



MOTISONS

CLIENT REGISTRATION FORM

ACCOUNT OPENING KIT TRADING / DEPOSITORY ACCOUNT

☐ **Individual** ☐ **NRI** ☐ **Foreign National**

FOR OFFICE USE :

Name of Client : _____

A/c Type : _____ UCC / Trading Code : _____

DPID : 12069000 Client ID : _____

Introducer Name : _____ Introducer Code : _____

A/c Open Date : _____ Place : _____

REGISTRATION FOR :

NSE : ☐ CM ☐ FO ☐ CD ☐ COMMODITY **BSE** ☐ CM ☐ FO ☐ CD ☐ COMMODITY

MCX : ☐ COMMODITY **NCDEX** : ☐ COMMODITY

Motisons Shares Private Limited

MEMBER : NSE, BSE, MCX, NCDEX, DP-CDSL

Corporate Office : "Motisons Tower" 5th Floor, SB-110, Lal Kothi, Tonk Road, Jaipur-302015 (Raj.)

Phone : 0141-4085555, Fax : 0141-4085550

E-mail : equity@motisons.com, grievances@motisons.com, Website : www.motisonsshare.com

Regd. Office : 2nd Floor, Chandwani Smariti Bhawan, Jwalapur-Kankhal Main Road,
Haridwar-249403 (Uttarakhand) Phone : 01334-251009, 251010

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

- Self attested copy of PAN card is mandatory for all clients.
- 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.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- 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.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 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.
- 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:

- 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).
- Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
- 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.)

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

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

- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
- Bank Account Statement/Passbook - Not more than 3 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 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.
- 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.
- 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.
- 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.)

- 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.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50,000/- p.a.
- In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

- 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).
- 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 Authorized 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 Authorized signatories list with specimen signatures Photograph, POI, POA, PAN of Partners
Trust	<ul style="list-style-type: none"> Copy of the balance sheets for the last 2 financial years (to be submitted every year) Certificate of registration (for registered trust only). Copy of Trust deed List of trustees certified by managing trustees/CA Photograph, POI, POA, PAN of Trustees
HUF	<ul style="list-style-type: none"> PAN of HUF Deed of declaration of HUF/List of coparceners Bank pass-book/bank statement in the name of HUF Photograph, POI, POA, PAN of Karta
Unincorporated Association or a body of individuals	<ul style="list-style-type: none"> Proof of Existence/Constitution document Resolution of the managing body & Power of Attorney granted to transact business on its behalf Authorized signatories list with specimen signatures
Banks/Institutional Investors	<ul style="list-style-type: none"> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years Authorized signatories list with specimen signatures
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> Copy of SEBI registration certificate Authorized signatories list with specimen signatures
Army/Government Bodies	<ul style="list-style-type: none"> Self-certification on letterhead Authorized signatories list with specimen signatures
Registered Society	<ul style="list-style-type: none"> Copy of Registration Certificate under Societies Registration Act List of Managing Committee members Committee resolution for persons authorised to act as authorised signatories with specimen signatures True copy of Society Rules and Bye Laws certified by the Chairman/Secretary



Motisons Shares Private Limited

ACCOUNT OPENING KIT

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MOTISONS

MOTISONS SHARES PRIVATE LIMITED

SEBI REGISTRATION NUMBER - INZ 000191336

NSE SEGMENT - Capital Market/Cash, F&O, CD, Commodity Membership Number - 12981

BSE SEGMENT - Capital Market/Cash, F&O, CD, Commodity Clearing Number - 3267

MCX SEGMENT - Commodity Membership Number - 56525

NCDEX SEGMENT - Commodity Membership Number - 1271

Regd. Office : 2nd Floor, Chandwani Smariti Bhawan, Jwalapur-Kankhal Main Road, Haridwar-249403 (UK)

Phone : 01334-251009, 251010 **Website :** www.motisonsshares.com

Corporate Office : "Motisons Tower" 5th Floor, SB-110, Lal Kothi, Tonk Road, Jaipur-302015 (Rajasthan)

Depository Division : "Motisons Tower" 5th Floor, SB-110, Lal Kothi, Tonk Road, Jaipur-302015 (Rajasthan)

Ph. : 0141-4085555, **Fax :** 0141-4085550, **E-mail :** equity@motisons.com

CIN - U67120UR2005PTC000351, GST 08AAECM3530C1ZX

Compliance Officer Name : Ajay Saxena

Phone : 0141-4085555

E-mail : ajaysaxena@motisons.com

*For any grievance/dispute please contact stock broker **Motisons Shares Private Limited** at the above address or email **investors@motisons.com, grievances@motisons.com** and Phone no. **0141-4085555**. In case not satisfied with the response, please contact the concerned exchange(s) at **ignse@nse.co.in, is@bseindia.com** and Phone no. **NSE -022-26598100-144, BSE- 022-22728138, NCDEX-18002662339, askus@ncdex.com** or **MCX-022-67318888, customersupport@mcx.india.com***

