

Form No.



Key to your
Financial Success

Welcome to

Wealth Discovery

Transforming Knowledge into Wealth.

Registration Kit (Wealth Discovery Securities Pvt. Ltd.)

For : Individual Body Corporate HUF Partnership Firm Others

Branch Code	
Branch Name	
Client Code	
Client ID	
Client Name	
RM Name	
Connectivity Mode	

Dear Customer,

Welcome to WEALTH DISCOVERY GROUP

We look forward to your becoming one of our client and to the pleasure of serving you. We request you to complete the relevant account opening form, and submit the required legible and self attested documents. For ease of completion you may refer the instruction list at the end of this kit.

It shall be our endeavour as always to provide you truly satisfying services.

Mandatory (To Be Filled By The Introducer)

UCC Code :

About Internet & Wireless Based Trading Facilities

Tick the mode of Trading

- WEB Base Trading**
- Application Base Trading**
- NOW (NSE ON WEB)**
- Securities Trading using Wireless Technology (STWT)**
- Offline Trading**

- POA**
- Cheque**
- DP**

• Please Fill above column for timely credit of scheme related charges and stamp paper charges

(Sign of Sub-broker / AP / Remiser / Employee)

IMPORTANT NOTE :

All branch staff, authorised Person & Sub Brokers are required to fill the scrutiny sheet given in the last of this form. KYC kit will be returned if scrutiny sheet is found blank.

ACKNOWLEDGEMENT TO WEALTH DISCOVERY FROM CLIENT

To,


Wealth Discovery Securities Pvt. Ltd.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Date: _____

I/We intends to open a Commodity Trading account with M/s. Wealth Discovery Securities Pvt. Ltd. who is Member of NSE, BSE and CDSL, undertakes as follows:

1. I/We have been duly aware by Member that client has a preference to receive the below referred documents either in electronic form or in physical form:
 - A. Right and Obligations of Stock Brokers, Sub-Brokers and Clients
 - B. Internet and Wireless technology based trading facility provided by Stock Brokers to Client
 - C. Risk and Disclosure document for capital market and derivative segments
 - D. Guidance note-Do's and Don't for trading on the Exchange(s) for Investors
 - E. Policies & Procedures
 - F. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories
 - G. Other disclosure/ documents as agreed by me/us specifically in voluntary segment.
2. I/We am/are further aware by my/our Member that for receiving the above said documents in Electronic or Physical Form, I/We have to accord my/our consent.
3. Therefore, in reference to the above, I/We hereby voluntarily accord my/our consent to receive the aforesaid documents in:-
 Electronic Form Physical Form
4. If I/We opted for the same in Electronic mode, then Member can sent said aforesaid documents at my registered email id.
5. I/We have been further aware by my/our Member that the aforesaid documents has also been available at the Member's website i.e. at www.wealthdiscovery.in
6. I/We am/are aware that the non receipt of bounced mail notification by the Member shall amount to delivery of the aforesaid documents at my registered email id.
7. I/We hereby accord my/our consent to an arbitration agreement by virtue of which I/We shall refer all my/our claims, differences or disputes between us which might have arise out of my/our trading, deposits, margin money, etc. in relation to my/our dealings in contracts and transactions which have been made subject to the Bye-Laws, Rules and Regulations of the Exchange or with reference to anything incidental thereto or in pursuance thereof or relating to their validity, construction, interpretation, fulfillment or the rights, obligations and liabilities of the parties thereto and including any question of whether such dealings, transactions and contracts have entered into, to the arbitration in accordance with the provisions of these Byelaws, Rules and Regulations of the Exchanges.

Sign here : (1) 

Client Name: _____

----- (Tear Here) -----

RECEIPT OF PHYSICAL KIT

To,


Wealth Discovery Securities Pvt. Ltd.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Date: _____

I/We hereby confirm that I/We have received a copy of following documents:

- A. Right and Obligations of Stock Brokers, Sub-Brokers and Clients
- B. Internet and Wireless technology based trading facility provided by Stock Brokers to Client
- C. Risk and Disclosure document for capital market and derivative segments
- D. Guidance note-Do's and Don't for trading on the Exchange(s) for Investors
- E. Policies & Procedures
- F. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories
- G. Other disclosure/ documents as agreed by me/us specifically in voluntary segment.

Sign here : (2) 

Client Name: _____

----- (Tear Here) -----

Wealth Discovery

Transforming Knowledge into Wealth.

S. No.

(TO BE FILLED BY CLIENT)

Photograph

Name :

Profession :

Organization Name :

Post/Designation :

Address :

Contact Number : Office..... Resi.....

Mobile (M) :

E-Mail ID :

Date of Birth :

D D - M M

Date of Anniversary.....

Spouse Name :

DOB.....

D D - M M

1st Child Name :

DOB.....

D D - M M

2nd Child Name :

DOB.....

D D - M M

Personal Interest :

Social Organization Name (1) :

Social Organization Designation

Social Organization Name (2) :

Social Organization Designation

Declaration

I, _____ do hereby declare that my mobile no.

is _____ Further, I authorize WEALTH DISCOVERY GROUP that the same maybe

used for giving me any information / alert / sms / call / promotional messages.

Place :

Signature

DOCUMENTS REQUIRED AS PER SEBI CIRCULAR CIR/MIRSD/16/2011 DATED 22-08-2011
Read with SEBI Circular bearing Reference No. MIRSTD/SE/CIR-19/2009 dated 3-12-2009

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

1.	Pro Disclosure Information	Disclosure for Client based trading and Pro-Account Trading.	1
2	Account Opening Form	A. KYC form- Basic information about the client B. Additional information about the client relevant to trading account	2-10
3.	Tariff Sheet	Detailing the rate / amount of brokerage & other charges	11
4.	Rights and Obligations	Document stating the Rights and Obligations of stock brokers/trading member, sub-broker and client for trading on Exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	Given to the Client with Welcome Kit
5.	Risk Disclosure Document (RDD)	Detailing risks associated with dealing in the securities market	
6.	Guidance Note	Do's and Don'ts for Trading on the Exchange(s) for Investors	
7.	Policies and Procedures	Contains guidelines stipulated by Member with respect to dealings with clients	

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER- DOCKET B

8.	Trading Letter for Internet & Wireless Technology	Helps the client to enjoy the Internet & Wireless based Technology	12
9.	Running Account Authorisation	Helps the client to enjoy exposures linked to the credit in the trading account	13
10.	Authorisation for ECN	For authorizing the trading member to send Electronic Contract Notes.	14
11.	Letter of Authority	To enable the trading member to act upon the clauses mentioned in the letter of authority	15
12.	Declaration for Name Mismatch	For authorizing the payout as per enclosed Bank proof.	16
13.	Client Declaration	Declaration for being not involved in any Terrorist activity and not declared as Defaulter by SEBI/NSE/etc.	16
14.	Format for Written Orders	Format for Written Orders	17
15.	HUF Declaration	Declaration by Karta & all the Co-perceners	18
16.	Instructions / Tick List For Filling Kyc Form	Guidelines for filling the form & provide necessary documents	19-22

DEMAT ACCOUNT OPENING FORM (CDSL)

23-41

17.	FATCA & CRS Declaration	FATCA & CRS Declaration for Individual & Non-Individual	42-44
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Wealth Discovery
Transforming Knowledge into Wealth.

Name of Stock Broker- WEALTH DISCOVERY SECURITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg, Connaught Place, New Delhi-110001

PH.: 011-43444666, Fax : 011-43444667

E-mail : mail@wealthdiscovery.in • Web : www.wealthdiscovery.in

In case of any grievances please write to : investor@wealthdiscovery.in

Compliance Officer :

Sachin Bansal


Ph. No. : 011-43444666, Email id : sachin@wealthdiscovery.in

Director :

Rahul Agarwal

Ph. No. : 011-43444666, Email id : rahul@wealthdiscovery.in

I/We have fully read & understood the distinction and details regarding the Mandatory/Non-Mandatory documents as above and do hereby enter and sign the same and agree not to call into question the validity, enforce ability and applicability of any voluntary agreement(s)/document(s) or clauses within any voluntary/optional agreement(s)/document(s) under any circumstances what so ever.

