



Investment Solutions

Trading & Depository Services

KYC & ACCOUNT OPENING FORM
[FOR NON-INDIVIDUALS]

Stockbroker/Trading Member & Depository Participant
Sanctum Wealth Private Limited
CIN: U74140MH2015PTC264932

SEBI Registration

BSE & NSE Capital Markets Segment
NZ000011338 | October 23, 2015

NSE Futures & Options Segment
INZ000011338 | February 3, 2016

Depository & Depository Participant ID
NSDL | IN303956

Registered Office & Correspondence Address

1401, Tower 2, One International Center, Senapati Bapat
Marg, Elphinstone Road, Mumbai 400013

Compliance Officer
Ms Zeal Gokani
compliance@sanctumwealth.com
+91 22 6177 9562

Chief Executive Officer
Mr Shivaashish Gupta
shiv.gupta@sanctumwealth.com
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For any grievance/dispute please write to Sanctum Wealth Private Limited at the REGISTERED address, or send an email to grievance@sanctumwealth.com, or call phone number 022 6177 9500. In case you are not satisfied with the response you may contact the concerned exchanges at is@bseindia.com and phone number 022-22728097 or ignse@nse.co.in and phone number 022-26598190/1-800-220058 respectively.

For information on grievance redressal, please refer to the escalation matrix provided on our website, on the following link:
<https://www.sanctumwealth.com/contact>

KNOW YOUR CLIENT (KYC) FORM FOR NON-INDIVIDUALS

Please Fill in The Form in English and in Block Letters. All Fields Are Mandatory Unless Specified Otherwise.

FOR OFFICE USE ONLY

Application Type _____

KYC Number _____

[Mandatory for KYC update request]

IDENTITY DETAILS

Client Name _____

[Complete name as per certificate of incorporation/registration]

Entity Constitution Type _____

[Provide details if Constitution Type is 'Other']

Incorporation/Registration Date _____

Commencement of Business Date _____

Incorporation/Registration Place _____

Incorporation/Registration Country _____

TIN/GST Number _____

[If relevant]

TIN or Equivalent Issuing Country _____

[If relevant]

LEI* Number _____

* Legal Entity Identification

LEI* Expiry Date _____

PAN Number _____

Form 60 Submitted?

[Check the box if response is Yes]

PROOF OF IDENTITY (POI)

Proof of Identity Document _____

[Provide Incorporation/Formation/Registration Number]

ADDRESS DETAILS

Registered Office Address / Place of Business _____

Proof of Address Document _____

[Provide details if response is 'Others']

District _____

Postal Code _____

State/UT Code _____

City/Town/Village _____

State/UT _____

Country _____

Country Code _____ [As per ISO 3166]

Local/Correspondence Address [If different from above]

Proof of Address Document _____

[Provide details if response is 'Others']

District _____

Postal Code _____

State/UT Code _____

City/Town/Village _____

State/UT _____

Country _____

Country Code _____ [As per ISO 3166]

CONTACT DETAILS

All communication to the client will be sent to the email address and/or mobile number provided below.

Telephone (Work) _____

Telephone (Home) _____

Mobile Number _____

Fax Number _____

Email Address _____

☐ I consent to receiving communication by email and/or mobile from Sanctum Wealth Private Limited

RELATED PERSONS

Number of Related Persons _____

REMARKS (IF ANY)

ADDITIONAL CONTACT DETAILS

In case you wish to register additional email addresses and mobile numbers for receiving statements and other information, please provide the details below.

#	Email Address	Mobile Number
1		
2		
3		

CONSENT FOR RECEIVING RESEARCH ALERTS

☐ I/We am/are interested in receiving your research alerts
[Check the box if your response is 'Yes']

Mobile Number _____

[Linked to your WhatsApp Account]

I/We understand that as part of your service offering you send periodic alerts on WhatsApp to your clients. I/We also understand that these alerts pertain to research strategies that are grouped based on my/our specific needs to help inform my/our investment decisions.

I/We hereby consent to receive these WhatsApp alerts on my/our phone number mentioned above. I/We understand and accept that these alerts are not investment advice and cannot be construed as such.

I/We therefore request you to initiate alerts for the following groups:

Research Strategy Groups	Initiate Alerts
#1: Meant for Traders <ul style="list-style-type: none"> Momentum calls: Short-term cash calls driven by technical and quantitative insights, targeting gains within a month. Short-term calls: Quick cash trading calls powered by data analytics, aiming for profits spanning one to three months. 	<input type="checkbox"/>
#2: Meant for Investors <ul style="list-style-type: none"> Positional calls: Medium-term cash calls blending fundamental and technical prowess, designed for a 3-month to 1-year investment horizon. Long-term calls: Long-term fundamental cash calls tailored for investments exceeding one year. 	<input type="checkbox"/>
#3: Meant for Risk Connoisseurs <ul style="list-style-type: none"> Futures & Options: Strategies spanning both indices and stocks for sophisticated investors who understand the risk-reward of investing in F&O. 	<input type="checkbox"/>

CLIENT DECLARATION

- We hereby declare that the details furnished above and in the annexure are true and correct to the best of our knowledge and belief and we undertake to inform Sanctum Wealth Private Limited ("Sanctum") of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it.

