

No. _____

Client Name _____

Client Code _____

R. M. Name _____

R. M. Code _____

Dealer Name _____

Dealer Code _____

Demat A/C No. _____

Terminal Code _____

Trust is what we stand for,
Growth is what we strive for.

ACCOUNT OPENING FORM - INDIVIDUAL



IndiaNivesh[®]

TRUST, WE EARN IT

IndiaNivesh Commodities Private Limited

For any grievance/dispute please contact member IndiaNivesh Commodities Pvt. Ltd. at the above or email id- grievances@indianivesh.in Tel.: 91 - 22 62406240 in case not satisfied with the response, please contact the concerned exchange(s) at MCX : grievance@mcxindia.com, Tel.:91-22 67494070 NCDEX: askus@ncdex.in, Tel.: 91-022 66406084, ICEX: grievance@icexindia.com, Tel.: 91-022 40381546

In case you are not satisfied with the response, please register his grievance directly through SEBI's grievance portal score <http://scores.gov.in/Complaint.aspx?flag=n>
 SEBIHELPLINE NO:- 180027575 & 18002667575

IndiaNivesh Commodities Private Limited is engaged in client based business and proprietary trading as well. This disclosure is made in pursuance of SEBI circular dated 25th April 2016

Sr. No.	Name of the Document	Brief Signification of the Document	Page No
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGE			
1.	KYC (Account Opening application form)	Part I KYC form - Document captures the basic Information about the constituent and an interaction / check list. a) CERSAI Form Individual client B	1-6
2	Tariff sheet	Part II Other Information Document detailing the rate / amount of brokerage and the charges levied on the client for trading on the commodities Exchange (for be added by the member).	7-12
3		Risk Disclosure Document	**
4		Rights and Obligations Documents	**
5		Guidance Note - Do's and Don'ts for the Investors	**
6		Policy And Procedure Documents	**
VOLUNTARY DOCUMENTS AS PROVIDED BY THE MEMBER*			
7	Undertaking / Declaration by the Client	Authorisation by Client to Maintain this account in Running Account Basis	13-14
8	ECN	ECN activation Form	15-16
9		Letter for Additional / Adhoc Margins	17
10		Declaration for Not Providing Mobile Number & Email ID / Declaration for Common Mobile No. & Email Id	18
11		Mobile Trading / Internet Base Trading Activation Request	19-20
12.	Format	a) Risk Profiling Sheet & AML b) Consent for Sharing of Data and Information c) Additional Information required for providing advisory services in relation to Wealth Management	21-24 25 26

** Separately provided to client and available on website

Dear Investor/s

We thank you for choosing IndiaNivesh Commodities Private Limited, for all your Investment needs. We value your decision and assure you that we will strive to assist you in best possible manner for all your investment related needs.

"We enclose herewith "KYC" (Know Your Client) form along with Annexures for your execution for opening of your trading and Demat accounts with us. We would urge to you go through the contents of Annexure - 2 (Risk Disclosure Document), Annexure - 3 (Rights & obligations) & Annexure - 4 (Do's and Don'ts) carefully, before executing the form."

We would request you to provide us with your email address and mobile number in the KYC. The email address is required so that your accounts and trade information can be sent to you electronically. We would send you a Welcome letter activation of your account through email and a hard copy of KYC form will be sent to you through courier.

We request the Online trading clients to keep the password confidential. We thank you once again.

Yours faithfully

On Behalf of **INCPL Team**

Acknowledgement Slip

To,
IndiaNivesh Commodities Private Limited
Mumbai

Dear Sir/ Madam,

I / We acknowledge the receipt all the mandatory documents containing Rights and Obligations Documents (Trading)/ Uniform Risk Disclosure Document (RDD) / Guidance note - Do's and Don'ts for Investors/ Policy and Procedure documents and also received Copy of KYC form (along with Tariff Sheet & Other Voluntary Documents).

I am also aware of availability of above document on your website www.indianivesh.in



(1/14)

Signature of the Client

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

Important Instructions:

- A) Fields marked with ** are mandatory fields. (E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 B) Please fill the form in English and in BLOCK letters. (F) List of two character ISO 3166 country codes is available at the end.
 C) Please fill the date in DD-MM-YYYY format. (G) KYC number of applicant is mandatory for update application
 D) Please read section wise detailed guidelines / instructions at the end (H) For particular section update, please tick (3) in the box available before the section number and strike off the sections not required to be updated



For office use only	Application Type*	☐ New	☐ Update	
(To be filled by financial institution)	KYC Number			(Mandatory for KYC update request)
	Account Type*	☐ Normal	☐ Simplified (for low risk customers)	☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	DD - MM - YYYY		
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender ☐ Married ☐ Unmarried ☐ Others		
Marital Status*	☐ IN- Indian ☐ Others (ISO 3166 Country Code)		
Citizenship*	☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin		
Residential Status*	☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ B-Business ☐ X- Not Categorised		
Occupation Type*			

PHOTO

 Signature / Thumb (2/14) Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number ☐ B- Voter ID Card ☐ C- PAN Card ☐ D- Driving Licence ☐ E-UID (Aadhaar) ☐ F-NREGA Job Card ☐ Z-Others (any document notified by the central government) ☐ S-Simplified Measures Account - Document Type code	Passport Expiry Date DD - MM - YYYY DD - MM - YYYY Identification Number Identification Number
---	--

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address (PoA) needs to be submitted)

Address Type*	☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address*	☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others please specify ☐ Simplified Measures Account - Document Type code
Address	
Line 1*	
Line 2	
Line 3	
District*	City / Town / Village* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Prefix First Name Middle Name Last Name
Name*
(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number Passport Expiry Date
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account - Document Type code Identification Number

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

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

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : Place :



[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION / IPV CARRIED OUT BY

Date
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name IndiaNivesh Commodities Limited
Code IN0642



CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick 'S1' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (V) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's name** is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and under noted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and under noted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Pol] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two - digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T.	Code	State / U.T.	Code	State / U.T.	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	HJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List Of ISO 3166 Two-digit Country Code

Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico		South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	MX	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MO	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	MN	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	ME	Svalbard and Jan Mayen	SJ
Bermuda	BM	Guadeloupe	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guam	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guatemala	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guernsey	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guinea	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea-Bissau	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guyana	GY	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Haiti	HT	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Heard Island and McDonald Islands	HM	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Holy See (Vatican City State)	VA	Nicaragua	NI	Togo	TG
Bulgaria	BG	Honduras	HN	Niger	NE	Tokelau	TK
Burkina Faso	BF	Hong Kong	HK	Nigeria	NG	Tonga	TO
Burundi	BI	Hungary	HU	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Iceland	IS	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	India	IN	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	Indonesia	ID	Norway	NO	Turkmenistan	TM
Canada	CA	Iran, Islamic Republic of	IR	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iraq	IQ	Pakistan	PK	Tuvalu	TU
Central African Republic	CF	Ireland	IE	Palau	PW	Uganda	UG
Chad	TD	Isle of Man	IM	Palestine, State of	PS	Ukraine	UA
Chile	CL	Israel	IL	Panama	PA	United Arab Emirates	AE
China	CN	Italy	IT	Papua New Guinea	PY	United Kingdom	GB
Christmas Island	CX	Jamaica	JM	Paraguay	PE	United States	US
Cocos (Keeling) Islands	CC	Japan	JP	Peru	PH	United States Minor Outlying Islands	UM
Colombia	CO	Jersey	JE	Philippines	PN	Uruguay	UY
Comoros	KM	Jordan	JO	Pitcairn	PL	Uzbekistan	UZ
Congo	CG	Kazakhstan	KZ	Poland	PT	Vanuatu	VU
Congo, the Democratic Republic of the	CD			Portugal		Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion	RE	Virgin Islands, U.S.	VI
Croatia	HR			Romania	RO		
Cuba	CU	Korea, Republic of	KR	Russian Federation	RU	Wallis and Futuna	WF
Curacao	CW	Kuwait	KW	Rwanda	RW	Western Sahara	EH
Cyprus	CY	Kyrgyzstan	KG	Saint Barthelemy (Saint Barthelemy)	BL	Yemen	YE
Czech Republic	CZ	Lao People's Democratic Republic	LA	Saint Helena, Ascension and Tristan da Cunha	SH	Zambia	ZM
Denmark	DK	Latvia	LV	Saint Kitts and Nevis	KN	Zimbabwe	ZW
Djibouti	DJ	Lebanon	LB	Saint Lucia	LC		
Dominica	DM	Lesotho	LS	Saint Martin (French part)	MF		
		Liberia	LR				

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

- A) Fields marked with are mandatory fields.
B) available at the end.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick («/») in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type*

☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

☐ 1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end)

Tel. (Off) — Tel. (Res) — Mobile —

FAX — Email ID

3. APPLICANT DECLARATION

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

Date : — —

Place:



(4/14)

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Annexure B1**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Details Of Related Person****Important Instructions:**

- A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end
F) List of two character ISO 3166 country codes is available at the end
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick () in the box available before the section number and strike off the sections not required to be updated.

**For office use only****Application Type***☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

☐ **1. DETAILS OF RELATED PERSON** (Please refer instruction G at the end)☐ Addition of Related Person ☐ Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor☐ Assignee☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

(If KYC number and name are provided, below details of section 1 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)☐ A- Passport Number

Passport Expiry Date

☐ B- Voter ID Card☐ C- PAN Card☐ D- Driving Licence

Driving Licence Expiry Date

☐ E- UID (Aadhaar)☐ F- NREGA Job Card☐ Z- Others (any document notified by the central government)

Identification Number

☐ S- Simplified Measures Account - Document Type code

Identification Number

2. APPLICANT DECLARATION

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



(5/14)

[Signature / Thumb Impression]

Date : Place:

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY**Documents Received**☐ Certified Copies**KYC VERIFICATION / IPV CARRIED OUT BY**Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILSName **IndiaNivesh Commodities Private Limited**Code **I N 0 6 4 2**

OTHER DETAILS (please see guidelines overleaf)

1. **Gross Annual Income Details** Please tick (✓): ☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ 25 Lacs-1 Crore ☐ > 1 Crore

2. **Net-worth in ₹.** (*Net worth should not be older than 1 year) _____ as on (date) / /

3. **Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**
(Please use the Annexure to fill in the details)

4. **Occupation** (please tick any one and give brief details):

- ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Farmer
☐ Others (Specify)

5 **Please tick, as applicable:**

(for any of your authorised signatories / promoters / partners / karta / trustees / wholetime directors)

- ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
☐ Not a Politically Exposed Person (PEP) ☐ Not Related to a Politically Exposed Person (PEP)

6 **Is the entity involved/providing any of the following services** ☐ YES ☐ NO

- For Foreign Exchange / Money Changer Services ☐ YES ☐ NO - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO
- Money Lending / Pawning ☐ YES ☐ NO

DEMAT / COMTRACK ACCOUNT DETAILS :

Depository Details :		☐ CDSL ☐ NSDL ☐ COMTRACK ☐ COMRIS ☐ CCRL															
DP Name	DP ID	Client ID												Default ID			

BANK ACCOUNT(S) DETAILS

Bank Name	Bank Branch	Bank A/c No.	A/c Type SB/CA / Others	MICR No.	IFSC Code											

Note : Please provide the above details with care as the same shall be used for Payment through NEFT / RTGS

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the Client and not more than 6 months old, (or)
(iii) Photocopy of the Passbook having name and address of the Client, (or) (iv) Letter from the Bank.

