Signature

First Holder 	Second Holder 	Third Holder 
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Signature(s) of Co- Parceners in case of HUF

First Holder 	Second Holder 	Third Holder 
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Acknowledgment for POA & Rights and Obligations

From :

Name _____

Client ID IN304211 _____

Address _____

Date of POA executed : _____

To,

Aum Capital Market Pvt. Ltd.

5, Lower Rawdon Street

"Akashdeep" 1st Floor

Kolkata - 700 020

Sub. : Acknowledgment for receipt of copy for Rights and Obligations and executed Power of Attorney at the time of opening Demat Account

Dear Sir,

This is with reference to the client Id stated above for Depository Services Account opened in my/our name, I/we acknowledge that I/we have received the copy of Rights & Obligations and Power of Attorney executed at the time of opening Depository Services Account with Aum Capital Market Pvt. Ltd.

Thanking you,

Your truly,



Client's Signature



Acknowledgement

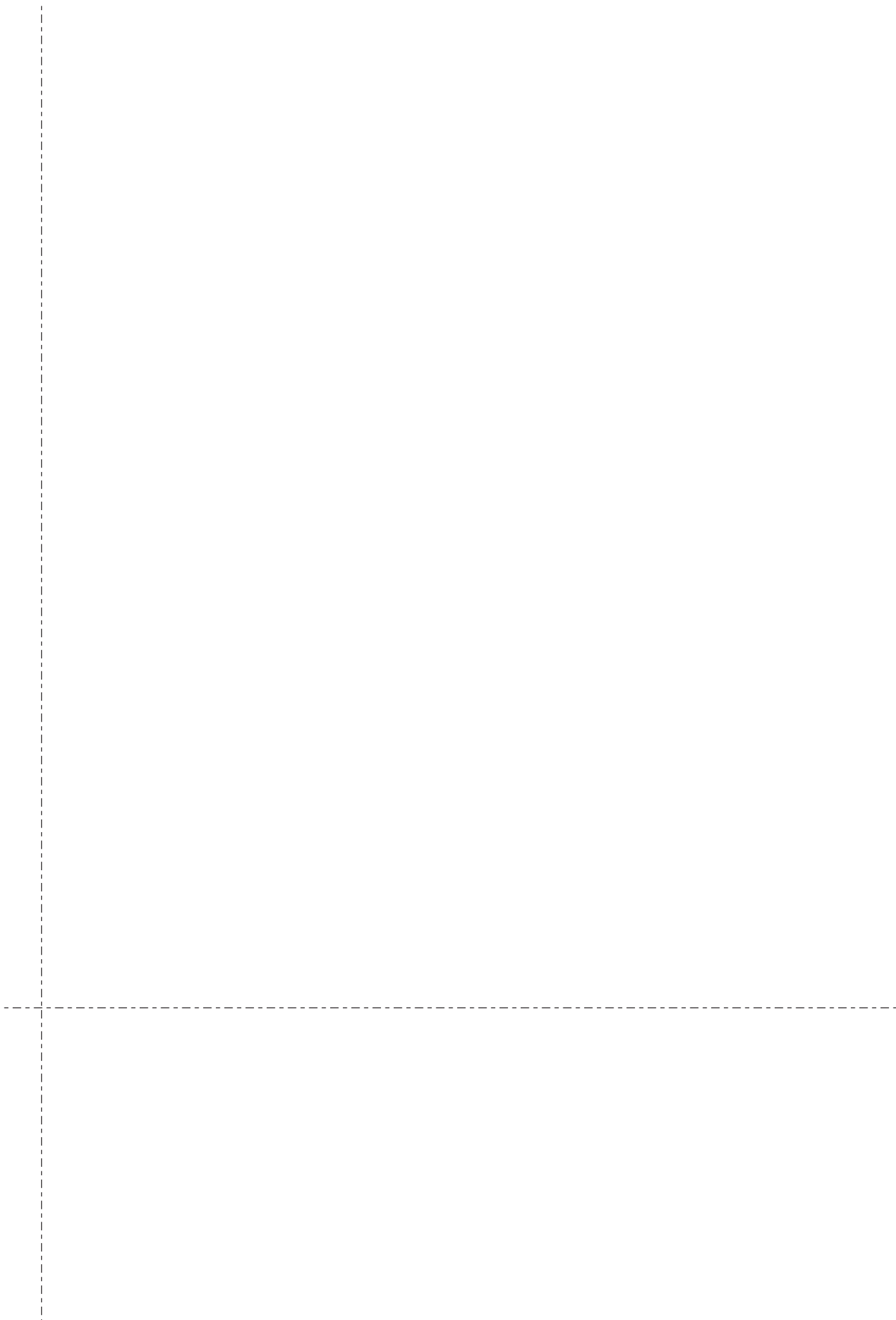
AUM CAPITAL MARKET PVT LTD(DP ID : IN304211)

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

Date:

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

Participant Stamp & Signature



FOR OFFICIAL USE ONLY

DETAILS	NAME AND SIGNATURE
Form Checked by:	
Form Approved by:	
Entered into System by:	
Checked in Back Office by:	
DIS Serial No. Issued to

PENDING DOCUMENTS

Sr. No.	DOCUMENTS	REASON
1.		
2.		
3.		
4.		
5.		



AUM Capital Market Private Limited

Corp. Office: Trinity Building, 6th Floor, 226/1, A.J.C. Bose Road, Kolkata - 700020
Phone : +91 33 4057 2121

Branch Offices:

• AHMEDABAD - 93270 94542 • BANGALORE - 080 2221 6621/22 • CHENNAI - 044 28589069, 42697626
• MUMBAI - 022-4033 6900 • NEW DELHI - 011 4058 1010 • PUNE - 95955 04135 / 89830 93263
• RANCHI - 94311 09040