2. We hereby consent to receiving information from Central KYC Registry and CVL-KRA through SMS/Email on the above registered number or email address.
3. We acknowledge & hereby confirm to have read the Wealth Management Services General Terms & Conditions and agree to affirm on any further confirmation/undertakings which are required by Sanctum. We consent to share our KYC details/contact information with other group companies of Sanctum and/or such other external counter parties or service providers empanelled by Sanctum for the purpose of referring/ distributing/ offering third party financial/ securities market related products to us. We confirm that the amount invested by us is from legitimate sources/channels only and does not involve and is not designed for the purpose of any contravention or evasion of the provision of any statutory guidelines pertaining to income tax act, Prevention of Money Laundering Act, or any other applicable laws, as may be in force from time to time.
4. We hereby give our explicit consent to Sanctum Wealth Private Limited ("Sanctum") to receive information regarding our investments and transactions which we have undertaken with various entities. We further give our explicit consent to Sanctum to update our portfolio and issue periodic/ad-hoc statements to us.

For and on behalf of:

Authorised Signatory

	Digital Signature

[Name]

Date _____

Authorised Signatory

	Digital Signature

[Name]

Place _____

Authorised Signatory

	Digital Signature

[Name]

DETAILS OF PROMOTERS/PARTNERS/KARTA/TRUSTEES & WHOLE TIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUAL

Client Name _____ PAN Number _____

#	PAN Number	Name	DIN [For Directors] UID [For Others]	Residential/Registered Address	PEP/RPEP?	Relationship with Client	Photograph
1							<div>CLICK TO UPLOAD PHOTO</div>
2							<div>CLICK TO UPLOAD PHOTO</div>
3							<div>CLICK TO UPLOAD PHOTO</div>
4							<div>CLICK TO UPLOAD PHOTO</div>

Authorised Signatory

Digital Signature

[Name]

Authorised Signatory

Digital Signature

[Name]

Authorised Signatory

Digital Signature

[Name]

Date _____

Place _____

FATCA-CRS DECLARATION & SUPPLEMENTARY KYC INFORMATION FOR NON-INDIVIDUALS

PLEASE SEEK APPROPRIATE ADVICE FROM YOUR TAX ADVISOR ON YOUR TAX RESIDENCY AND RELATED FATCA & CRS GUIDANCE

PART A

To be filled by Financial Institutions or Direct Reporting NFFEs

Name of Entity			
PAN Number		Address Type	
			[As Per KRA Records]
City of Incorporation		Country of Incorporation	
Gross Annual Income (in ₹ Lakhs)		Net-Worth (in ₹ Lakhs)	
Gross Income/ Net-Worth Date			

Does the Entity Provide or Is Involved in Any of The Following Activities?

- ☐ Foreign Exchange/ Money Changer Services
- ☐ Gaming/ Gambling/ Lottery Services (e.g., casinos, betting syndicates)
- ☐ Money-laundering/ Pawning
- ☐ None of the above

Any Other Information [if applicable]

Is the Entity's Country of Tax Residency Other Than India? ☐ Yes ☐ No

If 'Yes', please specify the details of all countries where the entity holds tax residency and its tax identification number & type.

#	Country of Tax Residency	Taxpayer Identification Number/ Functional Equivalent/ Company Identification Number/ Global Entity Identification Number	Identification Type (TIN or other, please specify)
1			
2			
3			

If the entity's country of incorporation or tax residence is the USA but the entity has been exempted from being classified as a Specified US Person, then provide the exemption code below:

Specified US Person Exemption Code _____

PART B

To be filled by Financial Institutions or Direct Reporting NFFEs

We are a: ☐ Financial Institution ☐ Direct Reporting NFFE ☐ Not Applicable

Refer to Point A of the FATCA & CRS Instructions Refer to Point B of the FATCA & CRS Instructions

Global Intermediary Identification Number (GIIN) _____

If the entity does not have a GIIN but has been sponsored by another entity, please provide the sponsor's GIIN above and the name of the sponsoring entity below:

Sponsoring Entity Name _____

Reason For GIIN Not Being Available _____ **Sub-Category Code If GIIN Not Required** _____ Refer to Point C of the FATCA & CRS Instructions

PART C

To be filled by NFEs other than Direct Reporting NFEs

Please Respond to Any One of The Below Question as Applicable

1. Is the entity a listed company whose shares are regularly traded on a recognised stock exchange?

Refer to Point D of the FATCA & CRS Instructions

☐ Yes

Name(s) of the Stock Exchange(s) 1. _____ 2. _____

2. Is the entity a 'related entity' of a listed company whose shares are regularly traded on a recognised stock exchange?