Sign here : (3) 

DOCKET – A

NSE	WEALTH DISCOVERY SECURITIES PVT. LTD.
TM Code - 14357	SEBI REGN. NO.- INB231435737 (Cash)
	SEBI REGN. NO.- INF231435737 (F & O)
	SEBI REGN. NO.- INE231435737 (Currency)

BSE	WEALTH DISCOVERY SECURITIES PVT. LTD.
TM Code - T6435	SEBI REGN. NO.- INB011435733 (Cash)
	SEBI REGN. NO.- INF011435833 (F&O)

PRO DISCLOSURE INFORMATION (For Wealth Discovery Securities Pvt. Ltd.)

To,
Dear Client,
Sir/Madam,

This is to inform you that we do client based trading and Pro-account Trading in National Stock Exchange of India Limited (NSE)/Bombay Stock Exchange Limited (BSE).

Thanks & best regards,

For Wealth Discovery Securities Pvt. Ltd.

Authorised Signatory / Director

I acknowledge the receipt of the information given by Wealth Discovery Securities Pvt. Ltd. that they do client based trading and Pro-account trading.

Sign here : (4) 

EXCHANGE-WISE INVESTOR GRIEVANCE CELL

- NSE - complaint may be filed through website www.nseindia.com or by sending hard copy to nearest NSE office or at 022-26598100, ignse@nse.co.in.
- BSE - complaint to be filed at the nearest BSE Investor centre or at 022-22721233, is@bseindia.com / iscdelhi@bseindia.com

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 (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

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

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

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

PHOTO

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

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

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

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="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* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

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

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

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

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

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

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

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

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

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

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

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

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name
(If KYC number and name are provided, below details of section 6 are optional)

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

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

7. REMARKS (If any)

8. APPLICANT DECLARATION

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

Date : -- Place :

(5) [Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies IPV Done

KYC VERIFICATION AND IN-PERSON VERIFICATION CARRIED OUT BY

Date -- Place
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch
[Employee Signature]

INSTITUTION DETAILS

Name WEALTH DISCOVERY SECURITIES PVT. LTD.
Code
[Institution Stamp]

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
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 address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's 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 or 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., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI): List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (* Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

Residence/Driving License/Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

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

E. List of people authorized to attest the documents:

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

F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

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

Please Submit the KYC Documents on A4 Size Paper Only.

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

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

(5a)

Name & Signature of the Authorised Signatory(ies)

Date | d | d | / | m | m | / | y | y | y | y |



PEP: Politically Exposed Person

RPEP: Related to Politically Exposed Person

D. BANK ACCOUNT(S) DETAILS

Bank Name	Bank Address	Bank Account No.	Saving/Current/NRI/NRO	MICR No.	IFSC Code

E. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name	Depository Name (NSDL/CDSL)	Beneficiary Name	DP ID	Beneficiary ID (BO ID)

I authorize you to transfer the shares purchased by me to the above mentioned demat beneficiary account.

F. TRADING PREFERENCE

Select and Sign against the Segment of Exchange in which Trading facility required:

<input type="checkbox"/> NSE - Cash <input checked="" type="checkbox"/> 6a	<input type="checkbox"/> NSE - F&O <input checked="" type="checkbox"/> 6b	<input type="checkbox"/> NSE - Currency <input checked="" type="checkbox"/> 6c
<input type="checkbox"/> BSE - Cash <input checked="" type="checkbox"/> 6d	<input type="checkbox"/> BSE - F&O <input checked="" type="checkbox"/> 6e	<input type="checkbox"/> BSE - Currency <input checked="" type="checkbox"/> 6f

If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

G. ADDITIONAL DETAILS

■ Whether you wish to receive physical contract note or Electronic Contract Note (ECN) : _____

Specify your Email id, for ECN:

■ Whether you wish to avail of the facility of internet trading/ wireless technology : Yes No

■ Number of Years of Investment / Trading Experience : _____

■ Any other information : _____

H. OTHER DETAILS

- **Gross Annual Income Details** : Income Range per annum : Below Rs. 1 Lac Rs. 1 Lac to 5 Lac
(please tick ✓) Rs. 5 Lac to 10 Lac Rs. 10 Lac to 25 Lac
 Rs. 25 Lac to 1 Crore > 1 Crore
- **Net Worth** (Net worth should not be older than 1 year) **Amount Rs**.....
as on (date)
- **Occupation** : Private Sector Public Sector Government Service Business
(please tick any one and give brief details) Professional Agriculturist Retired Housewife
 Student Forex Dealer Others _____ Please Specify
- **Is the entity involved/providing any of the following services** Yes No
- For Foreign Exchange/Money Changer Services Yes No - Gaming/Gambling/Lottery Services (e.g. casinos, betting syndicates)
- Money Lending / Pawning Yes No
- **Please tick, if applicable** (Note : In case of Non-individuals please tick, if applicable for any of your authorised signatories/Promoters/Partners/Karta/Trustees/whole time directors) :
 Politically Exposed Person (PEP) Related to Politically Exposed Person (PEP)
- **Any other information** :

DECLARATION

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

Place:

Date:

(7) 

Signature of Client/(all) Authorized Signatory(ies)

TO BE FILLED BY INTERMEDIARY / EMPLOYEE

UCC Code allotted to the Client:

	Documents Verified with Originals	Client Interviewed By	In-Person Verification Done By
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			

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

For Wealth Discovery Securities Pvt. Ltd.

Authorised Signatory / Director

Seal/Stamp of the Stock Broker

Date:

INTRODUCER DETAILS

Name of the Introducer:

Employee Code : Employee E-mail :

Mobile : Phone(with STD Code) : -

Status of the Introducer:

Sub-broker Remisier Authorized Person Existing Client Others: (Please Specify Others)

Address of the Introducer :

Signature of the Introducer :

PMLA - DECLARATION

I _____ having the trading code no. _____ with WDSPL confirm and declare that I have read and understood the contents and the provisions of the PMLA Act, 2002 and it was also explained by AFSPL official. I further declare that I shall adhere to the rules and regulations and requirements mentioned in the PMLA Act, 2002.

Sign here : (8)

TARIFF SHEET

To,
Wealth Discovery Securities Pvt. Ltd.

1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Sub.: **Request for subscription to Wealth Discovery Securities Brokerage Plan.**

Dear Sir/Madam,

I would like to subscribe any one of following brokerage plan and request Wealth Discovery Securities Pvt. Ltd. to apply the brokerage plan along with terms and conditions of Wealth Discovery Securities Pvt. Ltd.

I would like to enroll in the plan which is checked as under :

A) EZ Wealth Plans

Category	Brokerage Plan Descriptions
<input type="checkbox"/> EZ Flat	Rs. 11 per executed order or 2.5% of turnover whichever is lower.
<input type="checkbox"/> EZ SPL	Rs. 20 per executed order or 2.5% of turnover whichever is lower.
<input type="checkbox"/> EZ Family (Monthly)	Rs. 1100 per month for all segments.
<input type="checkbox"/> EZ Family (Yearly)	Rs. 4999/ Year per segment or 7999/ Year for all segments
<input type="checkbox"/> EZ Assist	0.01% Intraday & 0.1% Delivery & Rs. 10/ Lot for option trading.
<input type="checkbox"/> EZ DIY	Rs. 999/year for Currency segment with Rs. 1/Per Lot.

B) Design Your Plan

Particulars	Intraday		Delivery		Options
	%	Minimum (Rs.)	%	Minimum (Rs.)	Lot (Rs.)
Brokerage					

Statutory Taxes & Exchange Charges

Stamp Duty	State wise stamp duty as applicable will be levied.
STT	As per the provisions of STT and as amended from time to time.
GST	As per the provisions of Service Tax Act 1994 and as amended.
Turnover & Other Charges	As may be applicable from exchanges from time to time.

- Duplicate contract notes shall be charges Rs. 25/- per contract + GST & Postal Charges.
- Depository / Pledge charges for the movement of shares between pool / beneficiary / margin accounts for payin / payout or margin purpose will be charged.
- Delay payment charges @2% p.m. would be charged for debit/shortage in pay in /margin default, as per exchange requirements. Handling charges for issue of account statement, copy of contract note etc. will be charged as applicable.

