



Address for Communication / Corporate Benefits (Default Option is Regd. Address)

Registered / Permanent Address Correspondence Address / Foreign Address

Income Range or Network

Income (Annum) : Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25Lacs-1 Cr >1 Cr
Networth (as on) : is Rs.....should not be older than 1 year

BANK ACCOUNT DETAILS :

Client Name As Per Bank Account : _____

BANK ACCOUNT TYPE: SAVING CURRENT CC OD NRI NRO OTHER

BANK ACCOUNT NO:

MICR CODE: IFSC CODE :(RTGS/NEFT)

BANK NAME _____

Brach Name _____

BANK ADDRESS: _____

CITY _____ PIN CODE: BRANCH CODE : _____

INVESTMENT AND TRADING EXPERIENCE (No. Of Years)

STOCK MARKET : Year DERIVATIVES : Year OTHER INVESTMENT : Year

FINANCIAL PROOF FOR F&O:

- Copy Of It Return Salary Slip Bank A/c Statement (last 6 Months)
 Self Declaration Along With Relative Supporting Documents Copy Of Annual Accounts

Other (please Specify) : _____

TRADING PREFRENCE: (PLEASE SIGN IN RELEVANT BOXES WHERE YOU WISH TO TRADE)

Table with 2 columns and 3 rows for trading preferences: BSE CASH, NSE CASH, NSE CDS, NSE F&O, NSE CDS, BSE CDS. Each cell contains a signature line and '(Sign with HUF stamp)'. The table is currently empty.



A. ADDITIONAL INFORMATION/ FATCA-CRS DECLARATION (FIRST HOLDER / TRADING HOLDER)

ARE YOU A CITIZEN OR TAX RESIDENT OF ANY OTHER COUNTRY OTHER THAN INDIA? YES No

IF YES, PLEASE INDICATE ALL THE COUNTRIES IN WHICH YOU ARE RESIDENT FOR TAX PURPOSE.

COUNTRY	TAX IDENTIFICATION NUMBER	IDENTIFICATION TYPE


B. Additional Information: Regarding Any Actions/proceedings Initiated / pending (First Holder / Trading Holder

Details Of Any Actions/proceedings Initiated / pending /taken By Sebi /stock Exchange/ Any Other Authority Against The Applicant /constituent Or Its Parteners / Promoters/whole Time Directors / Authorised Person Incharge Of Dealing In Security Durina The Last Three Years (attached Coopv:)

YEAR	AUTHORITY NAME	ORDER REF NO

C. POLITICALLY EXPOSED PERSON RELATED TO POLITICALLY EXPOSED PERSON Not Applicable

Certification: I/WE have understood the information requirements of above A, B, and C (read along with the FATCA & CRS instructions) and hereby confirm that the information provide by me/us on A, B and C form are true,correct,and complete. I/WE also also confirm that I/WE have read and understood the FATCA & CRS terms and condiaions below and hereby accept the same.



 (Sign with HUF stamp)

DETAILS OF INTRODUCER

NAME :

NSE AP REG No :

BSE AP REG No :



ADDRESS: _____

City: _____ Pin Code : _____ State: _____

Country: _____ Mobile: _____ Email : _____

I am Giving Assurance for the following :

- * Family Flag as Per Email Consent, For Their Trading / Demat Account Registered With Acml.
- * I agree to receive SMS / Email alerts from Broker, Stock Exchanges and depositories on the above Mobile number / email id Instead of Physical
- * All Updates Applicable For E-confirmation Regarding Any Communication Under SEBI Authorities.