Refer to Point E of the FATCA & CRS Instructions

☐ Yes

Name of the Listed Company _____

Name(s) of the Stock Exchange(s) 1. _____ 2. _____

3. Is the entity an 'active' NFE?

Refer to Point G of the FATCA & CRS Instructions

☐ Yes

Nature of Business _____

Sub-Category Code of Active NFE _____

4. Is the entity an 'passive' NFE?

Refer to Point H of the FATCA & CRS Instructions

☐ Yes

Nature of Business _____

DECLARATION

We acknowledge and confirm that the information provided above is true and correct to the best of our knowledge and belief. In case any of the said information is found to be false, untrue, misleading or misrepresentative, we are aware that we will be held liable for it. We hereby authorise Sanctum Wealth Private Limited ("Sanctum") to disclose, share, rely, remit in any form, mode or manner, all or any of the information provided by us, including all changes and updates to such information to any regulated or intermediaries registered with SEBI, RBI, IRDA and PFRDA including but not limited to Mutual Funds and its Sponsors, Trustees, AMCs, Registrar & Transfer Agents, Stockbrokers, Depositories and Custodians, and their authorised representatives to facilitate single submission for transactions done by us. We also authorised the aforementioned intermediaries to provide relevant information, where required, to upstream payers to enable withholding to occur and pay out any sums from our account(s) or close or suspend our account(s) without any obligation to advise us of the same.

We further authorise Sanctum to disclose, share, rely, remit in any form, mode or manner the said information to any Indian or foreign government, statutory, investigating or judicial authorities including but not limited to the Financial Intelligence Unit-India (FIU-IND), the Tax/Revenue authorities within or outside India wherever it is legally required.

We undertake to keep Sanctum informed in writing regarding any changes/ modifications to the said information in future and also undertake to provide any other additional information as may be required by Sanctum and the abovementioned intermediaries and authorities.

For and on behalf of:

Authorised Signatory

Digital Signature

[Name]

Date _____

Authorised Signatory

Digital Signature

[Name]

Place _____

Authorised Signatory

Digital Signature

[Name]

DECLARATION FORM OF ULTIMATE BENEFICIAL OWNERSHIP (UBO) / CONTROLLING PERSONS



INVESTOR DETAILS

Name of Entity _____

PAN Number _____
[Provide Folio/Depository Account Number if PAN is not available]

INVESTOR CATEGORY

Entity Category _____

Stock Exchange Where Listed _____
[Mandatory if Investor is Listed Company or Subsidiary of the Listed Company]

Security ISIN _____
[Mandatory if Investor is Listed Company or Subsidiary of the Listed Company]

Name of the Listed Company _____
[Mandatory if Investor is Subsidiary/Associate of Listed Company]

UBO / CONTROLLING PERSON(S) DETAILS

Does the Company/Entity have any individual person(s) who hold direct/indirect controlling ownership above the prescribed threshold limit?

- ☐ YES. We hereby declare that the following individual person(s) (details given below) hold direct/indirect controlling ownership in our entity above the prescribed threshold limit
- ☐ NO. We hereby declare that no individual person directly/indirectly holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

DETAILS	UBO 1 / SMO 1	UBO 2 / SMO 2	UBO 3 / SMO 3	UBO 4 / SMO 4
Name of UBO/SMO [#]				
UBO/SMO Code [#]				
% of Beneficial Ownership [#]	<input type="checkbox"/> > 10% Controlling Interest <input type="checkbox"/> Not Applicable (for SMO)	<input type="checkbox"/> > 10% Controlling Interest <input type="checkbox"/> Not Applicable (for SMO)	<input type="checkbox"/> > 10% Controlling Interest <input type="checkbox"/> Not Applicable (for SMO)	<input type="checkbox"/> > 10% Controlling Interest <input type="checkbox"/> Not Applicable (for SMO)
Country of Tax Residency [#]				
Political Exposure [#]	<input type="checkbox"/> PEP <input type="checkbox"/> R-PEP <input type="checkbox"/> N.A.	<input type="checkbox"/> PEP <input type="checkbox"/> R-PEP <input type="checkbox"/> N.A.	<input type="checkbox"/> PEP <input type="checkbox"/> R-PEP <input type="checkbox"/> N.A.	<input type="checkbox"/> PEP <input type="checkbox"/> R-PEP <input type="checkbox"/> N.A.
Tax Identification Number or Equivalent [#]				
Tax Identification Type [#]				
City of Birth [#]				
Country of Birth [#]				
PAN Number				
Nationality ^{\$}				

DECLARATION FORM OF ULTIMATE BENEFICIAL OWNERSHIP (UBO) / CONTROLLING PERSONS



Father's Name ^{\$}				
Gender ^{\$}				
Date of Birth ^{\$}				
Address ^{\$}	_____ City _____ Pincode _____ State _____ Country _____	_____ City _____ Pincode _____ State _____ Country _____	_____ City _____ Pincode _____ State _____ Country _____	_____ City _____ Pincode _____ State _____ Country _____
Address Type ^{\$}				
Contact Details ^{\$}				
Occupation ^{\$}				
SMO Designation [#]				
Are UBO/SMO KYC Compliant? [#]	<input type="checkbox"/> YES. Attach KYC Acknowledgement <input type="checkbox"/> NO. Complete KYC & Confirm Status	<input type="checkbox"/> YES. Attach KYC Acknowledgement <input type="checkbox"/> NO. Complete KYC & Confirm Status	<input type="checkbox"/> YES. Attach KYC Acknowledgement <input type="checkbox"/> NO. Complete KYC & Confirm Status	<input type="checkbox"/> YES. Attach KYC Acknowledgement <input type="checkbox"/> NO. Complete KYC & Confirm Status