Yours faithfully,

Sign here : (9)



Client's Name _____

Date : _____

DOCKET – B

INTERNET & WIRELESS TECHNOLOGY BASED TRADING LETTER

Wealth Discovery Securities Pvt. Ltd.

1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Sub : Internet & Wireless Technology Based Trading

Sir,

I/We wish to trade through Internet & Wireless Technology Based Trading (IWTBT) facility provided by you as per the options mentioned below.

- I/We want to opt for
- Application Base Trading
 - Web Base Trading
 - NOW (NSE ON WEB)
 - Securities Trading using Wireless Technology (STWT)
 - Password Secrecy

I/We hereby confirm you to send my/our username and password and other related information on the e-mail address mentioned by me/us in KYC.


Further, I/We confirm that I/We have fully read and understood the provisions laid down in the attached annexure pertaining to Internet & Wireless Technology based trading facility provided by stock brokers to clients and do hereby acknowledge the same and agree not to call into question the validity, enforceability and applicability of any provision/clauses in this document under any circumstance what so ever.

Thanks and Best Regards

for

Name: _____

Trading Code: _____

Sign here : (10) 

RUNNING ACCOUNT AUTHORISATION

Wealth Discovery Securities Pvt. Ltd.

1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Sub : Running Account Authorisation

I/We are dealing through you as a client in Capital Market and/or Future & Option segment and/or Currency segment an/or Interest Rate Future segment in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under :

- 1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/We instruct you otherwise.
- 2. I/We request you to retain funds with you for my/our margin/pay-in/other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you to transfer the same to my/our account.
- 3. I/We request you to settle my fund except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt atleast
 - Once in every calander quarter or**
 - Once in a calander month.**
- 4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet future margin /settlement obligations computed in the manner as prescribed by SEBI/Exchange from time to time.
- 5. I/We further authorise you to retain such minimum value of funds at the time of settlement of a/c's as may be allowed by the exchange(s)/SEBI from time to time.

The running account authorisation provided by me shall continue and remain valid until it is revoked by me anytime in writing.

Thanking you

Yours faithfully,

Sign here : (I I) 

Client Name: _____

Client Code: _____

Date: _____

AUTHORISATION FOR ELECTRONIC COMMUNICATION

Wealth Discovery Securities Pvt. Ltd.

1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Sub : Authorisation for Electronic Communication

Dear Sir,

I/We understand that I/We have the option to receive the contract notes in physical form or electronic form. In pursuance of the same, I/We hereby opt for receipt of contract notes in electronic form as well as all other communications including but not limited to account statement, holding statement, trade, order confirmations and any other notices also electronically.

I/We understand that for the above purpose, you are required to take from the client "an appropriate email account" for you to send the electronic contract notes. Accordingly, please take the following email account on your record for sending the contract notes and other communications to me/us.

- 1.
- 2.

I/We agree that the Log Reports of your dispatching software shall be a conclusive proof of dispatch of Contract Notes and any other electronic communication 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 also agree that non-receipt of bounced mail notification by the stock broker shall amount to delivery at my/our e-mail id.

Please treat this authorisation as written ratification of my/our verbal directions / authorizations given and carried out by you earlier. I/We agree to indemnify you and keep you indemnified against all losses, damages and actions which you may suffer or face as a consequence of adhering to and carrying out my/our directions given above.

I/We agree to inform you any change in my email in future either in physical mode by regd. post or by hand delivery or through an email from my email id registered with you.

Sign here : (12) 

Client Name: _____

Client Code: _____

Date: _____

LETTER OF AUTHORITY

Wealth Discovery Securities Pvt. Ltd.

1206, Kailash Building, K.G. Marg, Connaught Place, New Delhi-110001

Date : _____

Dear Sir,

Sub: Letter of Authority – CASH/F&O/Currency Derivative Segment of NSE/BSE

I/We am/are dealing in shares/securities with you at NSE/BSE in various segments and in order to facilitate ease of operations. We authorize you as under :

1. Delivery of order/ trade confirmation/ cancellation:

I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

2. Telephonic Conversation:

I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.

3. Adjustment of balances in Family Accounts:

S. No.	Client Code of Family Members/ Associates	Name of Family Members/ Associates	Category	Name of Father / Spouse

I/We authorize you to adjust the credit balance available in my account of any segment against any debit balance/ margin obligation of any segment outstanding in the account of above mentioned family members or any other party or company with whom /in which I'm having the controlling interest as director the names of which are listed here below :

.....
.....

4. Fines & Penalties:

All fines/penalties and charges levied upon you due to my acts / deeds or transactions may be recovered by you from my account.

5. Charges & Balance Maintenance:


I/We have a Trading As well as depository relationship with Please debit the charges relevant with depository services from my/our trading account on monthly basis. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

6. I/We authorized you to pledge / place securities retained in my/our running account with the exchange, clearing corporation, clearing member or any other financial institutional against the debit in my account arising due to my/our margin / settlement obligation.

7. I/We have been explained that I/We may not opt to give any of the above authorisation and that the above authorisations are voluntary on my/our part and that I/We can revoke this authorisation at any point of time during the operation of my/our trading account with you by giving you a notice in writing.

Thanking you,

Yours faithfully

Sign here : (13) 



Client Name : _____

Client Code : _____

DECLARATION BY KARTA & ALL THE CO-PARCENERS

To
Wealth Discovery Securities Pvt. Ltd.
1206, Kailash Building, K.G, Marg,
Connaught Place, New Delhi-110001

Dated : _____

Dear Sir/Madam,

1. Whereas the Hindu Undivided Family of.....is carrying on business in the firm name and style of at or we intent to deal have or desire to have Securities Trading Account with Wealth Discovery Securities Pvt. Ltd. (hereinafter referred as Member). We undersigned, hereby confirm and declare that we are the present adult co-parceners of the said joint family; that Mr./Mrs..... is the present Karta of the said joint family.
2. We confirm that affairs of HUF firm are carried on mainly by the Karta Mr/ Mrs. on behalf and in the interest and for the benefits of all the co-parceners. We hereby authorize the Karta on behalf of the HUF to deal with the member and the said trading member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. He is authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through the member on behalf of the HUF.
He is also authorize to sign execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF firm shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parceners of the said joint family, including the share of the minor co parceners, if any.
3. We undertake to advise the member in writing of any change that may occur in the Karta ship or in the constitution of the said joint family or of the said HUF firm and until receipt of such notice by the member who shall be binding on the said joint family and the said HUF firm and on our respective estates. We shall, however continue to be liable jointly and severally to the member for all dues obligations f the said HUF firm in the Member's book on the date of the receipt of such notice by the member and until all such dues and obligations shall have been liquidated and discharged.
4. The names and dates of the birth of all the present minor & major co-parceners of the said joint family are given below. We also undertake to inform you in writing as and when each of the said members attains the majority and is authorized to act on behalf of, and bind the said HUF firm.

List of Family Members

S. No.	Name of the Co-parceners (Including Minor also)	Relationship with Karta	PAN No.	Address (if other than Karta's address)	Date of Birth	Signature
1.						
2.						
3.						
4.						
5.						
6.						

Note : In case of adult family member provide copy of PAN card or any other ID proof (DL/Voter ID/ Passport). In case of Minor Family Member provide copy of age certificate (Birth Certificate/School Leaving Certificate).

Name of the HUF _____

Signature of Karta with Rubber Stamp

Date : _____ Place : _____

INSTRUCTION CUM TICK LIST

G. 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 Company need to be provided by the client from time to time.*

H. Demat Proof: Demat master or recent holding statement issued by DP bearing name of the client.

I. In-person Verification:

For Individuals:

- (i). Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
- (ii). In case of non-resident clients, employees at the stock broker's local office, overseas can do 'in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's 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.

For Non Individuals: Form need to be initialed by all the authorized Signatories.

