

| | |
|--------------------|----------|
| Application No. | R |
| UCC | |
| DP Client No. | 12064200 |
| Reference No. | |
| Partner | |
| Partner Center | |
| First Holder Name | |
| Second Holder Name | |
| Third Holder Name | |



TRADING & DEMAT ACCOUNT OPENING
FORM AND POWER OF ATTORNEY

INDIVIDUAL

INDEX

| Sr. No. | Particulars | Significance | Page No. |
|-----------------------------|--|---|----------|
| ACCOUNT OPENING FORM | | | |
| 1 | Additional Details for Demat Account | Details containing additional information about the constituent relevant to the Demat Account | 1 |
| 2 | Additional Details for Trading Account | Details containing additional information about the constituent relevant to the Trading Account | 3 |
| 3 | Common details for Trading and Demat Account | Common details for Trading and Demat Account such as Bank and other Details, etc. | 7 |
| 4 | Nomination Form | To appoint a nominee for Trading and Demat Account | 8 |
| 5 | Mandatory & Non-Mandatory Document Booklet and Declaration | Declaration for opening Trading and Demat Account | 11 |
| 6 | Tariff Sheet | Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s) | 13 |
| 7 | Annexure A - BSE STAR MF | Letter to be provided by the investor to the MFI and terms & conditions for the investor/client for using BSE STAR MF platform. | 15 |
| 8 | Annexure B - Mutual Fund Service System facility (MFSS) | Letter to be provided by the investor to the participant and terms & conditions for investor/client for using MFSS facility. | 17 |
| 9 | Voluntary Declaration - Authorization for Maintenance of Running Account | Consent and authorization by client for opening and maintaining the running account. | 19 |
| 10 | Issue of DIS Booklet | Option Form for Issue of DIS Booklet | 21 |
| 11 | SMS Alert & TRUST Facility | Registration form for receiving SMS Alert & TRUST Facility | 23 |
| 12 | Schedule of Charges | Providing information to the client of Demat Account charges structure. | 24 |
| 13 | Power of Attorney (POA) | Power of Attorney in favour of NJ India Invest Pvt. Ltd. | P1 |

MANDATORY DOCUMENTS IN BOOKLET AS PRESCRIBED BY SEBI & EXCHANGES

| | | | |
|----|---|---|---|
| 14 | Instructions for Demat Account | General idea regarding Demat Account opening and CDSL dos & don'ts | 1 |
| 15 | Instructions for Trading Account | General idea regarding Trading Account opening | 3 |
| 16 | Details & Checklist for Trading and Demat Account | To provide general idea to the client and identify the status and proof of identity and address of the client | 5 |
| 17 | Rights and Obligations | Document stating the Rights & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading). | 7 |

INDEX

| Sr. No. | Particulars | Significance | Page No. |
|---|---|---|----------|
| MANDATORY DOCUMENTS IN BOOKLET AS PRESCRIBED BY SEBI & EXCHANGES | | | |
| 18 | Internet & Wireless Technology based Trading facility | Internet & Wireless Technology based Trading facility provided by Stock Brokers to Clients | 11 |
| 19 | Risk Disclosure Documents (RDD) | Document prescribed by SEBI and Stock exchanges detailing risks associated with dealing in the securities market. | 12 |
| 20 | Guidance Note | Do's and Don'ts for trading on Stock exchanges, for the education of the investors | 16 |
| 21 | Policies and Procedures | Document describing significant policies and procedures of the Stock Broker | 18 |
| 22 | Anti-Money Laundering Awareness | Information on Anti Money Laundering for educating Clients | 20 |
| 23 | SMS Alert Facility | Terms and Conditions for receiving SMS Alert from CDSL | 27 |
| 24 | Rights and Obligations of Beneficial Owner and Depository Participant | Contains rights and obligations of the Client and Depository Participant as prescribed by SEBI and Depositories | 32 |

NON-MANDATORY DOCUMENTS IN BOOKLET

| | | | |
|----|---|--|----|
| 25 | Voluntary Clauses | Contains enabling clauses to provide services customized to suit Client's needs and improve service delivery | 22 |
| 26 | Transation using Secured Texting (TRUST) Facility | Terms and Conditions for availing Transation using Secured Texting (TRUST) service offered by CDSL | 30 |

DETAILS OF THE DEPOSITORY PARTICIPANT AND STOCK BROKER

NJ INDIA INVEST PVT. LTD.

Registered & Correspondence Office Address : Block No.901 & 902, 6th Floor, B Tower, Udhna Udyognagar Sangh
Commercial Complex, Central Road No.10, Udhna, Surat - 394 210, Gujarat Phone: 0261 398 5500 Fax: 0261 398 5880
SEBI Reg No : BSE-INB011360535 NSE-INB231360539 CDSL-IN-DP-14-2015

Email id: dpservices@njgroup.in Website: www.njgroup.in

Compliance officer name : Rakesh P Tokarkar
Phone no. : 0261- 3985901
E-mail id. : compliance_cdsl@njgroup.in

CEO name : Mr. Niraj R. Choksi
Phone no. : 0261- 3985901
E-mail id. : ceo@njgroup.in

For any grievance/dispute please contact NJ IndiaInvest Private Limited at Block No.901 & 902, 6th Floor, B Tower, Udhna Udyognagar Sangh Commercial Complex, Central Road No.10, Udhna, Surat - 394 210, Gujarat or email id - dpservices@njgroup.in and Phone no.: 0261-3985500.

In case not satisfied with the response, please contact the concerned exchange(s)

BSE at is@bseindia.com and Phone no. : 022- 22728097

NSE at ignse@nse.co.in and Phone no.: 022-26598190.



ADDITIONAL DETAILS FOR OPENING DEMAT ACCOUNT

Application No.

R

NJ INDIA INVEST PVT. LTD.

Registered & Correspondence Office Address : Block No.901 & 902, 6th Floor, B Tower, Udhna Udyognagar Sangh
Commercial Complex, Central Road No.10, Udhna, Surat - 394 210, Gujarat Phone: 0261 398 5500 Fax: 0261 398 5880

This information is the sole property of the trading member/DP/brokerage house and would not be disclosed to anyone unless required by law or except with the express permission of clients.

(To be filled by DP)

Date:

DP Internal Reference No. _____

DP ID 1 2 0 6 4 2 0 0

Client ID _____

(To be filled by the applicant in BLOCK LETTERS & with BLACK BALL POINT PEN in English)

I/We request you to open a Demat Account in my/our name as per the following details:

Type of Account (Please tick whichever is applicable)

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

Holders Details

Sole / First Holder's Name _____

PAN _____ UID _____

Second Holder's Name _____

PAN _____ UID _____

Third Holder's Name _____

PAN _____ UID _____

Details of Guardian (in case the account holder is minor)

Name of the Guardian: _____

Relationship with the applicant: _____ PAN: _____

Name* _____

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



ADDITIONAL DETAILS FOR OPENING DEMAT ACCOUNT

Additional Details

| | | |
|---|---|--|
| I/We instruct the DP to receive each and every credit in my/our account [Automatic Credit] (If not marked, the default option would be 'Yes') | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No') | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Account Statement Requirement | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly | |
| I/We request you to send Electronic Transaction - cum - Holding Statement at the Email ID _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I/ We would like to share the email ID with the RTA | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I / We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical) | <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Physical & Electronic | |
| I/We wish to receive dividend/ interest directly into my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| SMS Alert Facility <small>(Refer terms & conditions in the booklet provided)</small> | Mobile No. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transactions Using Secured Texting Facility (TRUST). <small>(Refer terms & conditions in the booklet provided)</small> | I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stock Exchange Name/ID _____ Clearing Member Name _____ Clearing Member ID (Optional) _____ | | |
| easi If yes, please contact your DP for details [Facility through CDSL's website: www.cdslindia.com wherein a BO can view his ISIN balances, transactions and value of the portfolio online.] | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