Note : Motisons Shares Private Limited doing Client based and Proprietary Trading

ACKNOWLEDGEMENT TO MOTISONS SHARES PRIVATE LIMITED FROM CLIENT

I/we hereby confirm that I/we have read, understood, agreed and received a duly executed copy of the:-

- Account Opening Form
- Trading / Demat Account Related Details & Tariff Sheet (Trading Account & Demat Account)
- Rights and Obligations of Stock Brokers, Sub-Brokers and Clients
- Rights and Obligations of Beneficiary owner and Depository Participant as prescribe by SEBI and Depository
- Internet and Wireless technology based trading facility provided by Stock Brokers to Client
- Risk Disclosure document for capital market, derivative, commodity segments
- Guidance note-DO's and DON'Ts for trading on the Exchange(s) for Investors
- Policies and Procedure
- Terms & Conditions as Mutually agreed by me & FATCA & CRS Terms & Conditions
- Other disclosure/documents as agreed by me specifically in voluntary segment.
- Copy of POA (Power of Attorney)

I/we am/are abiding by these terms & conditions. I/we reconfirm that I/we and stock broker shall refer any claim and/or disputes with respect to deposits, margin money, etc, to arbitration as per the Rules, Byelaws, and Regulation of the Exchanges where the trade is executed and circulars/notices issued there under as may be in force from time to time.

I/We reconfirm that I/we and Stock Broker shall refer all claims, differences or disputes between us arising out of or in relation to dealings, contracts and transaction 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 arbitration in accordance with the provisions of these Byelaws and Regulations.

Thanks and Best regards,

Client Code : Date.....



Client Name :

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

Important Instructions:

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



For office use only

(To be filled by financial institution)

Application Type* ☐ New ☐ Update

KYC Number (Mandatory for KYC update request)

Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 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	<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	
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

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

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

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

☐ PHOTO*



Address

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

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

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

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

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

Address

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

5. REMARKS (If any)

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. Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.



Signature / Thumb Impression of Applicant

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

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

**Know Your Client (KYC)
Application Form (For Individuals Only)**



Motisons Shares Private Limited

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

Application No. :

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).

Name

Father's/Spouse Name

2. Gender ☐ Male ☐ Female

B. Marital status ☐ Single ☐ Married

C. Date of Birth

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

3. Nationality ☐ Indian ☐ Other (Please specify)

4. Status Please tick (✓) ☐ Resident Individual ☐ Non Resident ☐ Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN

--	--	--	--	--	--	--	--	--	--

 Please enclose a duly attested copy of your PAN Card

Aadhaar Number, if any:

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓)

☐ UID (Aadhaar) ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others

PHOTOGRAPH

Please affix
the recent passport
size photograph and
sign across it



B. Address Details (please see guidelines overleaf)

1. Address for Residence/Correspondence

City / Town / Village

State

Country

Pin Code

2. Contact Details

Tel. (Off.) (ISD) (STD)

Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD)

Fax (ISD) (STD)

E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village

State

Country

Pin Code

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

6. Any other information:

DECLARATION

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

Place:

Date:

SIGNATURE OF APPLICANT



FOR OFFICE USE ONLY

IPV Done ☐ on

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

AMC/Intermediary name OR code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Additional KYC Form for Opening a Demat Account / Trading Account
For Individuals 5
Depository Participant Name/Address

(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	6	9	0	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																
	UCC																
	Exchange Name & ID																
Second Holder's Name	PAN																
	UID																
Third Holder's Name	PAN																
	UID																

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
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <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)_____

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] <input type="checkbox"/> Yes <input type="checkbox"/> 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')	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

MOTISONS

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 ☐ No

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 code	

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book 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 options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.




Other Details Gross Annual Income Details	Income Range per annum:	
	<input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ₹ 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 <i>[Net worth should not be older than 1 year]</i>
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:		

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).	
	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 Form