<p>Client Signature:</p> <div style="text-align: center;">  _____ (Sign with HUF stamp) </div> <p>Original Verified Stamp Affixed by ACML Authorised Person</p> <p>ORIGINALS VERIFIED</p>	<p>Client Signature:</p> <div style="text-align: center;">  _____ (Sign with HUF stamp) </div> <p>In Person Verification Stamp Affixed by ACML Authorised Person</p> <p>IN PERSON VERIFICATION</p>
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Declaration

The rules and regulations of the Depository and Depository Participants Pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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. we are aware that we may be held liable for it. I / we acknowledge the receipt of copy of the document. " Rights and Obligations of the Bencficial Owner and Depository Participant"



HUF Name : _____
Name of Kara : _____
Address : _____

_____ (Name of the Karta) hereby declare that I am the Karta of the HUF
 _____ (Name of HUF) and following persons are the Co Parceners / Members of the HUF.
 We all the below mentioned Co-Parceners declare that Mr. _____
 _____(Name of the Karta) is the Karta of the above mentioned HUF of which we are the Co
 Parceners / Members :

Name	<p style="text-align: center;">PHOTOGRAPH</p> <p style="text-align: center;">Please affix Your recent passport size photograph sign across it</p>
Address :	
City / Town / Villge	
Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DOB : ___ / ___ / _____ (Relationship with Karta)	
PAN OF HUF KARTA : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Co Parceners <input type="checkbox"/> Member <input type="checkbox"/>	X Signature with Stamp

Name	<p style="text-align: center;">PHOTOGRAPH</p> <p style="text-align: center;">Please affix Your recent passport size photograph sign across it</p>
Address :	
City / Town / Villge	
Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DOB : ___ / ___ / _____ (Relationship with Karta)	
PAN : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Co Parceners <input type="checkbox"/> Member <input type="checkbox"/>	X Signature with Stamp

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DOB : ___ / ___ / _____ (Relationship with Karta)	
PAN : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Co Parceners <input type="checkbox"/> Member <input type="checkbox"/>	X Signature with Stamp

X _____
 (Sign with HUF stamp)



Name	<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTOGRAPH Please affix Your recent passport size photograph sign across it </div>
Address :	
City / Town / Villge	
Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DOB : ___ / ___ / _____ (Relationship with Karta)	
PAN : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Co Parceners <input type="checkbox"/> Member <input type="checkbox"/>	X Signature with Stamp

Name	<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTOGRAPH Please affix Your recent passport size photograph sign across it </div>
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PAN : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Co Parceners <input type="checkbox"/> Member <input type="checkbox"/>	X Signature with Stamp

Note : If any information not update in my trading / demat account ,
Please update the same base on aforesaid application.

X _____
(Sign with HUF stamp)



ACML CAPITAL MARKETS LIMITED

(Formerly ASE Capital Markets LTD.)

To all to whom these presents shall come I/ We

First Holder Name :

Second Holder Name :

Third Holder Name :

NSDL DEMAT ID : I N 3 0 2 4 6 1

CDSL DEMAT ID : 1 3 0 1 5 2 0 0

Indian inhabitants send greetings,

Whereas I/We have a beneficiary account in the name and style of Individual/ HUF / Corporate/ Trust / Others (please specify).....(hereinafter referred to as the said 'Account') with ACML CAPITAL MARKETS LTD.(Formerly ASE Capital Markets Ltd.) (DP ID - IN302461 and 13015200) having DP Head Office at Kamdhenu Complex, Opp. Sahjanand College, Panjarapole, Ambawadi, Ahmedabad 380015.(hereinafter referred to as the DP) bearing SEBI Single Registration number IN- DP-427-2019 of DP and I/We am/are desirous of appointing agent/attorney to operate said account on my/our behalf in the manner hereinafter appearing.

Whereas I/We am/are (First Holder Name):

.....a registered client of ACML CAPITAL MARKETS LIMITED (Formerly ASE Capital Markets Ltd.) A Member of BSE Limited (Formerly, Bombay Stock Exchange Limited). and National Stock Exchange of India Limited bearing SEBI Single Registration Number INZ000260134.

Whereas due to reduction in trade cycle as well as exigency and paucity of time, it is not possible for me/us to give the Delivery Instruction on a daily basis/trade basis. I/We want to avail the facility of direct debit/credit of securities provided to the client of sub-broker/authorised person of ACML for smooth functioning of margin/settlement process.

Whereas I/We hereby confirm that I/We have read and understood the Risk Disclosure Document as prescribed by Securities and Exchange Board of India.