J. General Instructions

1. All documents submitted as proof must be self attested by the client.
2. Thumb impression must be attested by a magistrate or a notary public or a special executive magistrate under his/her official seal.
3. Photocopies of photograph will not be accepted. Photograph submitted should be passport size, front facing and with a plain background. Client sign should be across in such a manner where part of the signature is on the photo and other part of the form.
4. Short signature//initial is not allowed on the KYC
5. Photo copy of all document inclusive of PAN, address proof and identity proof must be clearly visible so that every written text and photo can be matched with KYC
6. Signature should match with PAN/ Copy of cancelled cheque leaf/Bank verification letter
7. If correspondence and permanent address is different then both the address proofs are required
8. MICR & IFSC Code, Annual Income & Net worth are mandatory
9. Every cutting, overwriting & fluid will be accepted only if duly attested and stamped by client
10. If any proof of entity is in other than Hindi or English then translation in Hindi or English is require with notaries stamp
11. If the address proof is utility bills or bank statement, if should be not more than 3 months old.
12. All communications shall be sent at the correspondence address/ mobile number/ e-mail id of the client. Please fill the email and mobile number on the kyc carefully and accurately.
13. PAN of HUF and Karta both to be obtained; Address and Bank proof to be in name of HUF; Declaration to be signed by Karta and all coparceners and also provide the pan card copy of at least two coparceners.
14. Only Balance sheet and net worth is considered as financial proof for non individuals.
15. NRI cannot deal in Currency Derivative Segment
16. Trading A/c cannot be opened in joint names.
17. KYC will be signed by the client only and power of attorney holders are not allowed to sign the KYC
18. If email Id & mobile no is same in more than one code then family declaration required.

K. Proof for Bank Account

1. Bank account statement/Passbook copy should not be more than 3 months old
2. Bank Statement should clearly mention the name and address of the client.
3. The bank statement should duly attested (Sign & Stamp) by the authorized official of the bank mentioning the bank and designation of the bank authorized official.

4. Bank Verification letter should be in prescribed format on the letter head of the Bank duly signed and authorised by the Bank official mentioning his/her Name, Designation, Signature & Employee Code.

5. Cancelled Cheque should have name of the account holder and account number printed on the same.

L. Corporate

1. Form 18 and Form 32 valid with challan copy.
2. Form 18 used for address proof of the company.
3. Form 32 used for change in director's detail of the company.

4. All incorporation certificates should be self attested and all incorporation certificates must be attached with the Memorandum.

5. Director detail should match with memorandum and if there is any change then then Form 32 with the challan copy is required

6. The following mandatory points must be checked while we checking the Board Resolution (BR)

- Date of Resolution
- Resolution date not latter to KYC date
- Name of Broker as Wealth Discovery Securities Pvt. Ltd.
- Segment like Equity, Currency, Future, Option, Cash Etc.
- Name of the exchanges in which client wants to trade
- Authorized person name in BR.

7. Authorized person can perform signature on BR until he/she is/are only the director in the company.

8. If Letter of authority to trade given on behalf of any other person than authorized in BR then company must provide the separate BR, Person ID and address proof.

9. Share holding Pattern - Less than 2% share holders may provide under Other Category but 100 % share holding pattern require.

10. Share holding total must be equal to share capital

11. In case of name change incorporation certificate and PAN card of new name required

12. Date of Incorporation on KYC Form should match with date of incorporation from memorandum and PAN card date

13. Net-worth amount and date of net-worth is mandatory

14. In company share holding any other company is a share holder with equal to or more than 25% holding then we require that company share holding also if this will again happen in holding company then again we require share holding and it will continue.

15. All the incorporation certificate should be attached with the memorandum if any updation incorporation certificate attached with the memorandum instead of first incorporation certificate then we require first incorporation certificate also.

16. If company fills two addresses then both address proof are required

17. At least two director detail is must

• **In Case of Name change in the company**

- New PAN
- In corporation certificate
- KRA

• **In case of change in the director**

- KRA
- List of Director
- Form 32 with challan copy
- PAN, Address of Director

• **In case of change in the Authorized Signatory(ies)**

- KRA
- List of Director
- Form 32 with challan copy
- PAN, Address of Auth. Signatory(ies)
- Board Resolution
- List of Authorise signatory(ies) with specimen signatory(ies)

• **In case of change in the Share holding Pattern**

- KRA
- List of Director
- Form 32 with challan copy
- PAN, Address of Auth. Signatory(ies)
- Board Resolution
- List of Authorise signatory(ies) with specimen signatory(ies)
- Share Holding Pattern required (Follow the cross holding)

M. Partnership Firm

All formalities and checking criteria are same as like corporate, few difference are as follows

1. Authority Letter instead of Board Resolution
2. Partnership Deed instead of Memorandum
3. All Partner signature is mandatory in authority letter
4. In LLP registration certificate is must

N. Non Resident Indian (NRI)

1. Bank Account under PIS (Portfolio Investment Scheme) is compulsory if the person wants to trade in secondary market. NRI can have NRE/NRO account. In case the person has an existing PIS account then he has to close one PIS account and then apply for the new one.

A. DOCUMENT TICK LIST FOR INDIVIDUAL**1. KRA(I)** **2. PAN Card** **3. Address Proof**Passport Voter ID Card UID Ration Card Bank Statement or Passbook** Driving License Electricity Bill** Telephone Bill (only land line bill of MTNL & BSNL)** Registered lease or Sale Agreement Any Other (Please Specify)

* Rent Agreement not accepted for address proof as per SEBI guidelines

** Telephone Bill/ Electricity Bill/Gas Bill/Bank Statement copy or passbook copy is not older than three month

4. Bank ProofName Printed Cancelled Cheque Leaf Copy of pass book Bank Statement Specifying name of Constituent **5. DP Proof**Current Demat Master Recent Holding Statement **B. DOCUMENT TICK LIST FOR CORPORATE****1. KRA Annexure (N)** **2. Address Proof of Company****Bank Statement or Passbook*** Telephone Bill (only land line bill of MTNL & BSNL)** Electricity Bill*** Form 18

** Rent Agreement not accepted for address proof as per SEBI guidelines

*** Telephone Bill/ Electricity Bill/Gas Bill/Bank Statement copy or passbook copy is not older than three month

3. Bank ProofBank Statement Specifying name of Constituent Copy of pass book Name Printed Cancelled Cheque Leaf **4. DP Proof**Current Demat Master Recent Holding Statement **5. Other Mandatory Document**Pan card of Company List of Director's & Permtors ** Board Resolution ** Balance Sheets of Last Two Years Share Holding Pattern ** Networth Certificate Certified MOA ITR of last two year Certified AOA List of Authorised Signatory

** These documents must be on letter head of company and should be duly signed and stamped

6. Directors Details**PAN Passport size Photograph UID DIN Form 32 Address proof (Please Specify) Bank proof (Please Specify) **7. Permtors** Details**PAN Passport size Photograph UID DIN Form 32 Address proof (Please Specify) Bank proof (Please Specify) **C. DOCUMENT TICK LIST HUF****1. KRA of HUF (N)** **2. PAN Card of HUF** **3. Address Proof of HUF****Bank Statement or Passbook*** Telephone Bill (only land line bill of MTNL & BSNL)** ElectricityBill*** Any Other (Please Specify)

** Rent Agreement not accepted for address proof as per SEBI guidelines

*** Telephone Bill/ Electricity Bill/Gas Bill/Bank Statement copy or passbook copy is not older than three month

4. Bank Proof of HUFName Printed Cancelled Cheque Leaf Bank Statement Specifying name of Constituent Copy of pass book **5. DP Proof**Current Demat Master Recent Holding Statement **6. Other Mandatory Document**HUF Declaration List of Coparseners **7. Karta (I) Details:**KRA of Karta Pan Passport size Photograph UID Address proof (Please Specify) Bank proof (Please Specify)

D. DOCUMENT TICK LIST FOR PARTNERSHIP

1. KRA Annexure (N)

2. Address Proof of Partnership Firm**

Telephone Bill (only land line bill of MTNL & BSNL)** Electricity Bill*** Bank Statement or Passbook***
Any Other (Please Specify)

** Rent Agreement not accepted for address proof as per SEBI guidelines

*** Telephone Bill/ Electricity Bill/Gas Bill/Bank Statement copy or passbook copy is not older than three month

3. Bank Proof of Partnership Firm

Name Printed Cancelled Cheque Leaf Copy of pass book Bank Statement Specifying name of Constituent

