Sanctum Wealth

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
INZ000011338 | October 23, 2015

NSE Futures & Options Segment
INZ000011338 | February 3, 2016

Depository & Depository Participant ID
NSDL | IN303956

Registered Office & Correspondence Address

COWRKS Level 3, Birla Centurion, Century Mills Compound,
Pandurang Budhkar Marg, Worli, Mumbai 400 030, Maharashtra, India

Compliance Officer

Ms Mridula Iyengar
mridula.iyengar@sanctumwealth.com +91 22 6288 6100

Chief Executive Officer

Mr Shivaashish Gupta
shiv.gupta@sanctumwealth.com
+91 22 6288 6100

Sanctum Wealth

INDEX OF DOCUMENTS

TRADING ACCOUNT DOCUMENTS

MANDATORY DOCUMENTS

1. KNOW YOUR CLIENT (KYC) FORM FOR NON-INDIVIDUALS ………………………………………… 3
2. TRADING ACCOUNT OPENING FORM FOR NON-INDIVIDUALS ………………………………………… 10
3. TARIFF SHEET ………………………………………… 13
4. RIGHTS & OBLIGATIONS DOCUMENT [Handed Over to Client Separately]
5. RISK DISCLOSURE DOCUMENT (RDD) [Handed Over to Client Separately]
6. GUIDANCE NOTE [Handed Over to Client Separately]
7. POLICIES & PROCEDURES [Handed Over to Client Separately]
8. INVESTOR CHARTER [Handed Over to Client Separately]

VOLUNTARY DOCUMENTS

9. RUNNING ACCOUNT AUTHORISATION ………………………………………… 14
10. AUTHORISATION OF TRANSFER OF FUNDS & SECURITIES ………………………………………… 15
11. TRADING TERMS & CONDITIONS [Handed Over to Client Separately]
12. POWER OF ATTORNEY [Taken from Client Separately]

DEPOSITORY ACCOUNT DOCUMENTS

1. DEPOSITORY ACCOUNT OPENING FORM FOR NON-INDIVIDUALS ………………………………………… 16
2. TARIFF STRUCTURE FOR DEPOSITORY ACCOUNT ………………………………………… 18
3. DEPOSITORY ACCOUNT OPENING FORM FOR INDIVIDUALS ………………………………………… 18
4. TARIFF STRUCTURE FOR DEPOSITORY ACCOUNT ………………………………………… 21
5. RIGHTS & OBLIGATIONS DOCUMENT [Handed Over to Client Separately]
6. INVESTOR CHARTER [Handed Over to Client Separately]
7. DEMAT DEBIT AND PLEDGE INSTRUCTION [Taken from Client Separately]

For any grievance/dispute please write to Sanctum Wealth Private Limited at the REGISTERD address, or send an email to grievance@sanctumwealth.com, or call phone number 022-62886100. 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/ 1800220058 respectively

Sanctum Wealth

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: Select Any One ____________________

KYC Number: ____________________ [Mandatory for KYC update request]

IDENTITY DETAILS

Client Name ____________________

Entity Constitution Type: Choose Any One

____________________ [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 16 Submitted? [Check the box if response is Yes]

PROOF OF IDENTITY (POI)

Proof of Identity Document: Select Any One

____________________ [Provide Incorporation/Formation/Registration Number]

ADDRESS DETAILS

Registered Office Address / Place of Business

Proof of Address Document: Select Any One

____________________ [Provide details if response is 'Others']

____

____

____

City/Town/Village ____________________

District ____________________

State/UT ____________________

Postal Code ____________________

Country ____________________

State/UT Code ____

Country Code ____ [As per ISO 3166]

Local/Correspondence Address [If different from above]