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

MOTISONS SHARES PRIVATE LIMITED										FORM FOR NOMINATION															
Motisons Tower, 5 th Floor, SB-110, Lal Kothi, Tonk Road, Jaipur – 302015, Rajasthan										(To be filled in by individual applying singly or jointly)															
Date	D	D	M	M	Y	Y	Y	Y	Y	UCC/ DP ID								Client ID							
I/We wish to make a nomination. [As per details given below]																									
Nomination Details																									
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																									
Nomination can be made upto three nominees in the account.										Details of 1st Nominee							Details of 2nd Nominee					Details of 3rd Nominee			
1	Name of the nominee(s) (Mr./Ms.)																								
2	Share of each Nominee		Equally [If not equally, please specify percentage]							%							%					%			
										Any odd lot after division shall be transferred to the first nominee mentioned in the form.															
3	Relationship With the Applicant (If Any)																								
4	Address of Nominee(s) City / Place: State & Country:																								
	PIN Code																								
5	Mobile / Telephone No. of nominee(s)																								
6	Email ID of nominee(s)																								
7	Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																								
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																									
8	Date of Birth {in case of minor nominee(s)}																								
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }																								
10	Address of Guardian(s) City / Place: State & Country:																								
	PIN Code																								
11	Mobile / Telephone no. of Guardian																								
12	Email ID of Guardian																								
13	Relationship of Guardian with nominee																								
14	Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																								
Name(s) of holder(s)										Signature(s) of holder*															
Sole / First Holder (Mr./Ms.)																									
Second Holder (Mr./Ms.)																									
Third Holder (Mr./Ms.)																									

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature
Note: This nomination shall supersede any prior nomination made by the account holder(s), if any.

Declaration Form for opting out of nomination

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

To, MOTISONS SHARES PRIVATE LIMITED Motisons Tower, 5 th Floor, SB-110, Lal Kothi, Tonk Road, Jaipur – 302015, Rajasthan	Date	D	D	M	M	Y	Y	Y	Y
UCC/DP ID									
Client ID (only for Demat account)									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.									
Name and Signature of Holder(s)*									
1. _____ 2. _____ 3. _____									
									
Sole/First Holder Name	Second Holder Name			Third Holder Name					

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

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____

Dated _____

For Depository Participant (Authorised Signatory)

===== (Please Tear here) =====

Acknowledgement Receipt

Received nomination from :


DP ID	1	2	C	6	9	0	0	0	Client ID								
Name																	
Address																	
Nomination in favor of																	
First - Nominee																	
Second - Nominee																	
Third - Nominee																	
No Nomination	<input type="checkbox"/> Does not wish to nominate																
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y

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

Name of Applicant

PAN of the Applicant

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



Name & Signature of the Authorised Signatory(ies)

Date

d

d

d

/

m

m

/

y

y

y

Additional KYC Form for Opening a Demat Account / Trading Account
For Non-individuals
Depository Participant Name / Address / DP ID

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		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		Search Name		PAN														
				UCC														
				Exchange Name & ID														
				PAN														
Second Holder's Name				UID														
				PAN														
Third Holder's Name				UID														

***Exchange ID**

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	
<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) _____										To be filled by the DP	
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	
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] <input type="checkbox"/> Yes <input type="checkbox"/> 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')	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be Physical)	

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]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

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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 code			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book 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 options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details

Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to 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 / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> . Please provide details as per Annexure 2.2 A.										
Any other information:										




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).	
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.	



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MOTISONS

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 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

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

(Signatures should be preferably in black ink).

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

DEMAT & TRADING ACCOUNT RELATED DETAILSPlease fill this form in **ENGLISH** and in **BLOCK LETTERS**.**A. DEPOSITORY ACCOUNT DETAILS ****Depository Participant ☐ CDSL ☐ NSDL

Depository Participant Name _____











Beneficiary Name _____

DP ID No. _____ Beneficiary ID _____

** Demat Master or recent holding statement issue by DP bearing name of the client should be submitted.

B. TRADING PREFERENCES***

Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

Exchanges	Segments	Signature	Exchanges	Segments	Signature
NSE	Cash	 _____	BSE	Cash	 _____
	F&O	 _____		F&O	 _____
	Currency Derivative	 _____		Currency Derivative	 _____
	Commodity Derivative	 _____		Commodity Derivative	 _____
MCX	Commodity Derivative	 _____	NCDEX	Commodity Derivative	 _____

If, in future you want to trade on any new segment/new exchange, separate authorization/letter will be taken.