Now know we all and these presents witness that I/We, the above named do hereby nominate, constitute and appoint ACML having its registered office at Kamdhenu Complex, Opp. Sahjanand College, Panjarapole, Ambavadi, Ahmedabad-380015. as my/our true and lawful attorney(s) (hereinafter referred to as "The Attorney(s)") for me/us and on my/our behalf and in my/our name to do the following acts, deeds and things and exercise the following powers and authorities.

Sign of First / Sole Holder

Sign of Second Holder

Sign of Third Holder

Sole/First Holder Signature

Second Holder Signature

Third Holder Signature

1. To do all such things and give such instruction as mentioned below concerning the said account as I/We Myself / ourselves could give if I / We was / we were personally present.
2. To instruct the DP to debit securities, mutual funds units etc. to the said account and or transfer the Securities, mutual funds units etc. form the said account, and to give credit/transfer to the Pool A/c. Designated A/c. of ACML CAPITAL MARKETS LIMITED. (Formerly Ase Capital Markets Ltd.) to the extent of pay-in obligation as well as margins to wards BSE, NSE and / or as a client of ACML CAPITAL MARKETS LIMITED (Formerly Ase Capital Markets Ltd.)

Details of Demat Account, where securities can be moved :

DESCRIPTION OF NSDL		DESCRIPTION OF CDSL	
BSE POOL OP ID AND CLIENT ID	IN302461-10421253	BSE CM Principal A/c CDSL	130152000001961
BSE POOL CM ID AND CMBPID	293-IN656608	BSE CM Pool A/c CDSL	1301520000001961
BSE CDSL PRINCIPAL A/C	1301520000001961	BSE Early Pay-in A/c CDSL	1100001000018283
BSE CDSL POOL A/C	1301520000001976	BSE CM BP ID - BSE	IN 656608
NSE POOL DPID AND CLIENT ID	IN302461-10421001	CM POOL A/c NSDL-BSE	IN 302461-10421253
NSE POOL CM ID AND CMBPID	M51198-IN566737	BSE ON MARKET	293
NSE CDSL POOL A/C	1301520000004734	NSE CM Principal A/c CDSL	1301520000004734
NSE F&O Client Security Pledge A/c-HDFC	IN 301151 27166189	BSE HOUSE ACCOUNT	1100002900000011
NSE CDS Clinet Security Pledge A/C	IN 302461 10407807	NSE HOUSE ACCOUNT	11000001100017837
NSDL CUSA A/C	IN 302461 10799302	CDSL CUSA A/C	1301520000204318

3. To Pledge the securities in favour of ACML for the limited purpose of meeting my/our margin requirements in connection with the trades executed by me/us on the stock exchange through the ACML.
4. And I/We hereby agree and confirm that the powers and authorities conferred by this power of attorney shall continue untill I/We Have given in writing for revocation of the aforesaid power of attorney at any time without notice.
5. It is specifically understood and agreed between both the parties hereto that either party i.e.the client of "ACML" will be entitled/eligible to claim refund/return of securities, erroneously received or credited to either party's demat account or those securities to which either party is not entitled to receive from the other party.
6. I/We authorize ACML Capital Markets LIMITED. (Formerly Ase Capital Markets Ltd.) (being a Stock Broker also) to send consolidated summary of my/our scrip wise buy/sell position taken with average rates by way of SMS/E-mail on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time
7. And I/We, do hereby agree to ratify all lawful acts and things done by the said attorney(s) pursuant to the Powers herein above contained
8. By executing this POA, I revoke all earlier POA if any executed in favour of ACML.

IN WITNESS WHEREOF I/We, the above named have hereunto set my hands and Seals of on this _____ day of _____ two thousand _____

Sign of First / Sole Holder

Sign of Second Holder

Sign of Third Holder

In the presence of Witness

Witness Name :

Address :

Signature

ACML Authorised Person Name :

Address :

Authorised Person Sign with Stamp

ACML Authorised Employee Name :

Designation :

Signature