In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it should be self-certified by the Client.

TRADING PREFERENCE:

*Please sign in the relevant boxes where you wish to trade.

The exchange not chosen should be struck off by the client

EXCHANGE	SIGNATURE
MCX FUTURE	 (6/14)
MCX OPTION	 (6/14)
NCDEX FUTURE	 (6/14)
NCDEX OPTION	 (6/14)
ICEX FUTURE	 (6/14)

(The Client would be allowed to trade in the exchanges / segments chosen by him / her subject to submission of all the required supporting documents and meeting the eligibility criteria.

(In case of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to be obtained by the Member from client and to be kept as enclosure with this document.)

INVESTMENTS/TRADING EXPERIENCE

- NO PRIOR EXPERIENCE
- _____ YEAR IN COMMODITIES • _____ YEAR IN OTHER EXCHANGE RELATED FIELDS

NOMINATION DETAILS

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

☐ I/We do not wish to nominate

☐ I/We **nominate** the following person who is entitled to receive Funds / Commodities balance 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.

NOMINEE DETAILS

TRADING CODE _____

[illegible]

NOMINEE DETAILS

[illegible][illegible]

CITY : | | | | | | | | | | | | | | | | | | STATE | | | | | | | | | |

COUNTRY: | PIN CODE | | | | |

TELEPHONE NO.															
	STD CODE														

FAX															
	STD CODE														

EMAIL ID :	
PAN No. of Nominee	

RELATIONSHIP WITH CLIENT (IF ANY) _____ DATE OF BIRTH : _____
d d m m y y y y

Please affix &
Sign across
Recent Passport
Size Photograph
of Nominee

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

Place : _____ Date : _____

 _____
Signature of Guardian if Nominee is Minor

Name	
Specimen Signatures	 (7/14)

Note: Two witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signatures of Witness		

Nomination form accepted and registered wide registration number and date as per detail available in back office software.

Note : 2 Witness Shall attested signature(s) thumb impression

Authorised Signatory

GST DETAILS									
-------------	--	--	--	--	--	--	--	--	--

State Regn. No. _____ Central Regn. No. _____

PAST ACTIONS

Details of any action / proceedings initiated / pending / taken by SEBI / Stock Exchange /Commodity Exchange any other authority against the client or its partners / promoters / Wholetime Director/authorised person in charge of dealing in Commodities during the last three years. [Pl. specify in the col. Below]
--

DEALING THROUGH OTHER MEMBERS

If client is dealing through the other Member , provide the following details(In case dealing with multiple Members provide details of all.):

Member's/Authorised Person(AP) Name	Exchange :
-------------------------------------	------------

Exchange's Registration Number Client Code, if registered with other broker

Concerned Member's Name with whom the AP is registered

Regd. Office Address	
----------------------	--

[illegible][illegible]

INTRODUCERS DETAILS (OPTIONAL)

Introduced By ☐ Authorized Person ☐ Existing Client ☐ Others

NAME OF THE INTRODUCER: |

LAST NAME

PERMANENT ADDRESS:

CITY : _____ PIN CODE : _____

STATE : | | | | | | | | | | COUNTRY : | | | | | | | NATIONALITY | | | | | | | | | |

FAX : _____ MOBILE : _____
STD CODE

Introducer ID Proof No. _____

Signature of Introducer

N. ADDITIONAL DETAILS

Whether you wish to receive communication from Member in electronic form on your Email ID-Yes/No
(If yes please fill in Appendix A)

Whether you wish to avail of the facility of Internet Trading / Wireless Technology (Please Specify)_____

Internet Trading ☐ Wireless Technology ☐ If yes provide your Mobile no. _____

FOR OFFICE USE ONLY

UCC Code Alloted to the Client			
	Documents verified with Original	Client Interviewed by	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of Employee			
Date			
Signature			

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

Signature of intermediary
Date : / /



For IndiaNivesh Commodities Private Limited
Director / Authorised Signatory



Seal / Stamp of the Stock Broker

INSTRUCTIONS / CHECK LIST

1. Additional documents to be provided	
Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets	Self declaration with relevant supporting documents.

- * In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.
- Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the bank should be submitted.
 - For individuals:
 - Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
 - In case of non-resident clients, employees at the stock broker's local office, overseas can do 'in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
 - For non-individuals:
 - Form need to be initialized by all the authorized signatories.
 - Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

TARIFF SHEET

BROKERAGE STRUCTURE : General Rates

	Minimum Rs.**	Trading		Delivery	
		Percent		Minimum Rs.	Percent 2nd side
		1st side	2nd Side		
MCX FUTURE					
MCX OPTION					
NCDEX FUTURE					
NCDEX OPTION					
ICEX FUTURE					

OTHER CHARGES

COMMODITIES TRANSACTION TAX	☒ Yes ☐ No	STAMP DUTY	☒ Yes ☐ No
STATUTORY COST	☒ Yes ☐ No	TURNOVER TAX	☒ Yes ☐ No
STATE GST	☒ Yes ☐ No	CENTRAL GST	☒ Yes ☐ No

The above rates are exclusive of transaction charge, Stamp Duty, Securities Transaction Tax, Turnover fees, Grading and warehousing charges (on actual basis), State GST, Central GST on transaction charges and turnover fees levied by exchange /SEBI and State GST, Central GST on brokerage which will be charged extra at the rate prevailing from time to time. The General rates as mentioned here shall be applied unless the special rates as may be agreed by the sub-broker/Authorised Person/Introducer and client and the same are mentioned here.