Denotes fields that are mandatory
 \$ Denotes fields that are mandatory if PAN of UBO/Controlling Person is not provided

DECLARATION

We acknowledge and confirm that the information provided above is true and correct to the best of our knowledge and belief. In case any of the said information is found to be false, untrue, misleading or misrepresentative, we are aware that we will be held liable for it. We hereby authorise Sanctum Wealth Private Limited ("Sanctum") to disclose, share, rely, remit in any form, mode or manner, all or any of the information provided by us, including all changes and updates to such information to any regulated or intermediaries registered with SEBI, RBI, IRDA and PFRDA including but not limited to Mutual Funds and its Sponsors, Trustees, AMCs, Registrar & Transfer Agents, Stockbrokers, Depositories and Custodians, and their authorised representatives to facilitate single submission for transactions done by us. We also authorised the aforementioned intermediaries to provide relevant information, where required, to upstream payers to enable withholding to occur and pay out any sums from our account(s) or close or suspend our account(s) without any obligation to advise us of the same.

We further authorise Sanctum to disclose, share, rely, remit in any form, mode or manner the said information to any Indian or foreign government, statutory, investigating or judicial authorities including but not limited to the Financial Intelligence Unit-India (FIU-IND), the Tax/Revenue authorities within or outside India wherever it is legally required.

DECLARATION FORM OF ULTIMATE BENEFICIAL OWNERSHIP (UBO) / CONTROLLING PERSONS



We undertake to keep Sanctum informed in writing regarding any changes/ modifications to the said information in future and also undertake to provide any other additional information as may be required by Sanctum and the abovementioned intermediaries and authorities.

For and on behalf of:

<div>Authorised Signatory</div> <div><div></div><div>Digital Signature</div></div> <div></div> <div>[Name]</div> <div>Date</div>	<div>Authorised Signatory</div> <div><div></div><div>Digital Signature</div></div> <div></div> <div>[Name]</div> <div>Place</div>	<div>Authorised Signatory</div> <div><div></div><div>Digital Signature</div></div> <div></div> <div>[Name]</div> <div></div>
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DECLARATION FORM OF NON-PROFIT ORGANISATION (NPO)

MANDATORY FOR TRUSTS & SOCIETIES INVESTING IN MUTUAL FUNDS

Investor Name _____

PAN Number _____

- I/We hereby confirm that above stated entity / organization falls under “Non-profit organization” [NPO] which has been constituted for religious or charitable purposes referred to in Clause (15) of Section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a Trust or a Society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the Section 8 of the Companies Act, 2013 (18 of 2013).

I/We hereby enclose relevant documentary proof evidencing the above definition.

I/We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Regd. Number on
DARPAN Portal _____

If not, please register immediately and confirm with the above information. In absence of receipt of the DARPAN portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

- I/We hereby confirm that the above stated entity / organization is NOT falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

DECLARATION

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

For and on behalf of:

Authorised Signatory

	Digital Signature

[Name]

Date _____

Authorised Signatory

	Digital Signature

[Name]

Place _____

Authorised Signatory

	Digital Signature

[Name]

PART II - TRADING ACCOUNT OPENING FORM (ADDITIONAL INFORMATION) [FOR NON-INDIVIDUALS]

CLIENT DETAILS

[Details such as address, details of directors, promoters, UBOs, etc., shall be as stated in the KYC forms filled in by the account holder]

Client Name _____

PAN Number _____ GST Number _____

Details of Primary Contact Person / Person Authorised to Deal in Securities

Contact Name _____

Designation _____ PAN Number _____

Address* _____

Phone (Work) _____ Phone (Home) _____

Mobile Number _____ Email Address _____

* All communications from the stockbroker will be sent to the address stated in the KYC form filled in by the main client only

FINANCIAL DETAILS

Income Details

Gross Annual Income (in ₹ Lakhs) _____ Net-Worth (in ₹ Lakhs) _____

Gross Income/ Net-Worth Date _____

Years of Investment/Trading Experience

In Equities _____ In Derivatives _____

POLITICAL EXPOSURE

[If any Authorised Signatories, Directors, Promoters, Karta, Trustees, etc., have political exposure]

Political Exposure _____

ADDITIONAL DETAILS FOR FPIs / INSTITUTIONS

Regd./Approval Authority _____ Other Details _____
[If Authority is 'Any Other']

Regd./Approval Number _____ Regd./Approval Date _____

Nationality _____ Other Details _____
[If Nationality is 'Any Other']

BANK & DEPOSITORY ACCOUNT DETAILS

[Client may provide details of up to two (2) bank and depository account details respectively. However, only the first bank and depository account will be considered as the default account in our records]