4. DP Proof

Current Demat Master Recent Holding Statement

5. Other Mandatory Document

Pan card of Partnership Firm Authority Letter ** List of Partner's with Sharing ratio** List of Authorized Signatory Networth Certificate
ITR of last two year Partnership Deed Balance Sheets of Last Two Years Certification of Registration

** These documents must be on letter head of company and should be duly signed and stamped

6. Partners Details

Pan Passport size Photograph UID
Address proof (Please Specify) Bank proof (Please Specify)

E. DOCUMENT TICK LIST NRI

1. KRA(I)

2. PAN Card

3. Address Proof (Indian)*

Bank Statement or Passbook** Other proof (Please Specify)

* Rent Agreement not accepted for address proof as per SEBI guidelines

** Telephone Bill/ Electricity Bill/Gas Bill/Bank Statement copy or passbook copy is not older than three month

4. Address Proof (Overseas)*

Bank Statement or Passbook** Passport Other proof (Please Specify)

5. Bank Proof (NRE/NRO)

Name Printed Cancelled Cheque Leaf Bank Statement Specifying name of Constituent

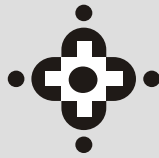
6. DP Proof

Current Demat Master Recent Holding Statement

7. Other Mandatory Document

PIS Permission Letter from the respective designated bank Copy of VISA FEMA Declaration

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DEMAT ACCOUNT OPENING FORM

Wealth Discovery
Transforming Knowledge into Wealth.

Wealth Discovery Securities Pvt. Ltd.

Depository Participant : CDSL

DP ID : 12076400

SEBI Regn. No.: IN-DP-CDSL-679-2013

Client Name :

Client ID : **12076400**

DEMAT ACCOUNT OPENING REQUIREMENTS

General Information for filling Application

1. Read the application form properly before filling it.
2. Application form should be filled in CAPITAL letters.
3. All required documents should be submitted for all the account holders.
4. Form should be complete in all respect.
5. Strike off whichever is not applicable.
6. All communication shall be sent at the address of the sole/first holder only.
7. Thumb impression and signature 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 of Notary Public or a Special Executive Magistrate.

Documents valid for Proof of Identity and Proof of Address (submit & Tick any one)

Proof of Identity (POI) <i>List of documents admissible as Proof of Identity :</i>	Proof of Address (POA) <i>List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission)</i>
Unique Identification Number (UID) / Passport Voter ID Card / Driving License / PAN Card with photograph	Passport / Voter Identity Card / Ration Card / Registered Lease or Sale Agreement of Residence / Driving License / Flat Maintenance bill / Insurance copy
Identity Card/Document with applicant's Photo, issued by any of the following : a) Central/State Government and its Departments, b) Statutory/Regulatory Authorities, c) Public Sector Undertakings, d) Scheduled Commercial Banks, e) Public Financial Institutions, f) Colleges affiliated to Universities g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., To their Members, and h) Credit cards/Debit cards issued by Banks.	Utility bills like Telephone Bill (only land line), Electricity Bill or Gas Bill (not more than 2 months old) Bank Account Statement / Passbook (not more than 2 months old) Self Declaration by High Court and Supreme Court Judges, giving the new address in respect of their own accounts. Proof of address issued by the following : Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank / Multinational Foreign Banks / Gazatted Officer / Notary Public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority. Identity Card/Documents with address, issued by any of the following : Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members. For FII/sub account, Powre of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should betaken. The proof of address in the name of the spouse may be accepted.

Fax Indemnity on Rs. 200/- Stamp Paper

CHECKLIST INDIVIDUALS 1. Copy of PAN Card. 2. Copy of Valid Identity Proof and Address Proof. (Address proof is to be submitted for permanent as well as correspondence address.) 3. Passport size Photograph. 4. Cancel Cheque together with latest Bank Statement/Pass book. 5. NRI's are required to submit address proof for Indian as well as Foreign address. HUF 1. Copy of PAN Card of HUF / Karta. 2. Copy of Valid Identity Proof and Address Proof of Karta. 3. Passport size Photograph of Karta. 4. Declaration by HUF is desired format. 5. Cancel Cheque of HUF'S bank account together with latest Bank Statement/Passbook MINOR 1. Copy of PAN Card of Minor. 2. Date of Birth certificate of Minor.	3. Copy of Valid Identity Proof and Address Proof of Guardian. 4. Passport size Photograph of Minor & Guardian. 5. Cancel cheque of Minor's Bank Account together with latest Bank Statement/Pass book. CORPORATE 1. Copy of the balance sheets for the last 2 financial years (to be submitted every year). 2. Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). 3. Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. 4. Photograph, POI, POA, PAN of individual promoters holding control- either directly or indirectly. 5. Copies of the Memorandum and Articles of Association and certificate of incorporation. 6. Copy of the Board Resolution for investment in securities market. 7. Authorised signatories list with specimen signatures.
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Separate KYC form is required for each joint holder.

(To be filled in by WEALTH DISCOVERY SECURITIES PVT. LTD.)

	NAME	DATE	INITIALS
Received by			
Checked by			
Entered by			

ACCOUNT OPENING FORM INDIVIDUALS

Wealth Discovery
Transforming Knowledge Into Wealth.

Wealth Discovery Securities Pvt. Ltd.



SEBI REGN. NO. : IN-DP-CDSL-679-2013 • DP ID 12076400

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg, Connaught Place, New Delhi-110001

Ph.: 011-43444666, Fax : 011-43444667

E-mail : mail@wealthdiscovery.in • Web : www.wealthdiscovery.in

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT FOR INDIVIDUALS

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID	1	2	0	7	6	4	0	0	Client ID	

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/our name as per following details :

TYPE OF ACCOUNT (Please tick whichever is applicable)

<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual Director	<input type="checkbox"/> Individual Director's Relative
	<input type="checkbox"/> Individual HUF/AOP	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Minor
	<input type="checkbox"/> Individual Margin Trading A/c (Mantra)	<input type="checkbox"/> Others (Specify) _____	
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Repatriable Promoter
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National-Depository Receipts	<input type="checkbox"/> Others (Specify) _____

HOLDERS DETAILS

Sole/First Holder's Name		PAN	D	D	M	M	Y	Y	Y	Y
UID		Date of Birth	D	D	M	M	Y	Y	Y	Y
Second Holder's Name		PAN								
UID		Date of Birth	D	D	M	M	Y	Y	Y	Y
Third Holder's Name		PAN								
UID		Date of Birth	D	D	M	M	Y	Y	Y	Y

Name* _____

* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

OTHER DETAILS

Gross Annual Income Details	Income Range per annum :
	<input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000
	<input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000
	Net Worth as on (date) D D M M Y Y Y Y Rs.
	(Net Worth should not be older than 1 year)
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture
	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (specify) _____
Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
Any other information	

BANK DETAILS (Dividend Bank Details)

Bank Code (9 digit MICR Code)																								
IFS Code (11 Character)																								
Account Number																								
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)_____																							
Bank Name																								
Branch Name																								
Bank Branch Address																								
City						State						Country						PIN						

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO.
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.
➤ In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.

DETAILS OF GUARDIAN (in case the account holder is minor)

Guardian's Name											PAN										
Relationship with the applicant																					
I/We instruct the DP to receive each and every credit in my/our account (if not marked, the default option would be 'Yes')											[Automatic Credit] Yes <input type="checkbox"/> No <input type="checkbox"/>										
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')											Yes <input type="checkbox"/> No <input type="checkbox"/>										
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly																				
I/We request you to send Electronic Transaction-cum-Holding Statement at the email Id _____											Yes <input type="checkbox"/> No <input type="checkbox"/>										
I/We would like to share the email ID with the RTA											Yes <input type="checkbox"/> No <input type="checkbox"/>										
I/We would like to receive the Annual Report (Tick the applicable box. If not market the default option would be in Physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic																				
I/We wish to receive dividend/interest directly in to my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]											Yes <input type="checkbox"/> No <input type="checkbox"/>										

SMS Alert Facility Refer to Terms & Conditions given as Annexure 2.4	MOBILE No.: +91-..... [Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).										<input type="checkbox"/> Yes <input type="checkbox"/> No																		
	Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure 2.6										I/We wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I/We have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.																		
										Stock Exchange Name/ID					Clearing Member Name					Clearing Member ID (Optional)									
Easi										To register for easi , please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.																			