ADDITIONAL DETAILS FOR OPENING TRADING ACCOUNT

I/We request you to open a Trading Account in my/our name as per the following details:

Depository Account Details

Beneficiary Name _____
DP Name N J I n d i a I n v e s t P r i v a t e L i m i t e d
DP Address B l o c k N o 9 0 1 & 9 0 2 6 t h F l o o r B T o w e r U d h n a
 U d y o g n a g a r S a n g h C o m m e r c i a l C o m p l e x
 C e n t r a l R o a d N o 1 0 U d h n a S u r a t - 3 9 4 2 1 0
DP ID 1 2 0 6 4 2 0 0 Client ID _____ Depository Name C D S L

Trading Preferences

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

| BSE Segment | Signature | NSE Segment | Signature |
|---------------------|-----------|---------------------|-----------|
| Cash | 1(a)/14 | Cash | 2(a)/14 |
| F&O | 1(b)/14 | F&O | 2(b)/14 |
| STAR MF | 1(c)/14 | MFSS | 2(c)/14 |
| Currency Derivative | 1(d)/14 | Currency Derivative | 2(d)/14 |

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

Past Actions

Please give the details of any action taken by SEBI/Stock Exchange/ any other authority for violation of Securities Laws/ other economic offences specifically indicating any action taken during the previous 3 years.

Dealings through Sub-brokers and other Stock Brokers

Whether dealing through the sub-broker, provide the following details:

Sub-broker's Name: _____

SEBI Registration number: _____

Registered office address: _____

Telephone: _____ Fax: _____

Website: _____

Whether dealing with any other stock broker/sub-broker (if case dealing with multiple stock brokers/sub-brokers, provide details of all)

If Yes, Stock Broker's Name: _____

Client Code: _____ Name of the Exchange: _____

Details of disputes/dues pending from/to such stock broker/sub- broker: _____



ADDITIONAL DETAILS FOR OPENING TRADING ACCOUNT

Additional Details

I wish to receive Physical Contract note Electronic Contract Note (ECN) (please specify):

Specify your Email id, if applicable: _____

Whether you wish to avail the facility of Internet trading Wireless technology (please specify):

Investment/ Trading Experience

No Prior Experience

Years in Equity

Years in Derivatives

Years in Other Investment Products

Introducer's Details

Introducer 1 (For Mutual Fund)

Name: _____

Status: Sub-broker Remisier Authorized Person Existing Client

Others, please specify _____

Address: _____

Contact Number: _____

Introducer's Code: _____

Introducer's PAN: _____

Introducer
Signature

Introducer 2 (For Capital Market)

Name: _____

Status: Sub-broker Remisier Authorized Person Existing Client

Others, please specify _____

Address: _____

Contact Number: _____

Introducer's Code: _____

Introducer's PAN: _____

Introducer
Signature

FOR OFFICE USE ONLY

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

**Member's
Authorized
Signatory**

Signed by: _____

Date:

**Seal/Stamp of
stock broker**



ADDITIONAL DETAILS FOR OPENING TRADING ACCOUNT

Multiple Bank Accounts

To _____ UCC: _____
NJ INDIAINVEST PVT. LTD.,
Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna,
Surat - 394210, Gujarat.

I request you to make the following additions to my Trading account in your records.

For each bank account, investors should produce originals for verification or submit originals of the documents mentioned below.

Bank Details

1. Name of the Bank _____
Account No _____ IFSC Code: _____
Bank Address _____
City: _____
State: _____ Pin/Zip Code: _____
Country: _____
MICR Code _____ Account Type: Savings Current Other _____
Document attached (Any one): Cancelled Cheque with name pre-printed Bank statement
 Pass book Bank Letter

2. Name of the Bank _____
Account No _____ IFSC Code: _____
Bank Address _____
City: _____
State: _____ Pin/Zip Code: _____
Country: _____
MICR Code _____ Account Type: Savings Current Other _____
Document attached (Any one): Cancelled Cheque with name pre-printed Bank statement
 Pass book Bank Letter

Bank Proof (Any one Proof Required from the following list (Self attested)):

- 1) Copy of cancelled cheque Leaf with name of the accountholder preprinted on it
- 2) Bank passbook having name and address of the account holder and latest transaction pages being not more than 3 months old.
- 3) Bank Statement having name and address of the accountholder being not more than 3 months old
- 4) Letter from the bank certifying the account number and period from which the account is in operation. The bank branch and designation and name of the bank official should be clear. Also enclosed copy of cheque.

Name: _____

x _____ 03/14

Sole/First Holder OR Guardian (In case of Minor)



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COMMON DETAILS FOR OPENING TRADING & DEMAT ACCOUNT

Bank Details (For Demat purpose and will be used as default bank)

Name of the Bank _____

Branch _____ IFSC Code: _____

Bank Address _____

City: _____ State: _____

Country: _____ Pin/Zip Code: _____

Account No _____

Bank Code _____ Account Type: Savings Current Other _____
(9 digit MICR Code)

1. Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
2. Photocopy of the Bank Statement having name and address of the BO.
3. Photocopy of the Passbook having name and address of the BO, (or)
4. Letter from the Bank.
(In case of options ii, iii, and iv above, MICR code of the branch should be present/ mentioned on the document and should be self-certified by the BO.)

Other Details

| | |
|-----------------------------|---|
| Gross Annual Income Details | Income Range per annum: <input type="checkbox"/> Up to ₹1,00,000 <input type="checkbox"/> ₹1,00,000 to ₹5,00,000 <input type="checkbox"/> ₹ 5,00,000 to ₹10,00,000 <input type="checkbox"/> ₹10,00,000 to ₹ 25,00,000 <input type="checkbox"/> More than ₹25,00,000 |
| | Net worth as on (Date) <input type="text" value="DDMMYYYY"/> ₹ _____ [Net worth should not be older than 1 year] |
| Occupation | <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____ |
| Please tick , if applicable | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) |
| Any other information | |

COMMON DETAILS FOR OPENING TRADING & DEMAT ACCOUNT

NOMINATION FORM

To
NJ INDIAINVEST PVT. LTD.,
Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna,
Surat - 394210, Gujarat.

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- I/We do not wish to nominate any one for this trading & demat account.
[Strike out whatever is not applicable.] [Signatures of all the account holders should be obtained on this form].
- I/We nominate the following person, who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole Holder or the death of all the Joint Holders.

| Nomination Details | Nominee 1 | Nominee 2 | Nominee 3 |
|---|-----------|-----------|-----------|
| Nominee Name : | | | |
| *First Name: | | | |
| Middle Name: | | | |
| *Last Name | | | |
| *Address: | | | |
| *City: | | | |
| *State: | | | |
| *Pin: | | | |
| *Country: | | | |
| Telephone No: | | | |
| Fax No: | | | |
| PAN No: | | | |
| UID : | | | |
| Email ID: | | | |
| *Relationship with the BO: | | | |
| Date of birth (mandatory if Nominee is a minor): | | | |
| *First Name: | | | |
| Middle Name: | | | |
| *Last Name | | | |
| *Address of the Guardian of nominee: | | | |
| *City: | | | |
| *State: | | | |
| *Country: | | | |
| *Pin: | | | |
| Age | | | |
| Telephone: | | | |



COMMON DETAILS FOR OPENING TRADING & DEMAT ACCOUNT

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

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

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

Place: _____

Date:

| | Sole/First Holder OR Guardian (In case of Minor) | Second Holder | Third Holder |
|--------------------|---|---------------|--------------|
| Name | | | |
| Specimen Signature | x 04/14 | x 01/04 | x 01/04 |

(Signatures should be preferably in black ink).