#	Bank Name and Branch Address	Account Type [SB/CA/NRE/NRO]	Account Number	MICR Number	IFSC Number
1					
2					

#	Depository Participant Name	DP ID	Depository [NSDL/CDSL]	Beneficiary Names	Beneficiary ID [BOID]
1					
2					

TRADING PREFERENCES

[Please sign in the boxes for the segments you wish to trade in. Please strike off the segments not chosen by you. Additional documents as per Exchange guidelines may be required for trading in the derivative segment]

Stock Exchanges	NSE and BSE	
All Segments	Cash and Mutual Funds	Futures and Options
Digital Signature	Digital Signature	Digital Signature

If you do not wish to trade in any of the segments / mutual funds, then please mention here:

ADDITIONAL INFORMATION

Whether the client wishes to receive contract notes in electronic (ECN) form or physical form?	Electronic Form (ECN)	Physical Form
Whether the client wishes to receive copy of account opening kit and prescribed mandatory documents in electronic or physical form?	Electronic Form	Physical Form
Whether the client wishes to receive transaction and other updates on email and through SMS on mobile phone?	Yes	No
Whether the client wishes to avail of the facility of internet-based trading (IBT) if provided by Sanctum?	Yes	No

PAST ACTIONS & DEALING THROUGH OTHER INTERMEDIARIES (If Any)

Details of any actions/proceedings initiated/pending/taken by SEBI/Stock Exchanges/any other authority against the client during the last 3 years:

Details of sub-broker the client is dealing with (if any):

Sub-broker Name _____
 SEBI Regd. No. _____
 Registered Office Address _____

Email Address _____ Mobile Number _____

Details of other stockbrokers/sub-brokers the client is dealing with (if any):*

Stockbroker Name _____
 Sub-broker Name _____
 Client Code (BSE) _____ Client Code (NSE) _____
 Broker Website _____

* In case the client is dealing with multiple such intermediaries, details of all must be provided

Details of disputes/dues pending from/to such stockbrokers/sub-brokers:

INTRODUCER DETAILS (if any)

Introducer Name _____	
Status _____	Other Details _____ <small>[If status is 'Any Other']</small>
Correspondence Address _____	
Email Address _____	Mobile Number _____
Signature of Introducer _____	Date & Place _____

MOST IMPORTANT TERMS AND CONDITIONS (MITC)

[For non-custodial settled trading accounts]

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

CLIENT DECLARATION

1. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it.
2. We further confirm having received, read, and understood the contents of the 'Rights and Obligations', 'Risk Disclosure', 'Guidance Notes', 'Investor Charter' and Policy for Handling Good Till Cancelled or Triggered Orders. We do hereby agree to be bound by such provisions as outlined in the documents. We have also been informed that the standard set of documents has been displayed for Information on the stockbroker's designated website.
3. We further confirm having read/been explained and understood the contents of the document on policy and procedures of the stockbroker and the tariff-sheet.
4. By opting for the IBT facility we confirm we have read and understood the 'Rights & Obligations' pertaining to internet and wireless based trading facility.
5. We hereby declare that we are aware of the laws, practices, rules, regulations, guidelines, circulars, etc., prescribed by the Securities and Exchange Board of India (SEBI), the National Stock Exchange of India Limited (NSE), and the Bombay Stock Exchange Limited (BSE).
6. We hereby declare that we will not indulge either directly or indirectly in any fraudulent or unfair trade practices either individually or in concert with other persons/entities in the Capital Markets or Derivatives segments of BSE & NSE. In the event any fraudulent or unfair trade practices is uncovered by the Exchanges or Regulatory Authorities, we shall be solely responsible for such acts and Sanctum Wealth Private Limited shall not be responsible for the same. Further, we shall bear the penalty or fine if incurred by Sanctum Wealth Private Limited due to such activities.
7. In case of any change in our US person status (where applicable) at a future date, we undertake to inform Sanctum Wealth Private Limited of the same within 30 (thirty) days. We are aware that in that event, our account would be considered as a U.S. Reportable Account and our

account details, as required under the Inter-Governmental Agreement (IGA) signed by the Government of India with the US Government, would be reported to the relevant tax authority.

8. We hereby declare that we have received, read, and understood the Trading Terms & Conditions provided by you.

For and on behalf of

Signature of Authorised Signatory

Digital Signature	

[Name]

Date

Signature of Authorised Signatory

Digital Signature	

[Name]

Place

Signature of Authorised Signatory

Digital Signature	

[Name]

BROKERAGE & STATUTORY CHARGES

CASH MARKET/CAPITAL MARKET

	Intra-day Rate (%)	Delivery Rate (%)
Brokerage Rate		

FUTURE & OPTION DERIVATIVES

	Equity Future	Intra-day	Equity Option*	
	(%) Rate	(%) Rate	(%) Rate	Per Lot
Brokerage				

* Per Lot or (%) rate whichever is higher shall be charged

OTHER CHARGES

All statutory charges, viz., securities transaction tax, turnover tax, stamp duty and other statutory taxes and levies, will be charged to the client on actuals.