***Please submit only one of the following in case of trading in F & O, Currency Derivatives and Commodity Derivatives.

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

C. GST DETAILS (As applicable, State wise)

Local GST Registration No. : _____ Validity Date : _____

Name of the State : _____ State Code : _____

Other GST Registration No. : _____ Validity Date : _____

Name of the State : _____ State Code : _____

D. PAST REGULATORY ACTIONS

Details of any action / proceedings initiated / pending / taken by SEBI / Stock exchange / any other authority against the applicant / constituent or its Partners /promoters whole time directors/authorized persons in charge of dealing in securities during the last 3 years :

E. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

If client is dealing through the Sub-Broker/Authorised Person(AP), provide the following details:

Sub-Broker's / AP Name: _____ SEBI Registration number : _____

Registered office address: _____

Ph: _____ Fax: _____ Website: _____

Whether dealing with any other Stock Broker/Sub-Broker/AP ☐ No ☐ Yes if yes provide following details

(in case dealing with multiple Stock Brokers/Sub-Brokers/AP, provide details of all)

Name of Stock Broker : _____

Name of Sub-Broker/AP, if any: _____

Client Code: _____ Exchange: _____

Details of disputes/dues pending from/to such Stock Broker/Sub- Broker/AP : _____

F. ADDITIONAL DETAILS

- Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify) : _____
Specify your Email id, if applicable: _____
- Whether you wish to avail of the facility of internet trading/ wireless technology (please specify): ☐ Yes ☐ No
- Number of years of Investment/Trading Experience: _____

G. OTHER DETAILS

Gross Annual Income Details (please specify): Income Range per annum: Below Rs. 1 Lac / 1-5 Lac / 5-10 Lac / 10-25 Lac / 25 Lacs-1crore / > 1 crore

Net-worth in Rs.as on (date) (*Net worth should not be older than 1 year)

H. INTRODUCER DETAILS (Optional)

Name of the Introducer : _____

Status of the Introducer : ☐ Sub-Broker ☐ Remisier ☐ Authorized Person ☐ Existing Client ☐ Others, please specify _____

Address and phone no. of the Introducer : _____

Signature of the Introducer : _____

DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the '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 _____

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

TRADING TARIFF				
BROKERAGE DETAILS				
CAPITAL MARKET SEGMENT		%		Minimum
Delivery Based				
Square Up				
FUTURE & OPTIONS SEGMENT				
Futures				
Options				
CURRENCY DERIVATIVES SEGMENT		Futures		Options
NSE CDS				
BSE CDS				
COMMODITY DERIVATIVES SEGMENT				
NSE				
BSE				
MCX				
NCDEX				
OTHER CHARGES				
	CM SEGMENT	F&O SEGMENT	CD SEGMENT	COMMODITY SEGMENT
STT/CTT				
TRANSACTION CHARGES				
STAMP DUTY				
SEBI FEES				

Note : Other charges are applicable as per Govt. & SEBI guidelines.

Dear Customer,

Greetings from Motisons shares Private Limited

We take the privilege of thanking you for showing consistent confidence in our services. It has always been a sheer pleasure to serve you. It is inform to you that we are marginally increasing DP charges w.e.f. 1st Feb 2020, details of the same are appended below:

DP Tariff			
(Will be applicable from 1st Feb 2020)			
Charge Description	Normal	One Time Maintenance charges (Life Time)	BSDA
Life Time (One Time Charges)	NIL	Rs. 2000/-	NIL
Power of attorney (P.O.A) Optional	Rs. 150/-	Rs. 150/-	Rs. 150/-
Annual Maintenance (Individual / HUF)	Rs. 250/- Per Year	NIL	Nil (For valuation below Rs. 50000/-) Rs.100/- (For valuation Rs.50001/-to 2 lac)
Annul Maintenance (Corporate Account)	Rs. 1000/- Per Year	NIL	NIL
Sell transaction within MSPL Or Off Market Transfer	0.02% of value or Rs. 20/- whichever is higher Per ISIN	0.02% of value or Rs. 20/- whichever is higher Per ISIN	0.02% of value or Rs. 20/- whichever is higher Per ISIN
DRF & RRF	Rs. 3/- per certificate + Rs. 50/- per request Postal Charges	Rs. 3/- per certificate + Rs. 50/- per request Postal Charges	Rs. 3/- per certificate + Rs. 50/- per request Postal Charges
Rematerialization	Rs. 25/- per request	Rs. 25/- per request	Rs. 25/- per request
Account Modification (viz. Addition/ Changes/Deletion in Master details)	Rs.10/-	Rs.10/-	Rs.10/-
Pledge Creation/Closure/ Cancellation/Invocation	0.03% of value or min Rs.25/-per request	0.03% of value or min Rs.25/-per request	0.03% of value or min Rs.50/-per request
Rejection charges - DRF & Instruction Slip	Rs.50/-	Rs.50/-	Rs.50/-
DIS book Issue	Rs.30/- per book of 10 leaves	Rs.30/- per book of 10 leaves	Rs.30/- per book of 10 leaves
General Clauses:			
<ul style="list-style-type: none"> Value of transaction will be in accordance with the rates to be Provided by CDSL. In case of delay in the payment of charges, the depository services are liable to be discontinued by giving prior notice of two days till such time all dues are cleared. Out of pocket expenses incurred on the dispatch of securities for Dematerialization and communication charges incurred on out station calls/faxes made specifically on request of client will be charged on actual basis. 			
Other Terms:			
<ul style="list-style-type: none"> Free access to online Depository back office. Transaction and Holding statement will be sent digitally. Late / Same day instructions are accepted at client's risk. Any services not quoted above will be charged separately Taxes applicable would be charged extra. Fees scheduled is based on existing CDSL charges and is subjected to change at the sole discretion of "Motisons Shares Private Limited" Payments through Cheque /DD should be in favour of "Motisons Shares Private Limited" Payable at Jaipur. The B.O. has unconditionally authorize "Motisons Shares Private Limited" and has no objection for charging the depository services bills to his/its under mentioned trading code with the stock Broker. 			