Details of the Witness

| | |
|----------------------|--|
| Name of Witness | |
| Address of Witness | |
| Contact No. | |
| Signature of Witness | |

Note: Witness shall attest signature / Thumb impression

To be filled by DP

Nomination form accepted and registered vide

Registration No. _____ Dated

x

For, **NJ India Invest Pvt. Ltd.**

.....(Please Tear Here).....

Acknowledgment Receipt

Received nomination from :

DP ID

Client ID

| | | | |
|--------------------------------------|--|---------------|--|
| Name | | | |
| Address | | | |
| Nomination in favor of First-Nominee | | | |
| Second- Nominee | | | |
| Third - Nominee | | | |
| No Nomination | <input type="checkbox"/> Does not wish to nominate | | |
| Registration No. | | Registered on | Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |

Depository Participants Seal & Signature



COMMON DETAILS FOR OPENING TRADING & DEMAT ACCOUNT

To be filled by Branch

Employee Name _____

Date

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

Branch _____

Signature of
the Employee

x

For Processing Office Only

Audited by _____ UCC _____

Storage File No. _____

Date:

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

(Originals verified) True copies of documents received

(Attested) True copies of documents received

**Member's
Authorized
Signatory**

x

**Seal/Stamp of
stock broker**

.....(Please Tear Here).....

ACKNOWLEDGEMENT RECEIPT

Application No.

R

Date:

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

We hereby acknowledge the receipt of the Trading and Demat Account Opening Form.

| | |
|---------------------------|--|
| Name of First/Sole Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

For, **NJ India Invest Pvt. Ltd.** _____



**MANDATORY & NON-MANDATORY DOCUMENT AND
DECLARATION FOR OPENING TRADING AND DEMAT ACCOUNT**

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

To
 NJ INDIAINVEST PVT. LTD.,
 Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex,
 Central Road No. 10, Udhna, Surat - 394210, Gujarat.

Dear Sir,

1. I/We hereby opt to receive the below listed documents in Physical Form Electronic Form
2. I/We am/are desirous of opening the trading and demat account with NJ India Invest Private Limited in the process of executing client registration documents relating to the opening of trading and demat account.
3. I/We have furnished all the details required in the Account opening form as per SEBI/Exchange/DP requirements. I/We confirm having read/been explained & understood the contents of the Mandatory and Non- Mandatory documents which are provided to me/us. I/We agree that the Mandatory and Non-Mandatory document contains following:

| | | |
|----|---|---------------|
| a) | Instructions for Demat Account | (Page No. 1) |
| b) | Instructions for Trading Account | (Page No. 2) |
| c) | Details & Checklist for Trading and Demat Account | (Page No. 3) |
| d) | Rights and Obligations of the parties (including additional rights and obligations in case of internet and wireless technology based trading) prescribed by SEBI and Stock exchanges. | (Page No. 7) |
| e) | Internet & Wireless Technology based Trading facility provided by Stock Brokers to Clients | (Page No. 11) |
| f) | Uniform Risk Disclosure Documents (RDD) prescribed by SEBI and Stock exchanges detailing risk associated with dealing in the securities market | (Page No. 12) |
| g) | Guidance note detailing Do's and Don'ts for trading on Stock exchanges, for the education of the investors | (Page No. 16) |
| h) | Policies and Procedures - Document describing significant policies and procedures of the Stock Broker | (Page No. 18) |
| i) | Information on Anti Money Laundering for educating Clients | (Page No. 20) |
| j) | Voluntary Clauses – Enabling clauses to provide services customized to suit Client's needs and improve service delivery | (Page No. 22) |
| k) | Terms and Conditions for receiving SMS Alert from CDSL | (Page No. 27) |
| l) | Terms and Conditions for availing Transaction using Secured Texting (TRUST) service offered by CDSL | (Page No. 30) |
| m) | Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories | (Page No. 32) |
| n) | Mandatory and Non-Mandatory Document Booklet and Declaration | (Page No. 35) |

**MANDATORY & NON-MANDATORY DOCUMENT AND
DECLARATION FOR OPENING TRADING AND DEMAT ACCOUNT**

4. I/We understand and agree that any amendment/modifications as required by the exchanges/DP and/or regulators will be applicable to me/us at all point of time and I/We understand that these changes will be intimated to me/us.
5. I/We understand that the Mandatory and Non-Mandatory document is in accordance of the exchanges and/or SEBI/DP requirements applicable for opening Trading and Demat Account.
6. 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 agree and undertake to inform you of any change(s) 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.
7. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and tariff sheet.
8. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for information on the stock broker's designated website, if any.
9. I / We have received and read the copy of Rights and Obligations of the Beneficial Owner and Depository Participant and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time.

Place: _____

Date:

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

Name: _____

Name: _____

Name: _____

| | | |
|---|--|-------|
| x | | 05/14 |
|---|--|-------|

| | | |
|---|--|-------|
| x | | 02/04 |
|---|--|-------|

| | | |
|---|--|-------|
| x | | 02/04 |
|---|--|-------|

Sole/First Holder OR Guardian (In case of Minor)

Second Holder

Third Holder



TARIFF SHEET

Mutual Fund

| Transaction type / Scheme type | Purchase/ Switch | Redemption | SIP |
|-----------------------------------|---------------------|------------|-----|
| Equity/Balance | | | |
| Debt | | | |
| Cash | | | |
| Others | | | |

Note:

1. The above rates would be charged/collected from the client at the time of transaction.
2. Brokerage rate mentioned would be considered in percentage terms.
3. The rates would be inclusive of Service Tax.
4. NJ reserves the right to deduct the brokerage from future transactions, in case of any pending dues.
5. Brokerage structure for "Others" include all schemes not covered under Equity, Debt & Cash.

Name of the Client: _____

Client
Signature

| | |
|---|-------|
| x | 06/14 |
|---|-------|

Introducer's Name: _____

Introducer
Signature

| |
|---|
| x |
|---|

Introducer's Code: _____



TARIFF SHEET

Capital Market

| Transaction Type/Capital Market Segment | Buy | Sell | SIP |
|---|--|--|--|
| Direct Equity | Minimum Brokerage 0.50% or 0.25 paise per share whichever is higher | Minimum Brokerage 0.50% or 0.25 paise per share whichever is higher | Minimum Brokerage 0.50% or 0.25 paise per share whichever is higher |
| | | | NA |
| Debt | Minimum Brokerage 0.50% or 0.25 paise per share whichever is higher | Minimum Brokerage 0.50% or 0.25 paise per share whichever is higher | - |
| | | | NA |
| Liquid | Minimum Brokerage 0.05% or 0.25 paise per share whichever is higher | Minimum Brokerage 0.05% or 0.25 paise per share whichever is higher | - |
| | | | |

Note:

1. Minimum Brokerage of 0.50% or 0.25 paise per share whichever is higher will be charged for all the Transactions (Both Buy & Sell) except for liquid transactions.
2. Maximum 2.5% brokerage on transaction value will be charged (Both Buy & Sell).
3. Service Tax on Brokerage will be charged as applicable.
4. Securities Transaction Tax (STT) applicable as per delivery & non delivery on turnover.
5. Stamp Duty Applicable State wise as per delivery and non-delivery will be levied on turnover.
6. SEBI Turnover Tax 0.0001% will be charged on turnover.
7. Transaction Charges will be charged @ 0.0031% for NSE and 0.0035% for BSE on turnover.