Brokerage charges shall not exceed the maximum permissible limit as prescribed by the Stock Exchanges/SEBI. Any changes in the above brokerage rates will be mutually agreed with the client.

For and on behalf of

Signature of Authorised Signatory

	Digital Signature

[Name]

Date _____

Signature of Authorised Signatory

	Digital Signature

[Name]

Place _____

Signature of Authorised Signatory

	Digital Signature

[Name]

RUNNING ACCOUNT AUTHORISATION

To,
 Sanctum Wealth Private Limited
 1401, Tower 2, One International Center,
 Senapati Bapat Marg, Elphinstone Road,
 Mumbai 400013

Dear Sir/Madam

We are dealing through you as a client for BSE and/or NSE in Capital Market and/or Future & Option segment and in order to facilitate ease of operations and requirement of upfront margin for trade, we authorise you as under:

1. We request you to maintain running balance in our account in accordance with circulars/guidelines issued by SEBI/Exchanges from time to time.
2. We request you to settle our funds account once in every calendar Quarter/~~Month~~ (strike out whichever is not applicable) or such other higher period as allowed by SEBI/Stock Exchange from time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.
3. We confirm that we will bring to your notice any dispute arising from the statement of account or settlement so made in writing, preferably within 7 working days from the date of receipt of funds or statement of account or statement related to it, as the case may be at your registered office.
4. We authorize you to retain an amount of Rs. 10,000/- (Net amount across segment and across stock exchanges) to address administrative/operational difficulties in settling the accounts.
5. We are aware that excess securities held in "Client Collateral/Collateral" account shall be settled/released as per the periodicity consented by us for the settlement of funds post making necessary retention as per Exchange circulars

However, we reserve our right to revoke this authorization at any time in writing.

Yours faithfully,

For and on behalf of

Signature of Authorised Signatory*

	Digital Signature

[Name]

Date

Signature of Authorised Signatory

	Digital Signature

[Name]

Place

Signature of Authorised Signatory

	Digital Signature

[Name]

* To be signed by the Client/Authorised Signatory and not a Power of Attorney Holder

AUTHORISATION FOR TRANSFER OF FUNDS/SECURITIES

To,
Sanctum Wealth Private Limited
1401, Tower 2, One International Center,
Senapati Bapat Marg, Elphinstone Road,
Mumbai 400013

Dear Sir/Madam

We hereby authorise you as under:

1. To transfer funds and/or securities from our account in one segment against my obligations in another segment in the same exchange or different exchange.
2. To transfer funds and/or securities from our account in one segment against collaterals/margins for our trades in another segment against collaterals/margins for our trades in another segment in the same exchange or different exchange.
3. We are aware that funds mean monies that are lying as credit in our account provided that there is sufficient credit balance in the client account. Similarly, we are aware that securities mean shares lying with you, on our behalf, for which we have fully paid for provided that there is sufficient credit balance in the client account.
4. Any securities and funds placed by us as Margin with you may in turn be placed as margin by you with the Exchanges or Clearing Corporation or Clearing House/Clearing Member as you may deem fit and as may be permitted by the exchange/SEBI from time to time. We further authorise you to do all such acts, deeds and things as may be necessary and expedient for placing such securities with the Exchanges/Clearing Corporation/ Clearing House/ Clearing Member as margin

In case we wish to withdraw this authorization, we shall inform you in writing (acknowledged by you) at least 5 (five) working days in advance from the date of withdrawal.

Yours faithfully,

For and on behalf of

Signature of Authorised Signatory*

	Digital Signature

[Name]

Date

Signature of Authorised Signatory

	Digital Signature

[Name]

Place

Signature of Authorised Signatory

	Digital Signature

[Name]

* To be signed by the Client/Authorised Signatory and not a Power of Attorney Holder

DEPOSITORY ACCOUNT OPENING FORM [FOR NON-INDIVIDUALS]

THIS FORM IS TO BE USED FOR ALL NON-INDIVIDUAL APPLICANTS OTHER THAN PARTNERSHIPS, UNREGISTERED TRUSTS, AOPs, ETC.

Depository Participant Name	DP ID	Date	Client ID
Sanctum Wealth Private Limited 1401, Tower 2, One International Center, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013	IN303956	_____ [To be filled by Client]	_____ [To be filled by DP]

We request you to open a depository account in our name as per the following details:

CLIENT DETAILS

[Details such as address, details of directors, promoters, UBOs, etc., shall be as stated in the KYC forms filled in by the account holder]

Name of Account Holder	_____
PAN Number	_____
GST Number	_____

TYPE OF ACCOUNT

Account Type	_____	Other Details	_____
			[If account type is 'Any Other']

FINANCIAL DETAILS

Gross Annual Income (in ₹)	_____	Networth (in ₹ Lakhs)	_____
Income/Networth Date	_____		[Not older than 1 year]

POLITICAL EXPOSURE

[If any Authorised Signatories, Directors, Promoters, Karta, Trustees, etc., have political exposure]