Terms & Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL**[SMS Alerts will be sent by CDSL to BOs for all debits]****Definitions:**

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

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. Towers, 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 accountholders who have provided their mobile numbers to the depository through their DP. The services 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 the 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 service 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 acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the 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 error 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 on account of opting to avail SMS alerts facility.
5. The BO authorizes 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.
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.



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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 charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer:

The depository shall make 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 gives no warranty with respect to the quality of the service provided by the service provider. 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 any 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, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the 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 purposes 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 mere 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).

BOID

1	2	0	6	9	0	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holders Name : _____

Third Holder's Name : _____

Mobile Number on which message are to be sent

+91											
-----	--	--	--	--	--	--	--	--	--	--	--

(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)



Self declaration by Client for commodity derivatives

To,
The Manager,
Motisons Shares Private Limited

“Motisons Tower”, 5th Floor, SB-110,
Lal Kothi, Tonk Road, Jaipur (Rajasthan) - 302015

Date:

Subject: **Declaration.**

Dear Sir,

I/ We.....having unique client codeam/are registered with you as a client to trade in MCX & NCDEX, hereby declare my/our information as following:

Trade in Commodity	✓	Trade in Commodity	✓	Trade in Commodity	✓	Trade in Commodity	✓	Trade in Commodity	✓	Trade in Commodity	✓	Trade in Commodity	✓
NKRISHI		BARLEYJPR		CASTOR		CHANA		COCUDAKL		COTTON		CPO	
GUARGU M5		JEERAUNJHA		KAPAS		MAIZEKHRIF		MOONG		PADYPB1121		RMSEED	
SUGARM		SYBEANIDR		SYOREF		TMCFGRNZM		WHEATFAQ		ALUMINI		ALUMINIUM	
BRASSPHY		CARDAMOM		CASTORSEED		COPPER		COTTON		CPO		CRUDEOIL	

CRUDEOIL M		GOLD		GOLDGUINEA		GOLDM		GOLDPETAL		LEAD		LEADMINI	
MENTHAO IL		NATURAL GAS		NICKEL		PEPPER		RBDPMOLE		SILVER		SILVERMIC	
ZINC		ZINCMINI		KAPAS									



MOTISONS

My Category	Appropriate category is ticked
Farmer / FPO,	
Value chain participant (VCP)	
Proprietary trader (applicable to Member's OWN account),	N.A.
Domestic financial institutional investor	
Foreign participant	
Others	

Further I declare that above mentioned information are true as best of my knowledge.

Signature of the Client:



Name of the Client:

Unique Client Code:

ACKNOWLEDGEMENT

To,

Motisons Shares Private Limited

"Motisons Tower", 5th Floor, SB-110, Lal Kothi, Tonk Road, Jaipur-302015

Dear Sir / Madam,

I/We hereby acknowledge the receipt of duly executed copy of KYC form, Right & Obligations of Beneficial Owner and Depository Participant, Right & Obligations, RDD, Guidance Note, Policies & Procedure, Tariff Sheet, POA, Nomination, SMS Alert and all other documents as executed by me/us. I/We acknowledge that the other detail related to my/our account are as under.



1. Verify your transaction statement carefully for all debits and credits in your account. In case of any unauthorized debit or credit, inform your DP or CDSL.
2. Intimate any change of address or change in bank account details to your DP immediately.
3. While accepting the Delivery Instruction Slip (DIS) book from your DP, ensure that your BO ID is pre-stamped on all the pages along with the serial numbers.
4. Keep your DIS book safely and do not sign or issue blank or incomplete DIS slips.
5. Strike out the empty space, if any, in the DIS, before submitting to DP.
6. For market transactions, submit the DIS ahead of the deadline time. DIS can be issued with a future execution date.
7. The demat account has a nomination facility and it is advisable to appoint a nominee to facilitate your heirs in obtaining the securities in your demat account, on completion of the necessary procedures.
8. To open and operate your demat account, copy of PAN card of all account holders is to be submitted to the DP along with original PAN card, for verification.
9. Register for CDSL's SMART (SMS Alerts Related to Transactions) facility. If any unauthorized debit is noticed, the BO should immediately inform CDSL and the Main DP, in writing. An email may be sent to CDSL at complaints@cdslindia.com.
10. Register for CDSL's Internet based facility "easi" to monitor your demat account yourself. Contact your DP or visit CDSL's website: www.cdslindia.com for details.
11. In order to receive all the credits coming to your demat account automatically, you can give a one-time, standing instruction to your DP.
12. Before granting Power of Attorney to anyone, to operate your demat account, carefully examine the scope and implications of powers being granted.