- * Duplicate Contract Note Charges for physical copies Rs. 50/- per copy
- * Software Charges for IBT Client s Rs.1000+Taxes per segment p.a.
- * Clearing charges charged by clearing member will be charged on actual basis.
- * IndiaNivesh reserve the rights to change the brokerage as well as other tariff from time to time under intimation to client.
- ** For clients opting for physical contract note, or clients who has opted for ECN but subsequently shifted to physical contract note due to bouncing of ECN, minimum brokerage of Rs. 50/- will be charged subject to upper cap of highest rate of brokerage allowed by regulator from time to time.

For IndiaNivesh Commodities Private Limited

 (8/14)

Client's Signature

Authorised Person / Introducer

Authorised Sign / Director

DECLARATION

- 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.
- I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Do's and Don'ts'. 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 member's designated website.
- I/we intend to trade in Commodity Options contract subject to regulatory requirements of the Exchange and SEBI from time to time.

For IndiaNivesh Commodities Private Limited

 (9/14)

Client's Signature

Authorised Person / Introducer

Authorised Sign / Director

This Page has been Kept Intentionally Left Blank

RUNNING ACCOUNT LETTER

IndiaNivesh Commodities Private Limited

Lodha Supremus, 17th Floor, Senapati Bapat Marg,
Lower Parel (West), Mumbai – 400 013

Date: _____

Dear Sir,

Sub.: Authorization for maintaining account on running account basis

1. I/We hereby authorize you to maintain my account with you on a running account basis for the purpose of operational convenience.
2. Please settle my running account on Quarterly /monthly basis.
3. I/We understand that while settling my accounts member can retain necessary funds to meet my/our pay-in or margin obligation for my/our open position/bill. Member can also retain 125% of margin requirement or any other amount as specified by regulatory from time to time as additional margin in anticipation of next 5 days margin requirement.
4. If my/our securities are lying with Trading member/clearing member on the date of settlement the same will be returned to client within three working days from date of settlement.
5. The said authority can be revoked by me any time by giving a written intimation to this effect to the registered office of the member.
6. However the such revocation shall be effective prospectively from the date of its receipt and shall not effect the rights of the broker to take necessary actions under this authorization with respect to the outstanding obligations of already executed transaction till the date of receipt of the revocation intimation.
7. I/We Authorized you to keep the funds & securities with you if the value of funds & securities refundable to me is less than Rs.10,000/- or any other amount as specified by regulatory time to time for any settlement period.

Thanking you,

Yours faithfully,

Name of the Client: _____

Signature:  (10/14) _____

This Page has been Kept Intentionally Left Blank

To,
IndiaNivesh Commodities Private Limited
Lodha Supremus, 17th Floor, Senapati Bapat Marg,
Lower Parel (West), Mumbai – 400 013

Dear Sir,

I, _____
a client with Member M/s. IndiaNivesh Commodities Private Limited of Multi Commodity Exchange of India Limited & National Commodity & Derivatives Exchange Limited & Indian Commodity Exchange Limited.

Exchange undertake as follows:

- I am aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the Member has to provide electronic contract note for my convenience on my request only.
- Though the Member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
- My email id is* _____ This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other language known to me.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

*(The email id must be written in Own handwriting of the client.)

Client Name : _____

Unique Client Code : _____

PAN : _____

Address : _____



(11/14) _____

Signature of the client

Date :

Place :

Verification of the client signature done by,
Name of the designated officer of the Member
Signature

This Page has been Kept Intentionally Left Blank

To

IndiaNivesh Commodities Pvt. Ltd.

1702, Lodha Supremus, 17th Floor, Senapati Bapat Marg,
Lower Parel (West), Mumbai – 400 013
Tel.: +91 22 6240 6240 | Fax: +91 22 6240 6241
(hereinafter referred as IndiaNivesh)

I/We hereby undertake that I/we shall when called upon to do so by Multi Commodity Exchange of India Limited / National Commodities & Derivatives Exchange Limited / Indian Commodity Exchange Limited., by way of their circulars / notifications, as and when required, from time to time, provide a margin deposit and/or additional/adhoc margin money as may be required in respect of business done for me/us by IndiaNivesh Commodities Pvt. Ltd. Through Multi Commodity Exchange of India Limited / National Commodities & Derivatives Exchange Limited / Indian Commodity Exchange Limited.)

Signature of the Constituent*

 (12/14)

Place :

Date :

* Use rubber stamp for proprietor/partnership/corporate

**Declaration for Not Providing Email Address / Declaration for Common Mobile Number & Email Id
(Voluntary Document)**

Date: _____

To
IndiaNivesh Commodities Private Limited
Lodha Supremus, 17th Floor, Senapati Bapat Marg,
Lower Parel (West), Mumbai – 400 013

Sub – Declaration for not providing email address/ Declaration for Common Mobile Number & Email Id

Ref – Client Code
Dear Sir/Madam,

I am aware that the above information is sought by regulator through you for protection of investors' interest against complaints of unauthorised trading by sending daily intimation through SMS and email for trades executed in our account.

I hereby declare that neither I have created or using any email address.

Or

I/We desire to give mobile number/email id of family member. I/We give my consent to make available my/our trade information to my Family Member and the mobile number/email Id of my family member is as under. ('Family' would mean self, spouse, dependent children and dependent parents. Provided such Family Member is also a client of the said broker)

Name of Family Member	Client Code	Relationship (spouse, dependent children and dependent parents)	Mobile No.	Email Id	Address

I hereby undertake to intimate you if I will acquire a mobile connection in my name and start using the same in future. I will also intimate you if I will create and start using any email address in future. I also authorise you to upload my unique client details to exchange without mobile number and email address and place order in my account as per my instruction

Thanking You,
Yours Faithfully,

 (13/14)

Client Signature

Voluntary Documents
(Mobile Trading / Internet Base Trading Activation Request)

Date :- _____

To
IndiaNivesh Commodities Private Limited
Lodha Supremus, 17th Floor, Senapati Bapat Marg,
Lower Parel (West), Mumbai – 400 013

Subject – Activation of Mobile Trading / Internet Base Trading facility.