Political Exposure _____

ADDITIONAL DETAILS FOR FPIs / INSTITUTIONS

RBI Approval Number	_____	RBI Approval Date	_____
SEBI Regd. Number	_____		
	[For FPIs Only]		

CLEARING MEMBER DETAILS

[Applicable for Clearing Members only]

Name of Stock Exchange	_____
Name of Clearing Corporation/House	_____
CM Identification	_____
Trade Name	_____
SEBI Regd. No.	_____
CM-BP-ID	_____
	[To be filled by DP only]

BANK ACCOUNT DETAILS

Bank Name & Branch Address	Account Type [SB/CA/NRE/NRO]	Account Number	MICR Number	IFSC Number

STANDING INSTRUCTIONS

We authorise you to receive all credits automatically into our account without further instructions from us	Yes	No
We authorise you to accept all pledge instructions into our account without further instructions from us	Yes	No
We authorise you to share our email ID(s) with RTAs for electronic communication of company annual reports and other notifications	Yes	No
We request you to send electronic transaction-cum-holding statement, statement of account, bills & invoices to our registered email ID(s)	Yes	No
Rights & Obligations of Beneficial Owner and Depository Participant, Investor Charter, and Copy of Account Opening Kit to be received in:	Electronic Form	Physical Form
Account to be operated under Power of Attorney (POA) [Copy of POA attested by a Notary to be provided along with KYC of the Attorney Holder(s)]	Yes	No
SMS Alert Facility Required? [Mandatory if account is operated under POA/DDPI]	Yes	No
Account to be operated under Demat Debit and Pledge Instruction (DDPI)	Yes	No

ISSUANCE OF DIS BOOKLET

[Only for clients seeking to open a depository account with Power of Attorney to operate the account given to a portfolio manager]

- ☐ We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening
[Default if no option is selected]
- ☐ We do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the said booklet should be issued to us on our request at any later date

MODE OF OPERATION

AS PER RESOLUTION SUBMITTED BY THE ACCOUNT HOLDER

CLIENT DECLARATION

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

For and on behalf of

Signature of Authorised Signatory

Digital Signature

[Name]

Date

Signature of Authorised Signatory

Digital Signature

[Name]

Place

Signature of Authorised Signatory

Digital Signature

[Name]

NOTE

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

DEPOSITORY ACCOUNT OPENING FORM [FOR INDIVIDUALS]

THIS FORM IS TO BE USED ONLY FOR PARTNERSHIPS, UNREGISTERED TRUSTS, AOPs, ETC.

Depository Participant Name	DP ID	Date	Client ID
Sanctum Wealth Private Limited 1401, Tower 2, One International Center, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013	IN303956	<hr/>	<hr/>
		[To be filled by Client]	[To be filled by DP]

We request you to open a depository account in our name as per the following details:

CLIENT DETAILS

Client details such as address, contact details, occupation, etc., shall be as stated/available in the KYC Forms filled by the account holder(s).

Name of Sole/ First Holder	<hr/>	<hr/>	<hr/>	<hr/>
	[Prefix]	[First Name]	[Middle Name]	[Last Name]
PAN Number	<hr/>	Date of Birth		<hr/>
Name of Second Holder	<hr/>	<hr/>	<hr/>	<hr/>
	[Prefix]	[First Name]	[Middle Name]	[Last Name]
PAN Number	<hr/>			
Name of Third Holder	<hr/>	<hr/>	<hr/>	<hr/>
	[Prefix]	[First Name]	[Middle Name]	[Last Name]
PAN Number	<hr/>			

SMS Alert Option [Mandatory for accounts with POA/DDPI]

	Sole/First Holder	Second Holder	Third Holder
SMS Alert on Mobile Phones	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

GUARDIAN DETAILS

[Required where sole holder is a minor. For account of a minor, two KYC forms must be filled, i.e., one for the guardian and one for the minor (to be signed by the guardian)]

Guardian's Name	<hr/>
Relationship With Minor	<hr/>
PAN Number	<hr/>

TYPE OF ACCOUNT

Account Type	<hr/>	Other Details	<hr/>
			[If account type is 'Any Other']

ADDITIONAL CLIENT DETAILS

[For Association of Persons (AOP), Partnership Firms, Unregistered Trusts, etc., although the account is opened in the name of the natural persons the name and PAN of the Association of Persons (AOP), Partnership Firms, Unregistered Trusts, etc., should be mentioned below]

Entity Name	<hr/>
PAN Number	<hr/>
GST Number	<hr/>

DETAILS FOR NRIs/FOREIGN NATIONALS

[Applicable for Non-resident Indians and Foreign Nationals only. Please attach a copy of the relevant RBI permission]

RBI Approval Ref. Number	<hr/>	RBI Approval Date	<hr/>
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FINANCIAL DETAILS

Gross Annual Income (in ₹)	<hr/>
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BANK ACCOUNT DETAILS

Bank Name and Branch Address	Account Type [SB/CA/NRE/NRO]	Account Number	MICR Number	IFSC Number
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