Name of the Client: _____

Client Signature x 07/14

Authorised Person's Name: _____

Authorised Person Signature x

Authorised Person's Code: _____



ANNEXURE A

BSE STAR MF (Letter to be provided by the investor to the MFI)

Date:

To

NJ India Invest Pvt. Ltd.

Sir,

Sub: BSE STAR MF

I/We, _____

am/are registered as your client with Client Code No. _____ for the purpose of trading in the Capital Market segment of Bombay Stock Exchange Ltd. (Exchange).

I/We am/are interested in availing the trading facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE STAR MF.

For the purpose of availing this facility, I/we state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE STAR MF and I/we further confirm that the details contained in same remain unchanged as on date.

I/We are willing to abide by the terms and conditions as mentioned in the circular dated December 2, 2009 and as may be specified by the exchange from time to time in this regard.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).

I/We shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/we choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/we therefore request you to register me/us as your client for participating in BSE STAR MF.

**Thanking you,
Yours faithfully,**

Sole/First Holder OR Guardian (In case of Minor)

| | |
|---|-------|
| x | 08/14 |
|---|-------|



ANNEXURE A

Details of terms & conditions for the investor / client for using BSE STAR MF platform

1. Pre-requisites for becoming an investor / a client for the BSE STAR MF platform

1.1 The client, who is desirous of investing in units of mutual fund schemes through the BSE STAR MF.

1.2 The client intends to execute his instruction for the subscription/redemption of units of Mutual Fund Schemes through the broker who is a Mutual fund Intermediary (MFI) of the BSE STAR MF platform.

1.3 The client has satisfied itself of the capacity of the MFI to deal in Mutual Fund units and wishes to execute its instruction through the MFI and the client shall from time to time continue to satisfy itself of such capability of the MFI before executing transaction through the MFI.

1.4 The client has approached the MFI with the application for availing the BSE STAR MF platform.

1.5 The client has submitted relevant KYC (Know Your Client) details to the MFIs

2. Terms and Conditions

2.1 The client shall be bound by circulars issued by BSE's rules, regulations and notices/circulars issued there under by SEBI and relevant notifications of government authorities as may be in force from time to time.

2.2 The client shall notify the MFI in writing if there is any change in the information in the 'client registration form' provided by the client to the MFI at the time of registering as a client for participating in the BSE STAR MF platform or at any time thereafter.

2.3 The client shall submit to the MFI a completed application form in the manner prescribed format for the purpose of placing a subscription order with the MFI.

2.4 The client has read and understood the risks involved in investing in Mutual Fund Schemes.

2.5 The client shall be wholly responsible for all his investment decisions and instruction.

2.6 The client shall ensure continuous compliance with the requirements of the BSE, SEBI and AMFI.

2.7 The client shall pay to the MFI fees and statutory levies as are prevailing from time to time and as they apply to the client's account, transactions and to the services that MFI renders to the client.

2.8 The client will furnish information to the MFI in writing, if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation which may have material bearing on his capacity has been filed against him.

2.9 In the event of non-performance of the obligation by the MFI, the client is not entitled to claim any compensation either from the Investor Protection Fund or from any fund of BSE or its Clearing Corporation - Indian Clearing Corporation Ltd. (ICCL).

2.10 In case of any dispute between the MFIs and the investors arising out of the BSE STAR MF platform, BSE and / or ICCL agrees to extend the necessary support for the speedy redressal of the disputes.

Thanking you,

Yours faithfully,

Sole/First Holder OR Guardian (In case of Minor)

| | |
|---|-------|
| x | 09/14 |
|---|-------|



ANNEXURE B

MUTUAL FUND SERVICE SYSTEM FACILITY (Letter to be provided by the investor to the participant)

Date:

To

NJ India Invest Pvt. Ltd.

Sir,

Sub: Mutual Fund Service System (MFSS) facility

I/We, _____

are desirous of being registered as your client for the purpose of participating in the MFSS.

I/We am/are interested in availing the MFSS facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with, on the MFSS of the Exchange.

I/We am/are willing to abide by the operating guidelines and terms and conditions as may be specified by the Exchange from time to time in this regard including the terms and conditions specified by the Exchange with respect to MFSS since 2009. I/We shall also comply with all the Know Your Client (KYC) and Anti Money Laundering (AML) requirements, as may be specified by the Exchange.

I/We shall also ensure compliance with the requirements, as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).

I/We shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/we choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/We therefore request you to register me/us as your client for participating in the MFSS.

**Thanking you,
Yours faithfully,**

Sole/First Holder OR Guardian (In case of Minor)

| | |
|---|-------|
| x | 10/14 |
|---|-------|



ANNEXURE B

Details of terms & conditions for the investor / client for using new MFSS facility

1. Pre-requisites for becoming investor / client for the new MFSS facility

1.1.The client, who is desirous of investing in units of mutual fund schemes through the new MFSS.

1.2.The client intends to execute his instruction for the subscription/redemption of units of Mutual Fund Schemes through the participant of the new MFSS.

1.3.The client has satisfied itself of the capacity of the participant to deal in Mutual Fund units and wishes to execute its instruction through the participant and the client shall from time to time continue to satisfy itself of such capability of the participant before executing transaction through the participant.

1.4.The client has approached the participant with the application for availing the new MFSS facility.

1.5.The client has submitted relevant KYC (Know Your Client) details to the participants

2. Terms and Conditions

2.1.The client shall be bound by circulars issued by NSEIL from time to time including the circulars issued by NSEIL 2009 onwards and circulars issued thereafter and circulars issued there under by SEBI, and relevant notifications of government authorities as may be in force from time to time.

2.2.The client shall notify the participant in writing if there is any change in the information in the 'client registration form provided by the client to the participant at the time registering as a client for participating in the new MFSS or at any time thereafter.

2.3.The client shall submit to the participant a completed application form in the manner prescribed format for the purpose of placing an order with the participant.

2.4.The client has read and understood the risks involved in investing in Mutual Fund Schemes.

2.5.The client shall be wholly responsible for all his investment decisions and instruction.

2.6.The client shall ensure continuous compliance with the requirements of NSEIL, SEBI and AMFI.

2.7.The client shall pay to the participant, fees and statutory levies as are prevailing from time to time and as they apply to the client's account, transactions and to the services that participant renders to the client.

2.8.The client will furnish information to the participant in writing , if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation, which may have material bearing on his capacity has been filed against him.

2.9.In the event of non-performance of the obligation by the participant, the client is not entitled to claim any compensation either from the investor protection fund or from any fund of NSEIL or NSCCL.

2.10. In case of any dispute between the participants and the investors arising out of the MFSS facility, NSEIL and /or NSCCL agrees to extend the necessary support for the speedy redressal of the disputes.