Dear Sir/Madam,

With reference to captioned subject I request you to activate below mentioned trading facility for my account in respective segment(s).

Trading Facility

☐ Mobile Trading ☐ Internet Trading

Trading Preference

☐ NCDEX ☐ MCX ☐ ICEX

I have read and understood the risk and safety measures listed below and terms in rights and obligation documents under head

“INTERNET AND WIRELESS TECHNOLOGY BASED TRADING FACILITY PROVIDED BY COMMODITY BROKER TO CLIENT” provided with copy of account opening form and agree to adhere to them.

- I understand that password generation/reset and communication process is automatically done by the system at the request of client without manual intervention by trading member. The same is communicated to client on their registered email address and Mobile Trading number.
- I understand that communication of Mobile Trading / Internet Base Trading username & password in secured manner will be done through my registered Mobile Trading & mail ID so I will be responsible for any loss / damage occurred due to any reason whatsoever, including but not limited to trading and non-delivery of the same because of “Do Not Disturb” (DND) facility activate on my Mobile Trading No. My email address is _____ and Mobile Trading number is _____. I understand that you shall provide information with respect to the addresses of Internet web site/web page where detailed information would be available about securities trading done through the use of wireless technology.
- I understand that Mobile Trading / Internet Base Trading login ID and password communicated to me will be kept confidential and will not be disclose to anyone.
- I understand that password confidentiality is most important to prevent any unauthorized use to Mobile Trading / Internet Base Trading facility. So I will also responsible to keep such information secrete & confidential.
- I will not left device used for wireless trading in logged in status or (for mail or Mobile Trading / Internet Base Trading facility) unattended and will not disclose my email login ID and password to anybody.
- I understand that online transaction systems are vulnerable to various threats like hacking of accounts/ password etc. In case my account information get leaked or not received by me due to any reason whatsoever mentioned above, I will take immediate action to prevent further transaction. I will not hold trading member responsible for any loss or damaged caused by such events. I am aware that trading over internet involves many uncertain factors and complex hardware, software systems, communication lines, peripherals, etc. which are susceptible to interruptions and dislocations; and it is possible that the INCPL may become unavailable without notice. I also agree that the INCPL and the Exchange do not make any representation nor warranty that the Mobile Trading / IBT Service will be available to me at all times without any interruption. I agrees that I shall not have any claim against the Exchange and INCPL on account of any suspension, interruption, non-availability or malfunctioning of the INCPL System or Service or the Exchange’s service or systems for any reason whatsoever.
- I understand & acknowledge all the risks, responsibilities and liabilities associated with securities trading using wireless technology.
- I shall immediately inform **IndiaNivesh Commodities Pvt. Ltd. (INCPL)** in the following case:
 - a. discovers any flaw in the INCPL Mobile Trading/ IBT security system
 - b. discovers or suspects unauthorized access through his Mobile Trading/ IBT account
 - c. notices any discrepancies in use of Mobile Trading/ IBT account allotted.

- d. I does not, on the same day as the receipt or execution of an order by the INCPL, receive a message from the INCPL indicating that the order has been received or executed; I does not receive an accurate written confirmation of an execution; or receives confirmation of an order and/or execution which I did not place; or receives inaccurate information about his account balances or positions taken or transaction history along with all the particulars including the date, manner of use, the transactions effected, etc.
- In any of the above events, the INCPL will suspend trading through wireless technology and allot new user name, password or User identification Number or other identification or security code to me to secure the authenticity of the orders placed by me through my Mobile Trading/ IBT account on the Member's web site after resolution of matter.
 - I agree and undertake to immediately deposit with the INCPL such cash, securities of other acceptable security, which the INCPL may require as margin. The INCPL is entitled to require to keep permanently with him a margin of a specified value as long as the I desires to avail the facility of trading through Mobile Trading/ IBT system.
 - I understand and acknowledges that an instruction to modify or cancel an order placed on the trading system of the Exchange may not be carried out if a. the order was executed before such instruction was received by the INCPL Mobile Trading / IBT System or b. it was executed within a short time thereafter, which turns out to be insufficient for the INCPL Mobile Trading / IBT System to place a corresponding instruction in the Exchange's trading system prior to its execution
 - I understand that you shall send an online confirmation to me on my Mobile Trading/ IBT account upon the execution or cancellation of order placed by me using the Mobile Trading/ IBT service.
 - I understand that this activation form is supplemental to and does not supersede the Client registration document. Save and except as modified expressly or by implication by this document. I shall apply to transactions done through Mobile Trading/IBT system also.
 - I understand and shall abide by the Exchange requirements and the terms of the Mobile Trading / IBT service provided by the INCPL, in force from time to time.
 - I agree that INCPL will not be liable for losses caused directly or indirectly by government restriction, Exchange or market rulings, suspension of trading, computer, communication, telephone or system failure, war, natural calamities, accident, power failure, equipment or software malfunction, strikes or other conditions beyond the INCPL control.
 - I understand & agrees that the INCPL may at any time discontinue this Mobile Trading/ IBT facility by giving not less than 15 days notice. I may also at any time terminate this Mobile Trading/ IBT facility by not less than 15 days notice to the INCPL, provided that unless the INCPL otherwise permits, the constituent shall not be entitled to terminate this Mobile Trading/ IBT facility so long as any amount is payable by me to the INCPL.
 - I understand and acknowledge in the event of any provisions of this document being held to be or becoming invalid, unenforceable or illegal or any reason, this document shall remain otherwise in full force apart from the said provisions which will be deemed deleted.
 - I understand & agree that no forbearance, relaxation or inaction by INCPL at any time to require the performance of that or any other provision of this documentation or be considered to be a waiver of any right, unless specifically agreed in writing
 - I understand that you shall send the Order/Trade confirmation details on our existing E-mail id registered with IndiaNivesh Commodities Private Limited, on execution of order/trade on the ITOR/NEAT system, as the case may be. I agree that the information sent by you on our E-mail id would be deemed to be a valid delivery of such information by you. The aforesaid information regarding order and trade confirmation shall also be provided to me/us on the device used for securities trading through the use of wireless technology.
 - I declare that all the information provided while applying for Mobile Trading/ IBT facility are true and correct and are not misleading and I am aware that the INCPL agreed to provide the facility of trading through Mobile Trading/ IBT system on the basis of such information.
 - I understand that Mobile Trading / Internet Base Trading facility require use of online trading software, I agree to bear the rental of software, I request to debit the same to my trading account on monthly / quarterly / half yearly / annually basis at Rs. _____ p.a
 - Other condition if any _____