Proof of Address Document: Select Any One

____________________ [Provide details if response is 'Others']

____

____

____

City/Town/Village ____________________

District ____________________

State/UT ____________________

Postal Code ____________________

Country ____________________

State/UT Code ____

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

Sanctum Wealth

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		

CLIENT DECLARATION

1. 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	**Authorised Signatory**	**Authorised Signatory**
Digital Signature	Digital Signature	Digital Signature
______________________	______________________	______________________
[Name]	[Name]	[Name]

Date ______________________ **Place** ______________________

KNOW YOUR CLIENT (KYC) FORM FOR NON-INDIVIDUALS
ANNEXURE 1

Client Name ______________________________ **PAN Number** ______________________

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

#	PAN Number	Name	**DIN** [For Directors] **UID** [For Others]	Residential/Registered Address	PEP/RPEP? [Check if Yes]	Relationship with Client	Photograph
1					☐	Choose Any One	CLICK TO UPLOAD PHOTO
2					☐	Choose Any One	CLICK TO UPLOAD PHOTO
3					☐	Choose Any One	CLICK TO UPLOAD PHOTO
4					☐	Choose Any One	CLICK TO UPLOAD PHOTO

Authorised Signatory

Digital Signature

[Name]

Authorised Signatory

Digital Signature

[Name]

Authorised Signatory

Digital Signature

[Name]

Date ______________________

Place ______________________

Sanctum Wealth

FATCA-CRS DECLARATION & SUPPLIMENTARY 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 Choose Any One [As Per KRA Records]

City of Incorporation ____________________

Country of Incorporation ____________________

Gross Annual Income (in ₹ Lakhs) Choose Any One

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 Refer to Point A of the FATCA & CRS Instructions ○ Direct Reporting NFFE 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 Choose Any One

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 NFFEs

Please Respond to Any One of The Below Questions 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 am 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	Authorised Signatory	Authorised Signatory
Digital Signature	Digital Signature	Digital Signature
[Name]	[Name]	[Name]

Date ______________ **Place** ______________

INVESTOR DETAILS

Name of Entity ______________________________ PAN Number ______________________
[Provide Folio/Depository Account Number if PAN is not available]

INVESTOR CATEGORY

Entity Category Choose Any One Other ______________________
[Provide details if Category is 'Other']

Details of UBO/Controlling Person [Not required if entity is a listed company or 'related entity' to a listed company]

DETAILS	UBO 1	UBO 2	UBO 3	UBO 4
Name of UBO#				
UBO/CP Code#				
% of Beneficial Ownership#				
Country of Tax Residency#				
Tax Identification Number or Equivalent#				
Tax Identification Type#				
City of Birth#				
Country of Birth#				
PAN Number				
Nationality$				
Father's Name$				
Gender$	Choose Any One	Choose Any One	Choose Any One	Choose Any One
Date of Birth$				
Address$	City ______ Pincode ______ State ______ Country ______	City ______ Pincode ______ State ______ Country ______	City ______ Pincode ______ State ______ Country ______	City ______ Pincode ______ State ______ Country ______
Address Type$	Choose Any One	Choose Any One	Choose Any One	Choose Any One

Contact Details$				
Occupation$	Choose Any One	Choose Any One	Choose Any One	Choose Any One

\# 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 am 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	Authorised Signatory	Authorised Signatory
Digital Signature	Digital Signature	Digital Signature
[Name]	[Name]	[Name]

Date ____________________ **Place** ____________________

Sanctum Wealth

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

CLIENT DETAILS

Details such as address, details of promoters, directors, etc., shall be as stated/available in the KYC Forms filled 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 communication from the stockbroker will be sent to the address stated in the KYC Form of the main client only

FINANCIAL DETAILS

Income Details

Gross Annual Income (in ₹) Choose Any One

Networth (in ₹ Lakhs) ______________________ [Not older than 1 year]

Income/Networth Date ______________________

Years of Investment/Trading Experience

In Equities ______________________ In Derivatives ______________________

POLITICAL EXPOSURE

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

Political Exposure Choose Any One

ADDITIONAL DETAILS FOR FPIs / INSTITUTIONS

Regd./Approval Authority Choose Any One

Other Details ______________________ [If Authority is 'Any Other']

Regd./Approval Number ______________________

Regd./Approval Date ______________________

Nationality Any Other

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					

Sanctum Wealth

TRADING PREFERENCES

Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you. Additional documents as per exchange guidelines may be required for trading in derivate segment.