NOMINATION DETAILS

Dear Sir/Madam,

I/We the Sole Holder/ Joint Holder / Guardian (in case of minor) hereby declare that :

I/We **do not wish to nominate any one for this demat account.**

[Strike out what is not applicable] [Signatures of all account holders should be obtained on this form]

I/We **nominate** the following persons who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of Sole holder or the death of all the Joint Holders.

Nomination Regn. No.									
Date	D	D	M	M	Y	Y	Y	Y	Y

BO ACCOUNT DETAILS														
DP ID	1	2	0	7	6	4	0	0	Client ID					
Name of the Sole / First Holder														
Name of the Second Holder														
Name of the Third Holder														

NOMINATION DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
First Name*	_____	_____	_____
Middle Name	_____	_____	_____
Last Name*	_____	_____	_____
Address*			
City*			
State*			
PIN*			
Country*			
Telephone No.			
Fax No.			
PAN No.			
UID			
Email ID			
Relationship with the BO*			
Date of Birth* (Mandatory if Nominee is a Minor)			
Name of the Guardian of Nominee (if the nominee is minor)			
First Name*	_____	_____	_____
Middle Name	_____	_____	_____
Last Name*	_____	_____	_____
Address of the Guardian of nominee*			
City*			
State*			
PIN*			
Country*			

Age			
Telephone No.			
Fax No.			
E-mail Id			
Relationship of the Guardian with the Nominee			
Percentage of allocation of securities*			
Residual Securities [please tick any one nominee.* If tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.




***Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note : One Witness shall attest signature(s) / Thumb Impression(s).

Details of the Witness	
Name of Witness	
Address of Witness	
Signature of Witness	

I/We confirm that I/We have received and read the copy of Rights & Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

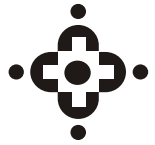
	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures	(16) 		

(Signatures should be preferably in black ink)

ACCOUNT OPENING FORM NON-INDIVIDUALS



Wealth Discovery Securities Pvt. Ltd.



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ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT FOR NON-INDIVIDUALS

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y										
DP Internal Reference No.																				
DP ID	1	2	0	7	6	4	0	0	Client ID											

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/our name as per following details :

HOLDERS DETAILS

Sole/First Holder's Name		PAN																		
	UID																			
Second Holder's Name		PAN																		
	UID																			
Third Holder's Name		PAN																		
	UID																			
Search Name																				

Name* _____

* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

TYPE OF ACCOUNT (Please tick whichever is applicable)

Status										Sub-Status (To be filled by the DP)									
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____																			
SEBI Registration No. (if applicable)										SEBI Registration Date	D	D	M	M	Y	Y	Y	Y	
RBI Registration No. (if applicable)										RBI Approval Date	D	D	M	M	Y	Y	Y	Y	
ROC Registration No. (if applicable)										ROC Registration Date	D	D	M	M	Y	Y	Y	Y	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____																		

I/We instruct the DP to receive each and every credit in my/our account (if not marked, the default option would be 'Yes')

[Automatic Credit]

Yes No

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')

Yes No

Account Statement Requirement As per SEBI Regulation Daily Weekly Fortnightly Monthly

I/We request you to send Electronic Transaction-cum-Holding Statement at the email Id _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/We would like to share the email ID with the RTA	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic

OTHER DETAILS

Gross Annual Income Details	Income Range per annum :									
	<input type="checkbox"/> Upto Rs. 1,00,000		<input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000		<input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000					
	<input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000		<input type="checkbox"/> Rs. 25,00,000 to Rs. 1,00,00,000		<input type="checkbox"/> More than Rs. 1,00,00,000					
Net Worth as on (date)		D	D	M	M	Y	Y	Y	Y	Rs.
(Net Worth should not be older than 1 year)										
Please tick if any of the authorized signatories / Promoters / Partners / Karta/ Trutees / Whole Time Directors is either <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)										
Please provide details as per Annexure 2.2.A.										
Any other information										

CLEARING MEMBER DETAILS (To be filled by CMs only)

Name of Stock Exchange											
Name of CC / CH											
Clearing Member ID						Trading Member ID					

I/We wish to receive dividend/interest directly in to my bank account given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--




BANK DETAILS (Dividend Bank Details)

Bank Code (9 digit MICR Code)																
IFS Code (11 Character)																
Account Number																
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____															
Bank Name																
Branch Name																
Bank Branch Address																
City				State				Country			PIN					

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)
 - (ii) Photocopy of the Bank Statement having name and address of the BO.
 - (iii) Photocopy of the Passbook having name and address of the BO, (or)
 - (iv) Letter from the Bank.
- In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.

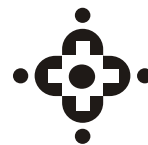
SMS Alert Facility Refer to Terms & Conditions given as Annexure 2.4	MOBILE No.: +91-..... [Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure 2.6	I/We wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I/We have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.		
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)
Easi	To register for easi , please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.		

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First / Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature	(16) 		

(Signatures should be preferably in black ink)

(In case of more authorised signatories, please add annexure)

**Terms & Conditions-Cum-Registration / Modification Form for receiving SMS Alerts from CDSL****Definitions :**

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise.

Fees, Charges and deposits

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Tower, Dalal Street, Fort, Mumbai-400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. 'Alerts' means a customized SMS sent to the BO over the said mobile phone number.
6. 'Service Provider' means a cellular service provider(s) with whom the depository has entered/will be entering into an arrangement for providing the SMS alerts to the BO.
7. 'Service' means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability :

1. The service will be provided to the BO at his/her request and at the discretion of the depository. The service will be available to those account holders who have provided their mobile numbers to the depository through their DP. The service may be discontinued for a specific period/indefinite period with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository.

In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts :

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the services depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledge that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/or in accuracy. In case of BO observes any error in the information provided in the alert, the BO shall inform the depository and/or the DP immediately in writing and the depository will make best possible efforts to rectify the errors as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/suffered by the BO an account to avail SMS alerts facility.
5. The BO authorized the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com The BO is advised not to inform the service provider about any such unauthorized debit to/transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.

(17)

Signature of Sole/First Holder



Signature of Second Holder



Signature of Third Holder

7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

Fees :

Depository reserves the right to change such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer :

The depository shall made reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository will not be liable for any unauthorized use or

access to the information and/or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by an third person.

Liability and Indemnity :

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, changes and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out or interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments :

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction :

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. I/We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purpose of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/we further undertake to pay fee/charges as may be levied by the depository from time to time.

I/We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/are aware that more acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of registration/modification (Please cancel out what is not applicable).

DP ID	1	2	0	7	6	4	0	0	BO ID									
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	--	--

Sole/First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile No. on which messages are to be sent


+	9	1																
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--


(Please write only the mobile number without prefixing country code or zero)

The Mobile Number is registered in the name of : _____

E-mail Id : _____

(Please write only ONE valid email Id on which communication; if any, is to be sent)

(18)  _____
Signature of Sole/First Holder

 _____
Signature of Second Holder

 _____
Signature of Third Holder

IN CASE OF JOINT HOLDING, ALL JOINT HOLDERS MUST SIGN.

***Please do not use correction fluid, all cuttings must be attested by all the joint holder(s).**

Place : Date :

POA FOR PAY-IN OF SECURITIES FOR THE PURPOSE OF SETTLEMENT

(to be executed on a non judicial stamp paper of Rs.100/-)

TO ALL TO WHOM THESE PRESENTS SHALL COME I/WE _____
_____ (NAME OF THE BO), INDIA, INDIAN INHABITANT SEND GREETINGS.

Whereas I hold a Beneficiary account no. _____ (Bo id) with CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED, through WEALTH DISCOVERY SECURITIES PVT. LTD.