Signature of Branch Manager / Regional Head

 (14/14)

Client's Signature

IndiaNivesh®
TRUST. WE EARN IT

For office use only

Annual Income Below 5 Lacs q 5-10 Lac q 10-25 Lac q 25 Lac above q Net Worth|_____

Occupation Salaried q Business q Retired q Homemaker q Self-Employed q Professional q

If in Salaried Private Sector ☐ MNC ☐ Govt. ☐ Public Sector Others (Please specify)

Company/Organisation _____ Designation _____

If in professional Degree _____ Firm/ Company Name _____

If in business Sole Proprietorship ☐ Partnership ☐ Private Ltd. ☐ Public Ltd. ☐ Others (Please specify) _____

Nature _____ Company Name _____

☐ Below 5 lacs ☐ 5-15 lacs
☐ 15-25 lacs ☐ 25-50 lacs
☐ 50 lacs & more

☐ NO

☐ Civil Servant ☐ Bureaucrat (Tax authorities, Foreign Services, IAS etc.)
☐ Politician or relative of politician
☐ Current or former MP, MLA, MLC or relative
☐ Current or former Head of State or their relative
☐ Connected to Media
☐ Print ☐ Radio ☐ TV ☐ Internet Blogs
☐ Connect to any promoter group of company listed on any stock exchange
 _____ Name of the Company.
 _____ Name of Stock exchange where company is listed.

☐ Non Matric ☐ SSC/HSC
☐ Graduate ☐ MBA ☐ CA ☐ Doctor ☐ Engineer ☐ PHD
☐ Other Specify

Risk Profile Assessment

Question		Answer	
1.	What is your current stage of life?	a. Single (10 marks) b. Single with dependent parents (6 marks) c. Young family (6 marks) d. Mature family (8 marks) e. Nearing retirement (4 marks) f. Retired (2 marks)	☐
2.	How well is your understanding on financial markets?	a. I have no knowledge (2 marks) b. I have basic knowledge and little experience with investment (4 marks) c. I have a fair amount of knowledge and investment experience (6 marks) d. I have considerable knowledge and am comfortable with most investment avenues (8 marks) e. I have extensive knowledge of and experience in investing in different asset classes (10 marks)	☐
3.	What is your main purpose of Investing?	a. To protect capital (2 marks) b. To protect capital and earn regular income (4 marks) c. To grow capital (6 marks) d. To grow capital and generate regular income (8 marks) e. To build long-term wealth (10 marks)	☐
4.	What is your current portfolio composition:	a. Mainly money market, short-term funds, corporate / bank deposits and bonds (2 marks) b. Mainly debt market instruments, gold and some portion in blue-chip stocks (4 marks) c. A mix of debt instruments, blue-chip / aggressive stocks, capital protected and direct equity (6 marks) d. Mainly aggressive stock, high-yield debt funds, (small and midcap stocks and income funds) private equity and real estate (8 marks) e. Mostly speculative or high-risk investments (aggressive stocks, high-risk funds, options, real estate, leveraged positions, etc.) (10 marks)	☐
5.	Have you planned for expenses like child's higher education, marriage, purchase of house, medical/hospitalisation, retirement etc.?	a. I have no separate provision for such expenses (2 marks) b. I have made some provision for such expenses (4 marks) c. Yes, I have a separate provision for such expenses (6 marks)	☐
6.	What is your investment horizon and when do you plan to start withdrawing money from the portfolio? (other than provisions made as mentioned in Question 5)	a. Within 1 year (2 marks) b. Between 1 and 3 years (4 marks) c. Between 3 and 5 years (6 marks) d. Between 5 and 10 years (8 marks)	☐
7.	Are you and your family secured or insured against unforeseen events?	a. Along with life insurance coverage for self, I have insured all my major assets (like house, vehicle etc.) (8 marks) b. I have taken enough life insurance cover for self and my family (6 marks) c. I have not taken enough life insurance coverage (4 marks) d. I have not taken any insurance coverage (2 marks)	☐