Stock Exchanges	NSE and BSE	
All segments	Cash and Mutual Fund	Futures and Options
Digital Signature	Digital Signature	Digital Signature

If you do not wish to trade in any of segments / Mutual Fund, 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):

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

Stockbroker Name ______________________

Sub-broker Name ______________________

Client Code (BSE) ______________________ Client Code (NSE) ______________________

Broker Website

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

INTRODUCER DETAILS (If Any)

Name ______________________

Status Choose Any One

Other Details ______________________
[If status is 'Any Other']

Correspondence Address

Email Address ______________________ Mobile Number ______________________

Introducer's Signature

Date & Place ______________________

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' and 'Investor Charter'. 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 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 am 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	Signature of Authorised Signatory	Signature of Authorised Signatory
Digital Signature	Digital Signature	Digital Signature
[Name]	[Name]	[Name]

Date ____________________ Place ____________________

Sanctum Wealth

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	Signature of Authorised Signatory	Signature of Authorised Signatory
Digital Signature	Digital Signature	Digital Signature
[Name]	[Name]	[Name]
Date ____________	Place ____________	

Sanctum Wealth

RUNNING ACCOUNT AUTHORISATION

To,
Sanctum Wealth Private Limited
COWRKS Level 3, Birla Centurion
Century Mills Compound
Pandurang Budhkar Marg, Worli
Mumbai 400 030

Dear Sir

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 upfront requirement of 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

We however, reserve our right to revoke this authorization at any time in writing.

Yours faithfully,

For and on behalf of

____

Signature of Authorised Signatory	Signature of Authorised Signatory	Signature of Authorised Signatory
Digital Signature	Digital Signature	Digital Signature
[Name]	[Name]	[Name]

Date ____________________ **Place** ____________________

* To be signed by the client and not a power of attorney holder

AUTHORISATION FOR TRANSFER OF FUNDS/SECURITIES

To,
Sanctum Wealth Private Limited
COWRKS Level 3, Birla Centurion
Century Mills Compound
Pandurang Budhkar Marg, Worli
Mumbai 400 030

Dear Sir

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	Signature of Authorised Signatory	Signature of Authorised Signatory
Digital Signature	Digital Signature	Digital Signature
[Name]	[Name]	[Name]

Date ____________________ **Place** ____________________

* To be signed by the client 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 COWRKS Level 3, Birla Centurion, P B Marg Worli, Mumbai 400 030, Maharashtra, India	**IN303956**	________________ [To be filled by Client]	________________ [To be filled in 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 promoters, directors, etc., shall be as stated/available in the KYC Forms filled by the account holder.

Name of Account Holder ______________________________

PAN Number ______________________ **GST Number** ______________________

TYPE OF ACCOUNT

Account Type Choose Any One

Other Details ______________________ [If account type is 'Any Other']

FINANCIAL DETAILS

Gross Annual Income (in ₹) Choose Any One

Networth (in ₹ Lakhs) ______________________ [Not older than 1 year]

Income/Networth Date ______________________

POLITICAL EXPOSURE

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

Political Exposure Politically Exposed Person (PEP)

DETAILS FOR FPIs/ FIIs/ INSTITUTIONS/ OTHERS

RBI Approval Ref Number ______________________

RBI Approval Date ______________________ [In DD/MM/YYYY format]

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 ______________________ **SEBI Regd.** ______________________

Trade Name ______________________ **CM-BP-ID** ______________________ [To be filled by DP only]