Thanking you,

Yours faithfully,

Sole/First Holder OR Guardian (In case of Minor)

| | |
|---|-------|
| x | 11/14 |
|---|-------|



VOLUNTARY DECLARATION

AUTHORIZATION FOR MAINTENANCE OF RUNNING ACCOUNT (NSE/BSE)

Date:

I/We have been/shall be dealing through you as my/our broker on the Capital Market. As my/our broker i.e. agent I/we direct and authorize you to carry out trading/dealings on my/our behalf as per instructions given below.

I am/we are aware that you and I/we have the option to deliver securities/make payments of funds to each other for settlement of dealings as per the schedule in force, at the relevant time pursuant to directives/regulations/circulars, issued by exchange/regulatory authorities. However, I/we find it difficult to carry out repeated pay-in of funds and securities. Further, I/we also desire to use my/our securities and monies as margin/collateral without which we cannot deal/trade.

Therefore, I/we hereby direct and authorize you to maintain running account(s) for me/us and from time to time debit these securities and funds from running accounts and make pay-in of securities and funds to exchanges/clearing corporations/other receiving party(ies) to settle my/our trades/ dealings. Similarly, where I/we have to receive securities/funds in settlement of trades/dealings, please keep the securities and monies with you and make credit entries for the same in running accounts of securities and fund maintained by you. Further, subject to your discretion and valuation please treat my/our securities and funds lying to my/our credit in running accounts as margin/collateral for my/our dealings/trading.

In the event I/we have outstanding obligations on the settlement date, you may retain the requisite securities/ funds towards such obligations and may also retain the funds expected to be required to meet

margin obligations for next 5 trading days, calculated in the manner specified by the exchanges. While settling the account, please send a 'statement of accounts' containing an extract from ledger for funds and an extract from the register of securities displaying all receipts/deliveries of funds/securities. Please explain in statement(s) being sent, the retention of funds/ securities and the details of the pledge, if any. I agree that if I/we fail to bring any dispute arising from the statement of accounts or settlement so made to your notice within 7 working days from the date of receipt of funds/ securities or statement, as the case may be in writing by delivery at your registered office then in that event the statement of accounts or settlement so made shall attain finality and I/we shall have no right to dispute any/either of these ever.

Please do not carry out above stated settlement of running account in the event I/we avail margin trading facility. Further, do not carry out settlement of running account referred to above for funds given by me/us towards collaterals/ margin in the form of bank guarantee (BG)/ Fixed Deposit receipts (FDR).

Please further note that I am/We are entitled to revoke this authorization at any time. I/we shall be liable for all losses, damages and actions, which may arise as a consequence of your adhering to and carrying out my/our directions given above and further agree that you shall not be liable for any claim for loss or profit, or for any consequential, incidental, special or exemplary damages, caused by retention of securities/ monies under this agreement.

My/Our preference for actual settlement of funds and securities is at least:

- Once in a calendar quarter
- Once in a calendar month

**Thanking you,
Yours Faithfully,**

Sole/First Holder OR Guardian (In case of Minor)

x 12/14

Name: _____

Unique Client Code (UCC): _____



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OPTION FORM FOR ISSUE OF DIS BOOKLET

DP ID: 1 2 0 6 4 2 0 0

Client ID _____

Date:

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

| | |
|-------------------|--|
| Sole/First Holder | |
| Second Holder | |
| Third Holder | |

To,**NJ India Invest Private Limited****Block No. 901 & 902, 6th Floor, B Tower, Udhna Udyog Nagar Sangh Commercial Complex,
Central Road No.10, Udhna, Surat - 394210, Gujarat.****Dear Sir / Madam,**

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

 OPTION 1:

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

Yours faithfully

| | First/Sole Holder | Second Holder | Third Holder |
|------------|-------------------|---------------|--------------|
| Name | | | |
| Signatures | | | |

OR **OPTION 2:**

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

Yours faithfully

| | First/Sole Holder | Second Holder | Third Holder |
|------------|-------------------|---------------|--------------|
| Name | | | |
| Signatures | | | |

.....(Please Tear Here).....

Acknowledgement Receipt

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

DP ID: 1 2 0 6 4 2 0 0

Client ID _____

| | |
|---------------------------|--|
| Name of First/Sole Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

| |
|--|
| |
|--|

Depository Participant Seal and Signature



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SMS ALERT & TRUST FACILITY

Registration Form for availing SMS Alert and /or TRUST facility and for registering Clearing Members on whose behalf the securities can be transferred from the account of BO on the basis of SMS under TRUST facility

To,

NJ India Invest Private Limited

**Block No. 901 & 902, 6th Floor, B Tower, Udhna Udyog Nagar Sangh Commercial Complex,
Central Road No.10, Udhna, Surat - 394210, Gujarat.**

Dear Sir/Madam,

I/We wish to avail the following facility/ies provided by the depository on my/our mobile number as provided below subject to the terms and conditions as specified by CDSL

SMART-SMS alert facility

TRUST- TRansaction using Secured Texting facility

(please note that SMS alert facility is mandatory if TRUST facility is opted for)

BOID: 1 2 0 6 4 2 0 0

Sole / First Holder's Name: _____

Second Holder's Name: _____

Third Holder's Name: _____

I/We wish to register the following clearing members / IDs under my/our above mentioned BO ID registered for TRUST

| Sr. No. | Stock Exchange Name/ID | Clearing Member Name | Clearing Member ID (Optional) |
|---------|------------------------|----------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Mobile Number on which messages are to be sent: **+91** _____

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

(Existing users registered for SMS alerts:- Please note that if the mobile number for TRUST is different than the registered mobile number for SMS alert, the new mobile number will be updated for SMS alert also.)

The mobile number is registered in the name of _____

Email ID: _____

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

I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purpose of availing the said facility.

I/we acknowledge that transactions entered by the above clearing members will be executed on the basis of SMS sent through our registered mobile number under TRUST and I/we shall be wholly responsible for execution / non-execution of the said transactions based on receipt/non-receipt of such SMS.

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

x _____ 13/14

Sole/First Holder OR Guardian (In case of Minor)

x _____ 03/04

Second Holder

x _____ 03/04

Third Holder

Date:

Place: _____



SCHEDULE OF CHARGES

DP ID : 12064200

NJ India Invest Pvt. Ltd.

Regd. Office : Block No. 901 & 902, 6th Floor, B Tower, Udhna Udyognagar Sangh Commercial Complex,
Central Road No.10, Udhna, Surat - 394210, Gujarat.

| Particulars | Charges |
|--|--|
| Agreement charges | NIL |
| Annual Maintenance Charges -Normal | Individual : ₹ 300/- Corporates : ₹ 600/- |
| Demat / Remat charges | ₹ 3/- per certificate + ₹ 50/- for courier handling per ISIN |
| Custody / Holding charges | Nil |
| Transfer security | - |
| Buy | Nil |
| Market / Off Market (Only Debit Transaction) | ₹ 25/- (₹ 18/- for in house market transaction) per ISIN |
| Pledge (Creation/ Closure/ Invocation) | ₹ 40/- per ISIN |

CONDITIONS :

1. Annual maintenance charges have to be paid at the end of 1 year from the date of account opening.
2. In case the client opts closure of the demat account within 1 year from the date of account opening, then Annual Maintenance Charges shall be charged proportionately as per SEBI circular.
3. All the charges mentioned above are inclusive of CDSL charges.
4. Service tax as applicable would be levied.
5. The above charges are subject to change with 30 days prior notice. However, in case of revision of charges by CDSL. A shorter notice may be given.
6. Charges once paid will not be refunded.
7. All instructions for transfer must be received at least one day before the execution/pay-in date.
8. Same day execution/late instructions will be accepted on "A best efforts basis" at the sole risk and responsibility of the depository account holder(s).
9. The depository services may be temporarily discontinued if the cheque given for availing DP services is returned unpaid. Intimation of discontinuation of the DP services shall be in accordance with the rules specified by CDSL. The DP services shall be resumed after recovery of the returned cheque plus 100/- as additional charges.
10. All pledging services (creation, closure and invocation) shall be separately charged at the time of each transaction.
11. Value of securities will be in accordance with the rates provided by CDSL.
12. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.