STANDING INSTRUCTIONS

I/We authorise you to receive all credits automatically into my/our account without further instructions from me/us	Yes	No
I/We authorise you to accept all pledge instructions into my/our account without further instructions from me/us	Yes	No
I/We authorise you to share my/our email ID(s) with RTAs for electronic communication of company annual reports and other notifications	Yes	No
I/We request you to send electronic transaction-cum-holding statement, statement of account, bills & invoices to my/our registered email ID(s)	Yes	No
Rights & Obligations of Beneficial Owner and Depository Participant, Investor Charter and Copy of Account Opening Kit to be received in:	Electronic Form	Physical Form
Incase of joint holding, all communications (including above) to be sent to	First holder	All holders
Account to be operated through Power of Attorney (POA) Copy of POA attested by a Notary to be provided along with KYC of the attorney holder(s)	Yes	No
Account to be operated under Demat Debit and Pledge Instruction (DDPI)	Yes	No

ISSUANCE OF DIS BOOKLET

Only for clients seeking to open a depository account with Power of Attorney to operate the account given to a portfolio manager.

I/We wish to receive the Delivery Instruction Slip booklet with account opening

[Default if no option is selected]

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

NOMINATION DETAILS

I/We wish to make a nomination
(Details are provided in Nomination Form
Prescribed by SEBI)

I/We do not wish to opt out of make a nomination
(Declaration Form opting out of nomination as
prescribed by SEBI)

MODE OF OPERATIONS FOR JOINT ACCOUNT

Jointly

Anyone of the holders or survivor(s)

First Named Holder only

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

CLIENT DECLARATION

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

Signature of First holder

Digital Signature

[Name]

Date

Signature of Second holder

Digital Signature

[Name]

Place

Signature of Third Holder

Digital Signature

[Name]

NOTES

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

COMMON TARIFF STRUCTURE FOR DEPOSITORY SERVICES FOR INDIVIDUALS & NON-INDIVIDUALS

#	Service	Charges
1	Dematerialisation of Shares	NIL
2	Dematerialisation to Physical Shares	NIL
3	Equities: Transfer Fees for Market & Off-Market Transactions	NIL
4	Pledge Creation / Closure / Invocation	NIL
5	Account Maintenance Charges (pro rata)	₹1500/- p.a payable quarterly

CLIENT DECLARATION

I/We understand and agree:

1. Fees and charges are subject to change at the sole discretion of the Sanctum Wealth Private Limited after giving notice of 30 days.
2. All fee and charges will be exclusive of GST, Cess, Stamp Duty, and other levies as applicable.
3. All charges will be billed quarterly and will be payable by clients within 5 (five) working days of receiving the invoice.
4. Sanctum Wealth Private Limited is authorized to recover these charges from our bank account as mentioned in the NACH Mandate submitted by us.

CLIENT SIGNATURES (FOR INDIVIDUALS)

Signature of Sole/First Holder

Digital Signature

[Name]

Date

Signature of Second Holder

Digital Signature

[Name]

Place

Signature of Third Holder

Digital Signature

[Name]

CLIENT SIGNATURES (FOR NON-INDIVIDUALS)

For and on behalf of

Signature of Authorised Signatory

Digital Signature

[Name]

Date

Signature of Authorised Signatory

Digital Signature

[Name]

Place

Signature of Authorised Signatory

Digital Signature

[Name]

FOR USE OF SANCTUM EMPLOYEES ONLY

DOCUMENTS SUBMITTED BY CLIENT

[To be filled by front office staff]

Self-attested copy of PAN Card

Self-attested copy of cancelled cheque

Downloaded CKYC/CVL Report

Proof of Permanent / Correspondence Addresses*

GST Certificate copy (if any)

Formation Documents of the Entity

Board Resolution, Authorised Signatory List, Shareholding

Annual Report for Last 2 Financial Years

Photograph, PAN, POI, POA of UBOs, Officials & Signatories

Copy of Power of Attorney (if applicable)

Additional Documents for F&O Segment (if applicable)

Any other document

* If different from that registered on CKYC/KRA database or if client is not CKYC/KRA compliant

IN-PERSON & ORIGINAL DOCUMENT VERIFICATION

[Details of employee who has performed the IPV/vIPV & ●SV activities]

Employee Name

Employee Code

Designation

Date



ACCOUNT INFORMATION

[To be filled by front office staff]

Client Name

PAN Number

Group Name
& Code

Head of Family?

Name of Branch

Name of COI

Account Type

Execution

PMS

Any Other
Information

UNDERTAKING

On behalf of Sanctum Wealth Private Limited we undertake that we have made the client aware of Policy & Procedures, Tariff Sheet and all the Voluntary documents. We have also made the client aware of Rights & Obligations document(s), RDD and Guidance Note. We have given/sent the client a copy of all the KYC documents. We undertake that any change in the Policy & Procedures, Tariff Sheet and all the Voluntary documents will be duly intimated to the client. We also undertake that any changes in the Rights & Obligations and RDD would be made available on our website, if any, for the information of the client.

Employee Name

Designation

Date