Question		Answer																																									
8.	What percentage of your investments would you like to keep for emergencies or unforeseen events?	a. More than 50% (2 marks) b. 25% - 50% (4 marks) c. 10% - 25% (6 marks) d. Below 10% (8 marks) e. None of my investments (10 marks) ☐																																									
9.	If your investment is not doing as well as anticipated, how much time would you give for it to show performance	a. less than 3 months (2 marks) b. Up to 6 months (4 marks) c. Up to 12 months (6 marks) d. Up to 2 years (8 marks) e. Up to 3 years or more (10 marks) ☐																																									
10.	Which of the following best describes you as an investor:	a. Comfortable with investments that involve lower risk and generate lower but consistent returns year-to-year (2 marks) b. Willing to ignore minor fluctuations in my portfolio but prefer to be invested in less risky investments (4 marks) c. I would like to have moderate capital growth over a long- term period with short-term fluctuations, but averse to taking high risks (6 marks) d. Looking for substantial investment returns, willing to accept occasional short-term declines (8 marks) e. Targeting high investment returns, willing to accept higher risks including loss of capital (10 marks) ☐																																									
11.	Which portfolio will you choose from the following The table shows the worst and the best one year return of five hypothetical investment plans:	<table><tr><td></td><td>Indicative Return</td><td>Best Return</td><td>Worst Return</td><td>Risk Volatility</td><td></td></tr><tr><td>a</td><td>6%</td><td>6%</td><td>6%</td><td>-</td><td>(2 marks)</td></tr><tr><td>b</td><td>7%</td><td>12%</td><td>2%</td><td>2.50%</td><td>(4 marks)</td></tr><tr><td>c</td><td>10%</td><td>30%</td><td>-10%</td><td>10%</td><td>(6 marks)</td></tr><tr><td>d</td><td>12%</td><td>45%</td><td>-25%</td><td>12%</td><td>(8 marks)</td></tr><tr><td>e</td><td>15%</td><td>60%</td><td>-30%</td><td>20%</td><td>(10 marks)</td></tr></table> ☐							Indicative Return	Best Return	Worst Return	Risk Volatility		a	6%	6%	6%	-	(2 marks)	b	7%	12%	2%	2.50%	(4 marks)	c	10%	30%	-10%	10%	(6 marks)	d	12%	45%	-25%	12%	(8 marks)	e	15%	60%	-30%	20%	(10 marks)
	Indicative Return	Best Return	Worst Return	Risk Volatility																																							
a	6%	6%	6%	-	(2 marks)																																						
b	7%	12%	2%	2.50%	(4 marks)																																						
c	10%	30%	-10%	10%	(6 marks)																																						
d	12%	45%	-25%	12%	(8 marks)																																						
e	15%	60%	-30%	20%	(10 marks)																																						
12.	Assuming an inflation rate of 4-6% p.a. over a medium to long-term horizon, what is your return expectation?	a. Inflation rate plus 2 - 4% p.a. (2 marks) b. Inflation rate plus 5- 7% p.a. (4 marks) c. Inflation rate plus 8- 10% p.a. (6 marks) d. Inflation rate plus 11 - 15% p.a. (8 marks) e. More than 15% p.a. over inflation rate (10 marks) ☐																																									
13.	If your investment in a particular stock falls by 25% and there is no change in the fundamentals of the company (assuming that your circumstances and conviction about that that stock has not changed), you will	a. Not trade in stocks (2 marks) b. Sell all your holdings in that stock (4 marks) c. Sell part of your holdings in that stock (6 marks) d. Hold in order to get better returns (8 marks) e. Buy more of the stock (10 marks) ☐																																									
14.	How frequently do your track your stocks?	a. Many a times b. Once in a day b. Weekly d. Monthly																																									
15.	What kind of research interests you the most?	a. Investment and strategy and investment ideas b. Short term trading calls c. Daily market view and day trading calls ☐																																									

Question		Answer		
16.	What is your source of Stock market information?	a. TV channels c. Friends/Relative	b. News Paper d. Broker	e. Others (specify)_____ ☐
17.	What is market/ stock preference?	Market Preference Speculator Regulator investor Occasional Investment Trader	Stock Preference High risk return Bluchip Stock valued less then Rs.10/- IndiaNivesh Research Stock recommended by other research house	☐

What does your Risk Profile Score mean?

Wealth Guard (Risk Averse)	26- 44
Wealth Keeper (Conservative)	45- 63
Wealth Builder (Balanced)	64- 82
Wealth Enhancer (Growth)	83- 101
Wealth Multiplier (Aggressive)	102- 122

Total Score

Declaration - Risk profile

(Strike off whatever is not applicable)

- I have undergone the risk profiling process and I agree with the risk category I have been placed under based on my risk profile assessment.

OR

- I have undergone the risk profiling process. However, I do not agree with the risk category derived above based on my risk profile assessment and I want to override the risk category Based on my own assessment and attitude towards risk and investment, I prefer to be placed under risk category_____. (Please select a risk profile from the five model risk categories mentioned in the previous page.)
- I also undertake to update the status if there is any change in future.

Signature of Account Holder_____ Place:_____ Date:_____

(VOLUNTARY)

To
IndiaNivesh Commodities Private Limited
Lodha Supremus, 17th Floor, Senapati Bapat Marg,
Lower Parel (West), Mumbai – 400 013

Dear Sir,
Sub: Sharing of Data and Information

I/We have opened a trading account with INCPL having client code and demat account with IndiaNivesh Commodities Private Limited (INCPL-Comtrack) having Comtrack and am/are interested in knowing about various financial products /facilities offered by your associate/group companies. I/We am/are aware that the associate/group companies are required to obtain information about me/us and my/our transactions for providing various financial products/facilities.

I/We hereby voluntarily accept and expressly authorize INCPL to get the information from INCPL-Comtrack or from any other Depository Participant of its group/associate companies with whom I/we have the Demat account and share/disclose or use in any manner, the information/documents/data about me/us and our transactions, with group/associate companies which is offering the products/facilities which may be availed by me/us:

1. Information provided by me/us in the Trading and Demat / Comtrack Account Opening Kit.
2. My holdings in stocks/securities/ Comtrack.
3. Ledger balances in my/our trading/demat/ Comtrack account across all Exchanges/Depositories.
4. Transaction cum holding statement with INCPL-Comtrack
5. Any other related information

I/We authorize you, your group companies and associates to keep me/us informed with any financial product which IndiaNivesh, its group companies and associates presently issue, deal in, or distribute or may, from time to time, launch, issue, deal in or distribute through e-mail, SMS, telephone, print media or otherwise as may be allowed.