Instructions to the Applicants (BOs) for account opening :

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



**VOLUNTARY
RUNNING ACCOUNT AUTHORISATION**

To,

Motisons Shares Private Limited

2nd Floor, Chandwani Smariti Bhawan,
Jwalapur-Kankhal Main Road, Haridwar-249403 (Uttarakhand)

Date

I/We are dealing through you as a client in Capital Market and/or Future & Option and/or Currency Derivatives and/or Commodity Derivatives 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. My orders for purchase / sale will be given on telephone or orally during my visit to your office. I further declare that all orders placed by me with you will be for my personal and that I will not operate for any client and will not issue any further contracts / bills for the transactions executed through you.

3. I/We request you to retain fund 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 unpledge the same to my/our account.

4. I/We request you to settle my fund Once in every calendar Quarter or / Once in a calendar Month or such other higher period as allowed by SEBI/Stock Exchange time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.

5. 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 margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.

6. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 7 working days from the date of receipt of funds/contracts or statement of account or statement related to it, as the case may be at your registered office.

7. I/We confirm you that I can revoke the above mentioned authority at any time by giving a written notice to you.

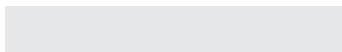
PREFERENCE OF CLIENT FOR SETTLEMENT OF RUNNING ACCOUNT (FUNDS/CONTRACTS)

Settlement Preferences (Please Tick) : ☐ Monthly ☐ Quarterly

Thanking you

Yours faithfully,

Signature 



Client Name:

Trading Code :

VOLUNTARY
AUTHORITY LETTER FOR MAINTAINING RUNNING ACCOUNT
(Signing of this letter is optional)

To,
Motisons Shares Private Limited
2nd Floor, Chandwani Smariti Bhawan,
Jwalapur-Kankhal Main Road, Haridwar-249403 (Uttarakhand)

Date

Ref : Trading Account No.

Dear Sir,

Please refer to the trading account opened with you, in the name of
for the purposes of dealing in CM/ F&O/Currency/Commodity Derivatives segments of securities/contracts on the stock exchange(s).
With reference to the same I/we confirm that I/we confirm that I/we am/are desirous of regularly dealing in
CM/F&O/Currency/Commodity Derivatives segments of securities/contracts and request you to maintain a running account for funds
and securities/contracts on my/our behalf without settling the account on settlement of each transaction on my/our behalf. I/we further
request you to retain all amounts payable and securities/contracts receivable by me/us untill specifically requested by me/us to be
settled or to be dealt with in any other manner. I/We understand and agree that no interest will be payable to me/us on the amounts or
securities /contracts so retained with you.

Thank you

Yours trully,

Signature



.....

The Authority provided by me/us to Motisons Shares Private Limited for maintaining running account on dated
is revoked by me/us from dated

Client Name:

Signature



.....

AUTHORISATION FOR ELECTRONIC CONTRACT NOTE / STATEMENTS**VOLUNTARY**

To,

Motisons Shares Private Limited2nd Floor, Chandwani Smariti Bhawan,
Jwalapur-Kankhal Main Road, Haridwar-249403 (Uttarakhand)

Date

Dear Sir,

Subject: Issuance of Electronic Contract Notes/Statements in Electronic Form (Trading/Demat A/c)

In reference to my/our dealing with you as a client for trading in the Capital Market and/or Futures & Options Segment and/or Currency Derivatives and/or Commodity Derivatives at BSE/NSE/MCX/NCDEX Stock Exchanges, I/We hereby give my/our consent to receive electronic contract notes (ECN), financial statements, margin statements or any other reports/notices in electronic mode from MSPL on my/our below mentioned e mail id.

I/We further give my/our consent to receive bills, ledgers, transaction statements, monthly/quarterly demat statement of accounts/holding statement(s)/bills, or any other reports/notices in electronic mode on my/our below mentioned e mail id for the Depository services I/we am /are availing through Motisons Shares Private Limited .- DP.

I/we confirm that the e mail address has been generated by me/us.