We have read and understood the charges and conditions as above and agree to abide by the same

BOID: 1 2 0 6 4 2 0 0

Name: _____

x 14/14

Sole/First Holder OR Guardian (In case of Minor)

Name: _____

x 04/04

Second Holder

Name: _____

x 04/04

Third Holder



NON-MANDATORY - POWER OF ATTORNEY

POWER OF ATTORNEY IN FAVOUR OF NJ INDIA INVEST PRIVATE LIMITED

To all to whom these presents shall come I/ we

1) _____
residing at/ having its registered office at (As per
KYC)

2) _____
residing at/ having its registered office at (As per
KYC)

3) _____
residing at/ having its registered office at (As per
KYC)

Whereas I/ we hold beneficial owner account number 12064200 _____ with Central Depository Services (India) Limited (CDSL), through NJ India Invest Private Limited registered with Securities and Exchange Board of India(SEBI).

And Whereas I/ we am/ are desirous to buy and sell securities through NJ India Invest Private Limited, who is a stock broker registered with SEBI and member of National Stock Exchange of India, bearing SEBI registration No.INB231360539, member of Bombay Stock Exchange , bearing SEBI registration No. INB011360535 and a Depository Participant bearing SEBI registration No.IN-DP-14-2015.

And Whereas I/ we am/ are desirous of appointing NJ India Invest Private Limited as my/our constituted attorney to operate my/ our beneficial owner account on my/ our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein.

Now know you all and these presents witness that I/ we do hereby nominate, constitute and appoint NJ India Invest Private Limited (hereinafter referred to as "the stock broker") as my/our true and lawful attorney and authorise it, to perform the following functions on my/our behalf:

x _____ 03/05

x _____ 01/03

x _____ 01/03

Sole/First-Holder/Authorised Signatory Second-Holder/Authorised Signatory Third-Holder/Authorised Signatory



NON-MANDATORY - POWER OF ATTORNEY

i. To transfer securities held in my/our aforementioned beneficial owner account(s) or any other account informed by me/us in writing to the stock broker from time to time to the demat account of the stock broker maintained for the purpose of settlement of trades and margin obligations arising out of trades executed by me/us on any recognized stock exchange through the stock broker. However, the said power will be restricted to only transfer of securities to the Clearing Member ID allotted to the stock broker by any existing or future exchange that the stock broker has joined/ will join as a member or to any demat accounts linked to the said Clearing Member ID; provided that I/we have executed a Client Member Agreement with the stock broker for such exchanges.

Details of NJ Demat Accounts where client securities can be moved:

| Exchange | Accounts | Demat Account No |
|----------|----------------------------|------------------|
| BSE | CM Pool Account | 120642000000404 |
| BSE | CM Principal Account | 120642000000398 |
| BSE | Early Pay in Account | 1100001000020915 |
| BSE | Client Beneficiary Account | 1206420000012456 |
| BSE | NSDL Pool Account | IN00100210008696 |
| NSE | CM Clearing Member Account | 1206420000012724 |
| NSE | Early Pay in Account | 1100001100018830 |
| NSE | Client Beneficiary Account | 1206420000015541 |
| NSE | NSDL Pool Account | IN00100210008839 |

ii. To pledge the securities in favor of the stock broker for the limited purpose of meeting my/our margin requirements in connection with the trades executed by me/us on any recognized stock exchange through the stock broker.

iii. To return to me/us, the securities that may have been received by the stock broker erroneously or those securities that the stock broker was not entitled to receive from me/us;

iv. To send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/ email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

v. To apply for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares, tendering shares in open offers etc pursuant to oral/written/electronic instructions given by me/us to the stock broker.

vi. To apply for redemption or repurchase of units of mutual fund by signing & submitting requests to Depository Participant for processing on my/our behalf.

I/We ratify the instructions given by the aforesaid stock broker to the depository participant named here-in-above in the manner specified herein.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked (without notice) in writing by me/us and that the said revocation shall be effective from the date on which the revocation notice is received by the stock broker in his office at **Block No. 901 & 902, 6th floor, 'B' Tower, Udhna Udhog Nagar Sangh Commercial Complex, Central Road No 10, Udhna, Surat - 394 210, Gujarat.**

x 04/05

x 02/03

x 02/03

Sole/First-Holder/Authorised Signatory Second-Holder/Authorised Signatory Third-Holder/Authorised Signatory



NON-MANDATORY - POWER OF ATTORNEY

IN WITNESS WHEREOF I/We have hereunto set and subscribed my/our respective hands to these presents the day and the year herein below written.

Name: _____ Name: _____ Name: _____

x _____ 05/05

x _____ 03/03

x _____ 03/03

Sole/First-Holder/Authorised Signatory Second-Holder/Authorised Signatory Third-Holder/Authorised Signatory

In presence of

Witness Name _____

Signature of
Witness

x _____

Address _____

We hereby agree to exercise the powers conferred upon us in terms of the clauses mentioned hereinabove.

For NJ India Invest Pvt. Ltd.

x _____

Name _____

Designation _____

Authorised Signatory

Witness Name _____

Signature of
Witness

x _____

Address _____

Date:

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

Place: _____



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Stock Holding Corporation of India Limited

Registered office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400012

Visit us at : www.shcilestamp.com

VER 5.0 250512

e-Stamping Application Form

| | | |
|----------------------|----------------------------------|--|
| Application Date | / /20 | <input checked="" type="checkbox"/> Tick any one) <input checked="" type="checkbox"/> Registerable <input type="checkbox"/> Non-Registerable |
| Document Description | Power of Attorney Article | Stamp Duty Amount ₹ 10/- Indian Rupees only |

Property Description (not exceeding 100 characters)

| | |
|---|---|
| Property Description (not exceeding 100 characters) | |
| | |
| Consideration of Property | ₹ |

First Party Details (name not exceeding 50 characters)

| | | | | | | | | | | | | | | | | | | |
|---------|-----|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|
| Name | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | |
| Phone | PAN | | | | | | | | | | | Pin Code | | | | | | |

Second Party Details (name not exceeding 50 characters)

| | | | | | | | | | | | | | | | | | | |
|---------|--|---|---|---|---|---|---|---|---|---|---|----------|---|---|---|---|---|---|
| Name | NJ INDIA INVEST PVT LTD. | | | | | | | | | | | | | | | | | |
| Address | Shop No. 7 & 8 Yogi Complex, Aml, Vapi Silvassa Main Road, Silvassa. | | | | | | | | | | | | | | | | | |
| Phone | PAN | A | A | B | C | N | 2 | 7 | 9 | 0 | G | Pin Code | 3 | 9 | 6 | 2 | 3 | 0 |