I/We have no objection to INCPL sharing the above information or any such other information, about me/us with its group/associate companies or affiliates. This is without legal obligation on you, your group companies and associates to so inform and you or they may, in their discretion, discontinue sending such information.

I/We understand that IndiaNivesh Commodities Private Limited will not have any financial liability for the third party products/ scheme/league/ competitions etc. offered/run by associates/group companies of IndiaNivesh Commodities Private Limited. I/We also understand that participation in any such scheme/league/ competitions or dealing in any of such products shall be at my/our sole discretion and I/we shall not have any recourse to any dispute redressal mechanism/arbitration mechanism/investor protection schemes of the exchanges/SEBI upon my / our participation in any such scheme/league/competition etc against the M/s IndiaNivesh Commodities Private Limited.

Yours faithfully,

Client Name : _____

Signature of Client :  _____

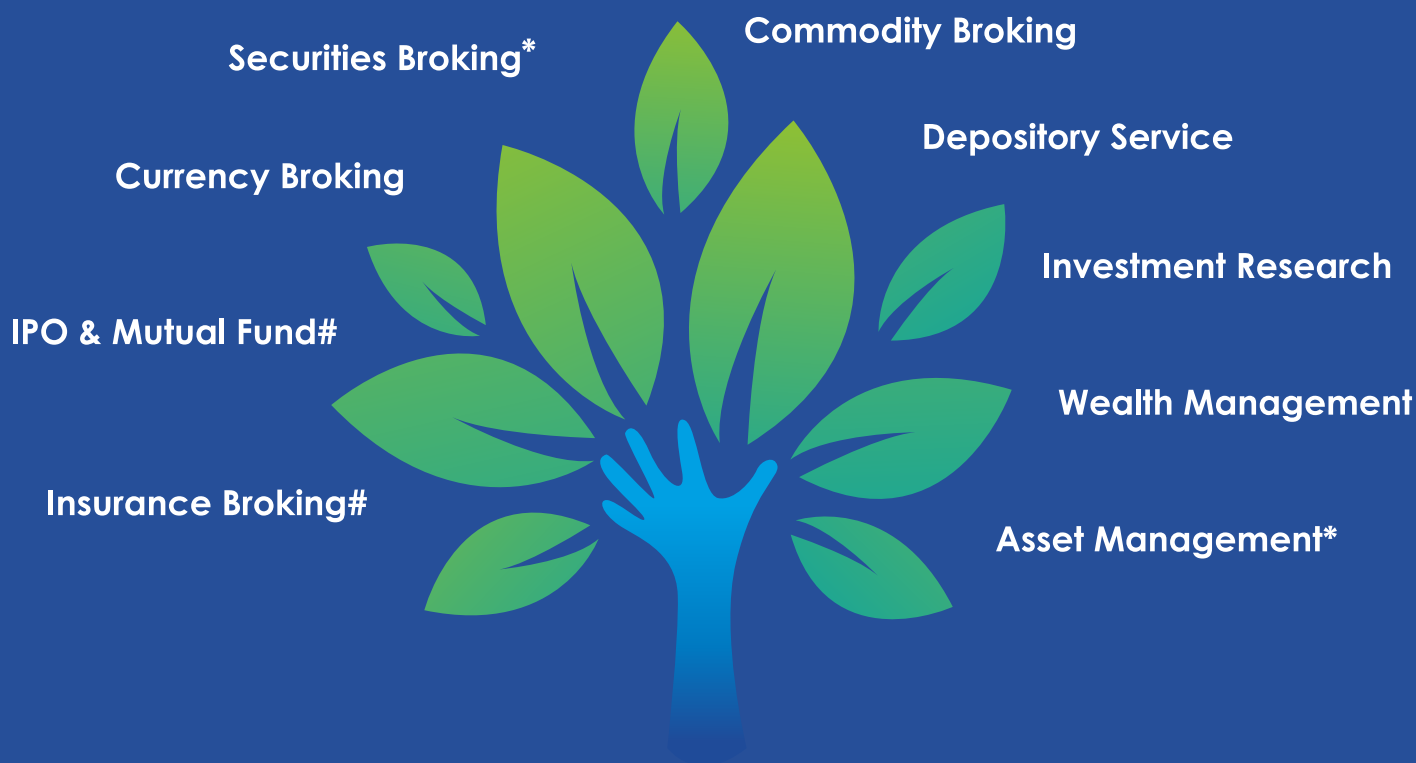
Place : _____

Date : _____

Additional Information required for providing advisory services in relation to Wealth Management

No. of Children					
<u>Details of working children/parents</u>					
Name	Age	Occupation	Annual Income (upto 5 lacs, 5 to 10 lacs, above 10 lacs)		
<u>Details of Investments</u>	No. of years of exposure	Total Investment	Short Term/Long Term Investor	Intraday/Delivery/F&O (Only for equities)	
Equities					
Commodities					
Mutual Funds					
SIPs(Mutual Funds)					
Fixed Deposits/Bonds					
PMS					
<u>Details of Insurance Policies</u>	Total No. of Policies	Total Premium Paid in a year	Total Sum Assured/ Insured	Date of Renewal (For Vehicle & Health Insurance)	
Life Insurance					
Health Insurance					
Four wheeler					
<u>References</u>	Friend/Relation	Occupation	Contact Number	E-Mail ID	Product of Interest
Name					
1					
2					
3					

OUR OFFERINGS



* through group company IndiaNivesh Securities Limited/IndiaNivesh Ltd.
for distribution only



IndiaNivesh Commodities Private Limited

Regd. Office: LODHA SUPREMUS,

17th Floor, Senapati Bapat Marg, Lower Parel (West), Mumbai - 400 013.

Tel: +91 22 6240 6240 | **Fax:** +91 22 6240 6241 | **Email:** commodities@indianivesh.in | **Web:** www.indianivesh.in