And whereas I am an investor engaged in buying and sellings of securities through WEALTH DISCOVERY SECURITIES PVT. LTD. A member of NSE and BSE bearing Sebi Registration No. (NSE : INB/INF/INE 231435737) and a member of (BSE : INB 011435733/INF 011435833)

And whereas due to exigency and paucity of time. I am desirous of appointing an Agent /Attorney to operate the aforesaid Beneficiary Account on my behalf for a limited purpose in the hereinafter appearing.

Now know we all and these presents witness that I the above named do hereby nominate, constitute/and appoint Wealth Discovery Securities Pvt. Ltd. as my true and lawful attorney (hereinafter referred to as the attorney) for me and on my behalf and in my name to do instruct the aforesaid Depository Participant to debit securities and /or to transfer securities from the aforesaid accounts for the purpose of the same to the Clearing House of the recognized Stock Exchange towards any segments in respect of securities sold by me through them.


1. This authority is restricted to the settlement /margin obligation arising out of the transactions effected by me through WEALTH DISCOVERY SECURITIES PVT. LTD. and i ratify the instructions given by the aforesaid clearing member to the depository participant to transfer securities held in my/our aforementioned beneficial owner account(s) or any other account informed by me in writing to the stock broker from time to time to the following demat account nos -

S. No.	CDSL ACCOUNT DETAILS		NSDL ACCOUNT DETAILS		
	DP ID	CLIENT ID	DP ID	CM BP ID	CLIENT ID
1.	12076400	00000067 (NSE POOL A/C)	IN300966	IN518717	10577012 (NSE POOL A/C)
2.	12076400	00000071 (BSE POOL A/C)	IN300966	IN664350	10559531 (BSE POOL A/C)
3.	12076400	00031729 (Collateral A/C)			
4.	12076400	000031957 (Unpaid Sec. A/C)			


Of the stock broker maintained for the purpose of settlement of trades and margin obligations arising out of trades executed by me/us on any recognized stock exchange

through the stock broker. However the said power will be restricted to only transfer of securities to the clearing member id allotted to the stock broker by any existing or future exchange that the stock broker has joined/will join as a member or to any demat accounts linked to the said clearing member agreement with the stock broker for such exchanges.

2. To issue instructions to the said depository participant of transfer and or pledge the securities in my/our above mentioned Bo account(s) for the limited purpose of meeting my/our margin requirements in connection with the trade executed by me/us on the relevant exchanges through

(19)  _____
Signature of Sole/First Holder

 _____
Signature of Second Holder

 _____
Signature of Third Holder

3. To apply and sign any documents for various products like mutual funds, public issue (shares as well as debentures), rights, offer of shares, tendering shares in open offers etc. As per my/our behalf.
4. To send the clients consolidated summary of client scriptwise buy & sell positions taken with average rates by way of sms /e-mail on daily basis.
5. I/we agree that WEALTH DISCOVERY SECURITIES PVT. LTD would return to me/us the securities that may have been received by it erroneously or those securities that it was not entitled to receive from me/us.

I further agree and confirm that the powers and authorities conferred by this power of attorney shall continue until I have given to the depository participant notice in writing to the contrary and the said revocation shall be effective from the date and time of receipt of said notice at the corporate office (1206 Kailash Building, K G MARG, Connaught Place, NEW DELHI-110001) of depository participants.

SIGNED AND DELIVERED by

(20) 

Signature of Sole/First Holder



Signature of Second Holder



Signature of Third Holder

IN THE PRESENCE OF

CLIENT ID..... CLIENT CODE..... MOBILE NO.....

Signature of Co-Parceners in case of HUF Account			
S.No.	Name of Co-Parceners	Date of Birth	Signature of Co-Parceners

WITNESSES :

(1) SIGNATURE :

NAME :

ADDRESS :

.....

WE ACCEPT THE ABOVE
THE POWER ATTORNEY
FOR AND BEHALF OF

(2) SIGNATURE :

NAME :

ADDRESS :

.....

INTRODUCER DETAILS

Introduction by an existing account holder of Wealth Discovery Securities Pvt. Ltd.
I confirm the Identity, occupation of the Applicant(s)

Introducer's Name _____

DP ID	1	2	0	7	6	4	0	0	BO ID								
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	--

Signature of Introducer : _____
(To be verified by DP Official)

ADJUSTMENT OF BALANCE IN DEMAT ACCOUNT

The Manager

Wealth Discovery Securities Pvt. Ltd.

Date _____

Rege. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Subject : Consent / Authority Letter

Dear Sir,

I/We, hereby authorize and give the consent to debit the DP account charges incurred in the Demat account(s) maintained with your depository participant (DPID : 12076400) on monthly basis, to my/our financial (trading) account maintained with you.

The details are as follows.

	Name of Demat Account Holders	Signature
Demat Client ID	Name of Ist Holder	(21)
	Name of IInd Holder	
	Name of IIIrd Holder	
Trading Client Code		Trading Client Name

Thanking You

Yours Faithfully,

(22) _____

SUGGESTED OPTION FORM FOR AVAILING OF ADDITIONAL FACILITIES IN BO MODULE

To,

Wealth Discovery Securities Pvt. Ltd.

Rege. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Dear Sir / Madam,

I / We wish to avail the following facility for the new account for which we have submitted my / our account opening form.

Annual Report Flag <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Download Flag <input type="checkbox"/> Yes <input type="checkbox"/> No	Pledge Processing Flag <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name	Signature
Sole / First Holder		(23)
Second Holder		
Third Holder		

DECLARATION BY HUF

To be filled in case of HUF A/c only.

As our HUF firm wishes to open an account with you in the name of _____
 we wish to say that the first signatory to this letter i.e. _____ is the Karta of the
 Joint Family and the names of other co-parceners are as under :-

Names of Co-parceners

S.No.	Name	Sex (M/F)	Date of Birth	Relation with Karta
1.				
2.				
3.				
4.				
5.				

For

Signature
 (with Rubber Stamp)

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATE

(To be obtained on pre-printed letterhead of the company)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF DIRECTORS _____ LTD.
 AT THEIR MEETING HELD ON _____ AM/PM AT THEIR REGISTERED OFFICE.

1. Resolved that a Corporate Beneficiary Account to be opened for depository purposes with Wealth Discovery Securities Pvt. Ltd., 1206, Kailash Building, K.G. Marg, Connaught Place, New Delhi-110001.
2. Further resolved that Mr./Miss/Mrs. _____, Mr./Miss/Mrs. _____ and Mr./Miss/Mrs. _____ Director of the Company whose specimen signature are attested below be jointly / severally authorized to sign on behalf of the company, all documents and forms relating to such account (in relative debit or credit or otherwise) in such forms as may be required by Wealth Discovery Securities Pvt. Ltd. and further any instruction indemnities and counter indemnities which may be required by Wealth Discovery Securities Pvt. Ltd. from the company connection with the above mentioned account.
3. That this resolution be communicated to the Wealth Discovery Securities Pvt. Ltd. and remain in force until further notice in.....to be given to the Wealth Discovery Securities Pvt. Ltd.

For _____ Ltd.

Chairman/Company Secretary
 (Signature to be verified by the Banker)

Specimen Signatures of the Authorized Persons

Sr. No.	Name	Specimen Signature
1.
2.
3.
4.

The above signature to be attested by the person signing the resolution for account opening on behalf of the Company.

OPTION FORM FOR ISSUE OF DIS BOOKLET

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

DP ID	1	2	0	7	6	4	0	0	Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

To,

Wealth Discovery Securities Pvt. Ltd.

Rege. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Dear Sir / Madam,

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

OPTION 1 :

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

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	(24)		

OR

OPTION 2 :

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

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	(25)		

----- (Please Tear Here) -----

Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID	1	2	0	7	6	4	0	0	Client ID								
Name of the First/Sole Holder																	
Name of the Second Joint Holder																	
Name of the Third Joint Holder																	

Depository Participant Seal and Signature

DECLARATION FOR AVAILING OF BASIC SERVICE DEMAT ACCOUNT (BSDA) FACILITY

To,

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

Wealth Discovery Securities Pvt. Ltd.