Stamp Duty Payment Details (name not exceeding 50 characters)

| | | | | | | | | | | | | | | | | | | |
|--------------------------------------|------------------------------------|---|--|--|---------------------------------|-----------------------------|------------------------------------|-------------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|
| Stamp Duty Purchased by | | | | | | | | | | | | | | | | | | |
| Stamp Duty Paid by (✓ Tick) | <input type="checkbox"/> 1st Party | <input checked="" type="checkbox"/> 2nd Party | Type of Payment | <input checked="" type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> DD | <input type="checkbox"/> Pay-Order | <input type="checkbox"/> NEFT | <input type="checkbox"/> RTGS | <input type="checkbox"/> Account to Account Transfer | | | | | | | | |
| Stamp Duty Paid by - Gender (✓ Tick) | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Jointly paid by Male & Female | <input type="checkbox"/> Others | | | | | | | | | | | | | | |

| Cheque / DD / Pay-Order / NEFT / RTGS / Account Details | | | Cash Deposit | | ₹ |
|---|-------------|--------------------------------------|--------------|--------|------|
| Bank Name | Branch Name | Cheque /DD /PO /UTR /REF/Account No. | Deno. | Pieces | |
| | | | 1000 | X | |
| | | | 500 | X | |
| | | | 100 | X | |
| | | | 50 | X | |
| | | | 20 | X | |
| | | | 10 | X 1 | 10/- |
| | | | 5 | X | |
| Rupees (in Words) : | | | 2 | X | |
| | | | 1 | X | |
| | | | Total | | 10/- |

- Please submit the duly filled and signed form along with stamp duty amount at the e-Stamping counter
- Stamp Duty amount should be rounded off to the nearest Rupee
- The correctness of Article type and Stamp Duty amount cannot be confirmed at the e-Stamping counter
- Once the e-Stamp is generated no modifications/changes are possible, so carefully check the preview of the e-Stamp and only then sign the preview
- Once the e-Stamp has been generated, payment cannot be cancelled or refunded by SHCIL. For cancellation you need to get in touch with the Competent Authority at the Stamp Office appointed by the State Government
- Cancellation charges are applicable as levied by the State Government

I have read and understood the above instructions and the Information given by me in this form is true to the best of my knowledge and belief.

Name of the Party/ Representative:

Signature:

(For Office use only)

I verify that the Application Form is in order

To be filled by USER

To be filled by SUPERVISOR

| | | |
|-------------------------------|--------------------|------------|
| SUBIN | Certificate Number | IN |
| Signature | Signature | |
| Stamp Certificate received by | Name: | Signature: |

SHCIL E-Stamping

Receipt

(To be filled in by the client)

| | | | |
|--------------------------------------|--------------------|------------------------------------|--|
| Stamp Duty Purchased By | Stamp Duty Paid by | <input type="checkbox"/> 1st Party | <input type="checkbox"/> 2nd Party |
| Stamp Duty Amount | ₹ | Type of Payment | <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Pay-Order <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS <input type="checkbox"/> Account to Account Transfer |
| Cheque/ DD/ PO/ UTR/ REF/Account No. | Date: / /20 | | |
| Bank Name | Branch Name | | |
| Counter Signature with Seal | | | |

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DEBIT CARD REGISTRATION REQUEST

To,
NJ India Invest Private Limited
Udhna, Surat.

Subject : Undertaking with Request to register Debit Card on my/our Trading Account

Dear Sir / Madam,

I/ we hereby request you to get my/our Debit Card registered with your Company for the purpose of making online payments through my/our Trading Account using the registered Debit Card.

I/ we further confirm & undertake that my/ our below mentioned Debit card is mapped with my/ our bank account which is registered in my/our NJ Trading Account.

| | |
|-----------------------|--|
| UCC | |
| Registered Bank Name | |
| Name as on Debit Card | |
| Bank Account Number | |
| Debit Card Number | |
| Card Expiry Date | |

Note:

1. For verification, please attach a photocopy of your above mentioned Debit Card (Only front side)
2. For security reasons, kindly do not share CVV/code/password with any person.

I/we further undertake to inform your company if I/we link the above mentioned Debit card with any other bank account. I/we would be pleased to provide the further information or explanations as & when required.

The details provided hereinabove are true and correct to the best of my/our knowledge and belief, nothing has been concealed therefrom. If anything contrary to above will be found later by the Company, I/we shall be responsible for the consequences thereof.

Name of the Authorized Signatory

Designation
(For Non Individual only)

Name of Constituent
(For Non Individual only)

Signature

Date



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FATCA-CRS Declaration - *Individuals*

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

SOLE/FIRST HOLDER DETAILS

PAN* _____

Name _____

Type of address given at KYC KRA

Residential

Residential or Business

Business

Registered Office

State _____

Phone No (with ISD Code) _____

Place of Birth _____

Country of Birth _____

Nationality _____

Are you a tax resident of any country other than India?

Yes

No

If yes, Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN, GIIN, CIN, EIN, others, etc.

| Country # | Tax Identification Number | Identification Type (TIN or Other, please specify) |
|-----------|---------------------------|---|
| | | |
| | | |
| | | |
| | | |

SECOND HOLDER DETAILS

PAN* _____

Name _____

Type of address given at KYC KRA

Residential

Residential or Business

Business

Registered Office

State _____

Phone No (with ISD Code) _____

Place of Birth _____

Country of Birth _____

Nationality _____

Are you a tax resident of any country other than India?

Yes

No

If yes, Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN, GIIN, CIN, EIN, others, etc.

| Country # | Tax Identification Number | Identification Type (TIN or Other, please specify) |
|-----------|---------------------------|---|
| | | |
| | | |
| | | |
| | | |



FATCA-CRS Declaration - *Individuals*

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

THIRD HOLDER DETAILS

PAN* _____

Name _____

Type of address given at KYC KRA Residential Residential or Business Business Registered Office

State _____

Phone No (with ISD Code) _____

Place of Birth _____

Country of Birth _____

Nationality _____

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

If yes, Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN, GIIN, CIN, EIN, others, etc.

| Country [#] | Tax Identification Number | Identification Type (TIN or Other, please specify) |
|----------------------|---------------------------|---|
| | | |
| | | |
| | | |
| | | |

DECLARATION & SIGNATURES

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I/We have read and understood the information provided by me/us in this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

x

Sole/First Holder

x

Second Holder

x

Third Holder

Place: _____

Date:

FATCA & CRS Terms & Conditions

Details under FATCA & CRS : The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of Income tax Rules, 1962 which Rules require Indian financial institutions such as the Investment Entity/Custodial Institution to seek additional personal ,tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any Information provided by you, please ensure you advise us promptly, i.e within 30 days Please note that you may receive more than one request for information if you have multiple relationships with NJ India Invest Private Limited or its group entities. Therefore , it is important that you respond to our request, even if you believe you have already supplied any previously requested information.