BANK ACCOUNT DETAILS

Bank Name and 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, Investor Charter and Depository Participant, and Copy of Account Opening Kit to be received in:	◉ Electronic Form	○ Physical Form

Account to be operated under Demat debit and Pledge instruction (DDPI)	◯ Yes	◉ No
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]	◯ 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 booklet with account opening
[Default if no option is selected]

◯ We do not wish to receive the Delivery Instruction Slip 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	Signature of Authorised Signatory	Signature of Authorised Signatory
Digital Signature	Digital Signature	Digital Signature
[Name]	[Name]	[Name]

Date ____________________ **Place** ____________________

NOTE

1. All communication shall be sent at the address/email address of the Sole/First holder only.
2. Thumb impressions and signatures other than 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
3. 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.
4. Strike off whichever field is not applicable
5. In case of additional signatories, separate annexure should be attached to the application form.

Sanctum Wealth

TARIFF STRUCTURE FOR DEPOSITORY SERVICES

#	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.

For and on behalf of

____

Signature of Authorised Signatory	Signature of Authorised Signatory	Signature of Authorised Signatory
Digital Signature	Digital Signature	Digital Signature
[Name]	[Name]	[Name]

Date ______________________

Place ______________________

Sanctum Wealth

DEPOSITORY ACCOUNT OPENING - INDIVIDUALS

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

DEPOSITORY PARTICIPANT NAME	DP ID	DATE	CLIENT ID
Sanctum Wealth Private Limited COWRKS Level 3, Birla Centurion, Century Mills Compound, PB Marg, Worli, Mumbai 400 030	**IN303956**	____________ [To be filled by Client]	____________ [To be filled in by DP]

I/We request you to open a depository account in my/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 ______________________________
[Prefix] [First Name] [Middle Name] [Last Name]

PAN Number ____________________ **Date of Birth** ____________________

Name of Second Holder ______________________________
[Prefix] [First Name] [Middle Name] [Last Name]

PAN Number ____________________

Name of Third Holder ______________________________
[Prefix] [First Name] [Middle Name] [Last Name]

PAN Number ____________________

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

	Sole/First Holder	Second Holder	Third Holder
SMS Alert on Mobile Phones	☐ Yes	☐ Yes	☐ 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 ____________________ **PAN Number** ____________________

Relationship With Minor ____________________

TYPE OF ACCOUNT

Account Type

- ○ Ordinary Resident
- ○ NRI Repatriable
- ○ NRI Non-Repatriable
- ○ Qualified Foreign Investor
- ○ Foreign National
- ○ Margin
- ○ Promotor
- ○ Others ____________________

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 ______________________________

PAN Number ____________________ **GST Number** ____________________

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 ____________________ **RBI Approval Date** ____________________
[In DD/MM/YYYY Format]

FINANCIAL DETAILS

Gross Annual Income

- ○ Below ₹1 Lakh
- ○ ₹1 to ₹5 Lakhs
- ○ ₹5 to ₹10 Lakhs
- ○ ₹10 to ₹25 Lakhs
- ○ ₹25 Lakhs to ₹1 Crore
- ○ Above ₹1 Crore

BANK ACCOUNT DETAILS

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

Sanctum Wealth

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)

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.

Signature of First holder	Signature of Second holder	Signature of Third Holder
Digital Signature	Digital Signature	Digital Signature
[Name]	[Name]	[Name]

Date ______________________ **Place** ______________________

NOTE
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:
6. Client must ensure the confidentiality of the password of the email account.
7. Client must promptly inform the Participant if the email address has changed.
8. 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.
9. 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.
10. 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.
11. Strike off whichever field is not applicable

TARIFF STRUCTURE FOR DEPOSITORY SERVICES

#	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.

Signature of First Holder

Digital Signature

[Name]

Signature of Second Holder

Digital Signature

[Name]

Signature of Third Holder

Digital Signature

[Name]

Date ______________________

Place ______________________

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 & OSV 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 ______________________