Rege. & Corp. Office : 1206, Kailash Building, K.G. Marg,
Connaught Place, New Delhi-110001

Dear Sir / Madam,




- I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form.
- I / We do not wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form.

DP ID	1	2	0	7	6	4	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

	NAME	PAN
Sole/First Holder		
Second Holder		
Third Holder		

I / We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/We also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guidelines issued by SEBI or any such authority at any point of time, my/our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / sole holder also hereby declare the I do not have / propose to have any other demat account across depositories as a first / sole holder.

	Signature
Sole/First Holder	(26) 
Second Holder	
Third Holder	

----- (Please Tear Here) -----

Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID	1	2	0	7	6	4	0	0	Client ID								
Name																	
Address																	

Date : _____

Depository Participant Seal and Signature

SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES (w.e.f. 1-4-2013)

PARTICULARS		NORMAL SCHEME	BSDA		
1.	A/c Opening Charges	Nil	Nil		
2.	Annual Maintenance Charge	Rs. 300/- p.a. Rs. 1450/- (Lifetime) (For Individuals) Rs. 800/- p.a. (For Corporates)	In case value of holding is less than Rs. 50,000/- NIL	In case value of holding is more than Rs. 50,000/- but less than Rs. 2,00,000/- Rs. 100/-	In case value of holding is more than Rs. 2,00,000/- As applicable in Normal Scheme as opted by the Client
3.	Advance Payment	Rs. 200/- (adjustable against billing)	Nil		
4.	Transaction Charges	Debit	Rs. 15/- per Instruction*		
		Credit	Nil		
5.	Dematerialisation Charges (Upfront)	Rs. 2/- per certificate + courier charges**	Rs. 2/- per certificate + courier charges**		
6.	Rematerialisation Charges (Upfront)	Rs. 15/- per request + Rs. 30/- courier charges***	Rs. 15/- per request + Rs. 30/- courier charges***		
7.	Pledge (Creation / Closure / Invocation)	Rs. 50/- per instruction	Rs. 50/- per instruction		
8.	Instruction Book	Rs. 1/- per leaf	1st Booklet (5 leaves)	Free	
			Subsequent Booklet (20 leaves each)	Rs. 30/- per book	

*For instruction above value of ₹ 3 Lac. Additional charges @ 0.005% of the value over and above ₹ 3 Lac will be charged subject to a maximum of ₹ 100/- per instruction.

*** A fee of ₹ 15 for every hundred securities or part thereof or a flat fee ₹ 15 per certificate which ever is higher.

Notes :

- All BOs opting for the facility of BSDA, shall register their mobile number for availing the SMS alert facility for debit transactions.
- The Depository participant shall reserve the right to revise the charged by giving not less than 30 days notice in writing to the client.
- Value of Transaction will accordance with the Depository formulae.
- Modification in client detail ₹ 25/- per instance.
- Any service not listed above will be charged extra.
- Rejection charges on failure of delivery instruction ₹ 15/- per instruction.
- Off-Market Instructions not received prior to 24 hours of execution will be received at client's risk. However no extra charges will be levied.
- Instructions for pay-in of securities to transfer securities from client account to CM pool account will be accepted up to 4 PM on the working day prior to pay-in-date.
- Non-periodic statement shall be charged @ ₹ 5/- per page and postage/courier @ ₹ 30/- per mail.
- In case of non-payment of bill/dues within 30 days of due date, interest shall be charged @ 2.0% per month on the outstanding dues.

(The above is subject to taxes and duties as applicable as per Government Rule)

Note. In case value of securities exceeds Rs. 200000/- the BSDA will automatically converted into normal demat account and normal charges as per prevailing scheme opted by the client.

Scheme Opted : NORMAL BSDA

(27) 

1st Holder



2nd Holder



3rd Holder

For **Wealth Discovery Securities Pvt. Ltd.**

(Auth. Signatory)

DECLARATION BY SALES PERSON/SUB-BROKER/AUTHORISED PERSON

To,
Wealth Discovery Securities Pvt. Ltd.
 1206, Kailash Building, K.G. Marg,
 Connaught Place, New Delhi-110001

Date :

Dear Sir,

This is in reference to the trading account under consideration in the name of.....

R/o.....

I declare that I have met the above captioned person personally & have verified copy of under mentioned KYC documents with original, which is enclosed with account opening form & I also confirm that client has signed at the designated places in this form in his/her own hand in my presence.

The following KYC documents are checked and verified from the original documents :

1.
2.
3.
4.
5.
6.
7.

Date of verification of documents :

The above statement is true and correct and made under my own free mind without having any coercion, misrepresentation or fraud.

Name of the person :

Signature :

Employee / Branch Code :

For office use :

Name of Officials :	
Remark :	

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

* To include US, where controlling person is a US citizen or green card holder

¶ If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.


^{¶¶} In case Tax Identification Number is not available, kindly provide functional equivalent

[§] Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

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

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

Name			
Designation			
Sign here : (29) 	<input type="text"/>	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"/>
		Place :	<input type="text"/>

For Investor convenience, Wealth Discovery Securities Pvt. Ltd. (WDSPL) collecting this mandatory information for updating across all Group Companies of WDSPL whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest WDSPL branch or you can dispatch the hard copy to-

Wealth Discovery Securities Pvt. Ltd.
1206, Kailash Building, K.G. Marg, Connaught Place New Delhi-110001

• For Detail Terms & Conditions please visit www.wealthdiscovery.in

CHECK LIST FOR CLIENT REGISTRATION FORM

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

1.	CHECKING DETAILS	YES	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)		
b)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>		
c)	Signature Checked and Verified.		
d)	Photograph (duly signed) <input type="checkbox"/>		
e)	A copy of PAN Card (Self Attested) <input type="checkbox"/>		
f)	Address Proof (Self Attested) <input type="checkbox"/>		
g)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>		
h)	Demat Account Proof (Self Attested) <input type="checkbox"/>		
i)	Stamp Paper : POA <input type="checkbox"/>		
j)	Brokerage : Intra Day _____ Min _____ Delivery _____ Min _____ F & O Intra Day _____ EOD _____ Option _____		
k)	Exchange given : <input type="checkbox"/> NSE CM <input type="checkbox"/> NSE F&O <input type="checkbox"/> NSE Currency <input type="checkbox"/> BSE CM <input type="checkbox"/> BSE F&O		
2.	Franchisee and Client to be informed if any of the above detail is missing or invalid by _____ Date _____ Time _____		
3.	Details Punched in Computer by TM _____ DP _____		
4.	Cross Checking done by TM _____ DP _____		
5.	UCC UPLOADED : <input type="checkbox"/> NSE <input type="checkbox"/> BSE <input type="checkbox"/> ENTERED IN FORM DATA		
6.	BACK OFFICE WEB LOGIN User Name ID _____ Password _____		
7.	DP WEB LOGIN User Name ID _____ Password _____		
8.	Form sent to Surveillance by _____ Date : _____ Time : _____		
9.	Client ID Mapping done by _____ Branch ID _____ User ID: _____ Dealer ID : _____		
10.	INTERNET TRADING <input type="checkbox"/> Odin Diet <input type="checkbox"/> I-Net User ID _____ Password _____		
11.	Form sent to DP by _____ Date : _____ Time : _____		
12.	Client Instruction Book issued by		
13.	Client Account Status Report issued by		
14.	Form Returned to Compliance by _____ Date : _____ Time : _____		
15.	Kit Dispatched on _____ (Date)		

Wealth Discovery

Transforming Knowledge into Wealth.

WEALTH DISCOVERY SECURITIES PVT. LTD.

Regd. & Corp. Office : 1206, Kailash Building, K.G. Marg, Connaught Place, New Delhi-110001

Ph.: 011-43444666 Fax : 011-43444667

E-mail : mail@wealthdiscovery.in • Web : www.wealthdiscovery.in
In case of any grievances please write to : investor@wealthdiscovery.in

SEBI Regn. No.:

NSE - INB / F / E 231435737 • BSE - INB 011435733 / INF 011435833

DPID 12076400 • DP SEBI Regn. No. IN-DP-CDSL-679-2013