1.....

2

I/We further hereby agree that the MSPL shall fulfill the legal obligation by sending the mentioned documents electronically to my/our e-mail id. I/We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email id(s).

I/We agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of documents 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 undertake to check the ECN/Statement and other documents and bring the discrepancies to your notice within the time period as specified by the regulatory authorities. My/Our non-verification or not accessing the ECN/Statement and other documents on regular basis shall not be a reason for disputing the same at any time.

I/We understand and agree that I/we shall intimate any change in the email id mentioned herein through a physical letter to you. Whenever I/We want to discontinue the said facilities, I/We shall inform to MSPL immediately in writing.

I/We further agree that MSPL will not be held responsible for non receipt of documents sent via electronic delivery due to change in/incorrect e-mail address as mentioned or any other reason which inter alia include technical reasons or malfunction of my/our computer system/server/internet connection etc. Further I/We agree and undertake to indemnify MSPL, that they will not be held liable/ responsible for any losses, claims damages, cost and liabilities etc. caused to me/us due to misuse of information or pursuant to any litigation cases, complaints, actions, etc that may arise in future on account of my/ our above authorization request.

My Trading code is _____

My/Our BO ID _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

DECLARATION OF MOBILE NUMBER / EMAIL ID

To,
Motisons Shares Private Limited

"Motisons Tower" 5th Floor, SB-110, Lal Kothi,
Tonk Road, Jaipur-302015 (Rajasthan)

Date

I/We, _____ hereby declare that the Mobile no. _____

And Email ID _____

Belongs to Mr. /Mrs. / Ms. _____

And I/We have Relation : ☐ Self ☐ Spouse ☐ Dependent - child ☐ Dependent - Parent.

or Authorized Person in ☐ Corporate/Trust/Partnership Firm /HUF Account

I/We request you to update the same in my trading and Demat account and send all the Confirmations and other communication through SMS and EMAIL ID.

Further I/We hereby agree & undertake to indemnify and keep indemnified and save harmless you from against all claims/ demands/ penalties/suits/action or any loss or damaged suffered or uncured by you as a Consequence of such instruction. Please provide detail as mentioned below : -




Please provide detail as mentioned below :

Relation	Name	Trading code	Demat Account No.
Spouse			
Dependent			
Corporate/Trust/Partnership Firm / HUF Account			

Client Code : _____

Demat ID No. : _____

Thanking You,

	1st Holder	2nd Holder	3rd Holder
Name			
Signature / Auth. Signatory	 _____	 _____	 _____

VOLUNTARY**AUTHORITY LETTER FOR SALE OF SECURITIES IN CASE OF DEFAULT BY THE CONSTITUENT**

To,

Motisons Shares Private Limited2nd Floor, Chandwani Smariti Bhawan,
Jwalapur-Kankhal Main Road, Haridwar-249403 (Uttarakhand)

Date

Dear Sir,

I/We hereby agree that if I/we fail to make payment of consideration to you in respect of any one or more securities/contracts purchased by me/us before the pay-in date notified by the Exchange from time to time, you shall be at liberty to sell the securities/contracts received in pay-out, in proportion to the amount not received, after taking into account any amount lying to mine/our credit, by selling equivalent securities/contracts at any time on the Exchange not later than fifth trading day reckoned from the date of pay-in. If you don't sell the securities/contracts for any reason whatsoever, such securities/contracts shall be deemed to have been closed out at the close out price declared by the Exchange for the fifth trading day. I/We agree that the loss, if any, on account of the close out shall be to mine/our account.

I/We further agree that if I/We fail to deliver any one or more securities/contracts to your pool account in respect of the securities/contracts sold by me/us before the pay-in date notified by the Exchange from time to time, such undischarged obligation in relation to delivering any one or more securities/contracts shall be deemed to have been closed out at the auction price or close-out price, as may be debited to you in respect of the security for the respective settlement, to the extent traceable to me/us on mine/our failure to deliver; otherwise the close out price on the date of pay-out in respect of the relevant securities/contracts, declared by the Exchange. I/We further agree that the loss, if any, on account of the close out shall be to mine/our account.

I/We further agree that if for any reason, schedule of pay-in and pay-out is modified the aforesaid shall be made applicable reckoning the actual date of pay-in and/or pay-out, as the case may be.

yours truly,

Signature :  

Client Name : Place.....