BANK MANDATE TERMS & CONDITIONS

Bank Mandate Terms & Conditions :

1. Bank Mandate shall be in favor of 'NJ India Invest Private Limited'. (Hereinafter 'NJ')
2. The Bank details in the Bank Mandate MUST match with bank details in Client's Trading Account.
3. Client Signature on bank mandate must be as per bank records. Signature of all bank account holders required if mode of holding in account is "Joint"
4. NJ reserves the right to register bank mandate in any available modes ie Auto Debit, ACH, ECS,.
5. Bank Mandate shall take 30 days to get registered from the date of submission of Mandate at NJ PSC (subject to Bank confirmation).
6. Client bank may charge client account for activating any such services. Neither NJ nor its service provider shall be held responsible or bear any such charges.
7. Mandate format is subject to change as per the guidelines received from RBI/Bank or other concerned governmental or statutory authorities. On receiving any such intimation from RBI or Bank, NJ or its service provider may change the Mandate without prior notice to the Clients & Transactions may be rejected by NJ or its service provider or Client's Bank due to any such change. Neither NJ nor its service provider shall be held responsible for any such rejections.
8. The mandate can also be used for collection of all kind of DP charges including Annual Maintenance Charges from the Client's bank account.
9. This mandate covers all the fund obligations of the Client including pay-in and other charges etc in respect of Client's transactions and on account of any default thereon.

Call & Transact Terms & Conditions:

1. On activation of Trading Account, Call & Transact user ID & TPIN will be sent to client registered email id & mobile number. Client MUST ensure confidentiality of the same.
2. Client can place transaction on Call & Transact for all segments offered by NJ.
3. MF purchase transaction will be accepted on Call & Transact only if the Client's registered bank is from the list of Banks offered by NJ for purchase facility.
4. It is client responsibility to check the cut-off time for same day NAV before placing the transaction.
5. If the Transaction(s) are delayed / not processed due to any reason including delay / non realization of the funds or status to NJ from Client's bank, In no circumstances NJ owes the responsibility to client.
6. Client has to call on the designated phone number to place the transaction. Client will have to enter User ID & TPIN to place the transaction. Transactions once placed on Call, shall not be reversed in any circumstances whatsoever.
7. Client has to ensure sufficient fund in the bank account before placing the purchase transaction through Call & Transact.
8. Funds (inclusive of brokerage if any) will be debited from Client bank account for the transactions placed through Call & Transact facility. If funds are not received from Client's bank account, Transaction will be rejected.
9. Client bank may levy any charges to client bank account if payment debit request submitted by NJ is failed due to any reason. Neither NJ nor its service provider shall be held responsible for any failure & any charges levied by the bank.
10. Maximum Upper Limit: Cumulative amount (All Segments) on a particular date shall not exceed the upper limit mentioned on the Bank Mandate. Further, on the Instalment date of Registered SIP (MF or CM) the available balance for investment through Call & Transact shall be balance after SIP Instalment amount on that particular date. Eg: If the upper limit mentioned on the bank mandate is 10,000 & investor has registered SIP of 5000/- on 1st of every month, then balance for investing through Call&Transact on 1st will be 5000 only.
11. Call & Transact service is available subject to applicable laws and regulatory compliances from time to time.
12. NJ reserves rights to change the terms and conditions from time to time.
13. Any dispute shall be subject to jurisdiction of Courts at Surat only.

*Client Name: _____

*Unique Client Code(UCC): _____

*Date:

Client Signature:



SIP SPECIFIC TERMS & CONDITIONS

1. The SIP will be registered pursuant to the details given in the TIS (Transaction Instruction Slip) & incomplete TIS or incorrect information may be subject to rejection by NJ.
2. NJ will check the correctness of TIS & other documents submitted before registration of Client SIP(s).
3. The Client submitting the Transaction Instruction Slip to NJ India Invest Private Limited (NJ) shall all the time abide by these Terms and Conditions.
4. Amount debited from Client's bank account for SIP transaction(s) shall include Brokerage charges, if any.
5. Client can register for SIP in the schemes which are available on Exchange(s) and offered by NJ.
6. SIP shall commence only after successful registration of the Mandate.
7. SIP shall commence after 40 days from the date of submission of TIS and Bank Mandate at NJ PSC as per the SIP start date selected.
8. In the case, where Bank Mandate is already registered and Client desires to start additional SIP against the existing Mandate Limit, SIP start date will be after 10 working days from the date of submission of TIS at NJ PSC as per the SIP Start Date selected (applicable in case an open mandate is given).
9. Depending upon the bank of Client / location of Client's bank branch, Client's Bank Account shall be debited between 3 to 5 days prior or on SIP transaction date on Exchange(s). eg: if the SIP transaction date is 15th of every month, Client bank account may get debited between 10th to 12th date or maximum by 15th.
10. Maximum Upper Limit: Cumulative amount on a particular date shall not exceed the upper limit mentioned on the Bank Mandate. Eg: if the upper limit mentioned on the bank mandate is 10,000 & investor has registered 3 SIPs of 5000/- each on 1st, 15th & 28th of every month, all the SIPs will be successfully registered. But a single SIP of 11000/- on a same date will not be registered.
11. If the Transaction(s) are delayed / not processed due to any reason including delay / non realization of the funds to NJ from Client's bank account, In no circumstances, NJ owes responsibility to Client or any third party, whatsoever.
12. If the transaction(s) are delayed / not processed due to any reason on the SIP due date, no back dated NAV will be given in any circumstances whatsoever.
13. In case if Client SIP fund is realised in NJ account after SIP due date, Client's SIP transaction will be cancelled by NJ and such transaction shall be processed as "Purchase" on the date of realisation of the funds. If for any reason, "Purchase" transaction could not be processed, the funds will be refunded to Client's bank account.
14. Payment collection will be done by BSE for any SIP which is registered on the Mandate registered with BSE.
15. If the installment amount is not received by BSE on or before SIP installment date, SIP Installment will be cancelled by BSE.
16. For cancelled installment, collected amount will be refunded to client registered bank account.
17. NJ reserves rights to change the terms and conditions from time to time.
18. Any dispute shall be subject to jurisdiction of Courts at Surat only.

*Client Name: _____

*Unique Client Code(UCC): _____

*Date:

Client Signature:



BSE BANK MANDATE TERMS & CONDITIONS

1. Bank Mandate shall be in favor of 'BSE Limited'. (Hereinafter 'BSE')
2. The Client name MUST match with the name registered with NJ as per the UCC.
3. The Bank details in the Bank Mandate MUST match with registered bank details in Client's Trading Account.
4. The Transaction value and brokerage charges, if any, shall be debited from Client's bank account .
5. BSE reserves the right to register bank mandate in any available modes ie ACH & ECS,.
6. Mandate registration shall take 30 working days to get registered from the date of submission of Mandate at NJ PSC subject to Bank Confirmation.
7. Client bank may charge for activating any such services from the Client's account. Neither NJ nor its service provider shall be held responsible or bear any such charges.
8. Client shall ensure sufficient balance in Client's bank account for successful processing of Transactions.
9. Mandate format is subject to change as per the guidelines received from BSE or RBI/Bank or other concerned governmental or statutory authorities. On receiving any such intimation from RBI or Bank or any other concerned party, NJ or its service provider may change the Mandate without prior notice to the Clients & Transactions may be rejected by NJ or its service provider or Client's Bank due to any such change. Neither NJ nor its service provider shall be held responsible for any such rejections.
10. Payment collection will be done by BSE for any SIP which is registered on the Mandate registered with BSE.
11. If the installment amount is not received by BSE on or before SIP installment date, SIP Installment will be cancelled by BSE.
12. For cancelled installment, collected amount will be refunded to client registered bank account.
12. NJ reserves rights to change the terms and conditions from time to time.
13. Any dispute shall be subject to jurisdiction of Courts at Surat only.

*Client Name: _____

*Unique Client Code(UCC): _____

*Date:

Client Signature:



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**FINANCIAL
PRODUCTS
DISTRIBUTORS
NETWORK**

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