Trading Code :

VOLUNTARY**INTERNET TRADING LETTER**

To,

Motisons Shares Private Limited2nd Floor, Chandwani Smariti Bhawan,
Jwalapur-Kankhal Main Road, Haridwar-249403 (Uttarakhand)

Date

Sir,

We wish to trade through internet on **Stock Exchange(s)** and confirm that we are fully aware of and understand the risks associated with availing of a service of routing orders through internet including the risk of misuse and unauthorized use of our Username and or Password by a third party and the risk of a person hacking into our account on your ITORS system and unauthorisedly routing order on behalf of us through the System. We agree that we shall be fully liable and responsible for any and all unauthorized use and misuse of our Password and/or Username and also for any and all acts done by any person through your ITORS system on our Username in any manner whatsoever.

We hereby confirm you to send our Username and Password on the below mentioned e-mail address.

E-mail Address :

Thanks and best regards

Signature  

Client Name

Trading Code :

DECLARATION FOR MOBILE NUMBER & E-MAIL

I,.....having PAN No.....do hereby declare that my mobile no. is.....
Email Id isFurther, I authorize Motisons Shares Private Limited that the same may be used for giving me any information/alert/sms/call.

I further declare the above mentioned statement is true and correct.



Client Name :

Trading Code :.....

Date :.....

Verified by (to be done by **Motisons Shares Private Limited**)

Name of Employee.....

Signature.....

Date.....

VOLUNTARY**CLIENT DEFAULTER DECLARATION**

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

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



Client Name:.....

Trading Code:.....

Date:.....

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

VOLUNTARY**Authorisation for Debiting the Trading Accounts / Depository Charges for
& Undertaking for the Payment of Interest in case of occurrence of Debit Balance**

To,

Motisons Shares Private Limited

Depository Services, Motisons Tower, 5th Floor, SB-110, Lal Kothi, Tonk Road, Jaipur-302015

I/We _____ residing at _____

maintain Trading Accounts ("the Said Accounts") with **Motisons Shares Private Limited** companies incorporated and registered under the Companies Act. 1956 and having their Registered Office at 2nd Floor, Chandwani Smariti Bhawan, Jwalapur-Kankhal Main Road, Haridwar-249403 (Uttarakhand) Hereinafter called the brokers (which expression shall unless it be repugnant to the context or meaning thereof mean and include its successors in title.

The Said Accounts are at _____ branch and the Trading- Account no is _____

I/We authorise the **Motisons Shares Private Limited** to debit the Said Accounts for the Service Charges related to Depository Services payable by the below mentioned persons .

S. No.	Name	Depository A/c.

SIGNED AND DELIVERED

Name

Name

Witnessed

Specimen Signature

DP ID	1	2	0	6	9	0	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature (In black ink only)			

Tariff for BSDA

Basic Services Demat Account (BSDA) (Annual Maintenance Charges)	Nil Upto Holding Value Rs. 50,000/-
	Rs.100 - If Value of Holding Rs. 50,001/- to 2,00,000/-
	And If Value of Holding More Than Rs. 2,00,000/- Then Normal AMC Applicable







Place : _____

(28)

Date : _____

FATCA & CRS Declaration - Individual

PAN Trading DP Code

Name

Place of Birth Country of Birth

Nationality

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

Net Worth Amount Rs. Net Worth as on

(Net worth should not be older than 1 year)

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

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

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

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

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

DECLARATION

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

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

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

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

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

Certification

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

Sign here: 

Date

Please tick the applicable tax resident declaration-

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

MOTISONS

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3 (iv) (A) of Part C)			
Company 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 UBa is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position I Designation like Director I Settlor of Trust I Protector of Trust to be spedefed 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 I Comp< lny Secretary

DECLARATION

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.
 Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.
 Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.
 If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.
 It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Date :

Place :

Sign here: 

Name

Designation

Certification

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

Sign here: 

Aadhaar Consent letter

To,
National Commodity & Derivatives Exchange Limited,
1st Floor, Akruti Corporate Park, LBS Road
Kanjur Marg (West)
Mumbai – 400078

Date:

Subject: Consent to use Aadhaar card copy.**Ref: Request for open a trading / demat account in NSE/BSE/NCDEX/ MCX.**

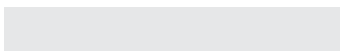
Dear Sir,

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

Aadhaar Card

I willingly give my consent to **MOTISONS SHARES PRIVATE LIMITED** to accept copy of my Aadhaar card and proceed with the referred application.

Thanking you,
Yours Sincerely.

Signature of Client: 

Name of Client:

Client Code:

FOR OFFICE USE ONLY

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.

.....
Signature of the Authorised Signatory

Date

Seal/Stamp of the stock broker**FOR OFFICE USE ONLY**

UCC / Trading Code	
Location	
Introducer	
Relationship Manager	

APPROVED BY

Branch/Head Name		
Signature		
Date		

Activity	Name	Signature
Physical Verification done by		
Data capturing done by		
Final checking done by		

