

CONSTITUENT / CLIENT REGISTRATION FORM

THE DOCUMENTS IN THIS **DOCKET** ARE **MANDATORY** AS PER SEBI CIRCULAR & GUIDELINE



SANGHAVI SAVLA STOCK BROKERS LTD.

THE NATIONAL STOCK EXCHANGE OF INDIA LTD. - (NSE)

CASH & DERIVATIVES SEGMENT

BOMBAY STOCK EXCHANGE LTD. - (BSE)

CASH SEGMENT

(COMMON SEBI REGN. NO. INZ 000182234)

DEPOSITORY PARTICIPANT TO
CENTRAL DEPOSITORY (INDIA) LTD.

DEPOSITORY PARTICIPANT ID : 12034900
SEBI REGISTRATION NO. IN-DP-CDSL-248-2004

Name of Client : _____
Client Code : _____
BOID : 12034900 000
Name of Introducer : _____

Registered Office & Corporate Office:

Vesta B, 1st Floor, 90 Feet Road, Pant Nagar, Ghatkopar (E), Mumbai - 400 075.
Tel.: 91-22-2508 9000 • Fax : 91-22-2508 9010 • E-mail : info@sanbro.in • Website : www.sanbro.in

MANDATORY DOCUMENTS FOR RESIDENT INDIAN / H.U.F / N.R.I

Please provide the below mentioned documents for KYC

A) Proof of Identity : INDIVIDUAL / H.U.F - KARTA (Any One)

- | | |
|--|---|
| <input type="checkbox"/> Photo copy of PAN (Compulsory Requirement) | <input type="checkbox"/> Photocopy of H.U.F. Pan |
| <input type="checkbox"/> Photocopy of Aadhaar | <input type="checkbox"/> Photocopy of Voter's Identity Card |
| <input type="checkbox"/> Photocopy of Passport | <input type="checkbox"/> Photocopy of Driving License |
| <input type="checkbox"/> N.R.I Passport Compulsory | |

B) Proof of Bank : INDIVIDUAL / N.R.I / H.U.F - KARTA (Any One)

- Bank Passbook (**First page having Name, Address, Account No. & Last Six months Transaction**) or Last Six month's Bank Statement
- Cancelled Cheque Leaf (**13 Or 14 Digit Bank Account No., MICR CODE, IFS CODE & A/C holder's Name**)

C) Proof of Address : FOR RESIDENT INDIAN / N.R.I / H.U.F - KARTA (Any One)

- | | |
|--|---|
| <input type="checkbox"/> Photocopy of Aadhaar | <input type="checkbox"/> Photocopy of Voter's Identity Card |
| <input type="checkbox"/> Photocopy of Passport | <input type="checkbox"/> Photocopy of Driving License |
| <input type="checkbox"/> Photocopy of Flat Purchase or Sale Agreement | <input type="checkbox"/> Photocopy of Rent Agreement |
| <input type="checkbox"/> Photocopy of Life Insurance Policy Latest receipt | <input type="checkbox"/> Photocopy of Ration Card |
| <input type="checkbox"/> Photocopy of Bank Passbook (First page Name, Address,) | |
| <input type="checkbox"/> Photocopy of Telephone Bill / Electricity Bill / Gas Bill (Not more than three month's old) | |
| <input type="checkbox"/> Photocopy of Flat Maintenance Bill (Not more than three month's old) | |

D) Proof of Depository Account : FOR RESIDENT INDIAN / N.R.I / H.U.F - KARTA (Any One)

- Photocopy of DEMAT Statement

ALL PHOTOCOPIES SHOULD BE SELF CERTIFIED

- Kindly Issue a Cheque of Rs. 1050/- in favour of "**SANGHAVI SAVLA STOCK BROKERS LTD.**" towards KYC charges.

E) Fatca Form / KRA Form / Cersai Form (KYC)

F) Annual documents required for trading in derivatives segments

- | | |
|--|--|
| <input type="checkbox"/> Copy if ITR Acknowledgement | <input type="checkbox"/> Copy of Annual Accounts |
| <input type="checkbox"/> In case of salary income -
Salary Slip, Copy of Form 16 | <input type="checkbox"/> Net worth certificate |
| <input type="checkbox"/> Copy of demat account holding statement
Last 6 months | <input type="checkbox"/> Bank account statement for last 6 months |
| <input type="checkbox"/> Any other relevant documents
substantiating ownership of assets. | <input type="checkbox"/> 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.*

List of Documents (Self - Attested) Corporate Account opening :
(Partnership firm / LLP & LTD Co.,)

1. PAN Card Photo Copy of Company & all Directors / Partners / Designated Partners.
2. Address proof of company (Electric Bill/Telephone Bill) & all Directors (**Aadhar Compulsory** / Passport / Driving Licence / Voter's Card / Bank Passbook 1st and 2nd Page with details or Bank Statement).
3. Bank Proof Last Six month's (Bank Statement) of company & all Directors / Partners (Bank Passbook first 1 or 2 pages with details or Bank Statement).
4. Self attested copy of Memorandum & Article of Association / partnership deed by director / partner respectively. 5. DIN & CIN NO. 6. Certified true copy of Board resolution (format encl. in trading account opening form). 7. List of Directors on the letter head of the company duly signed by Director / Partners / Authorised Signatory.
8. List of Signatory, KRA & CKYC of all Directors / Partners / Designated Partner.
9. Share Holding pattern. 10. Profit - Loss Ratio. 11. Balance sheet of last two financial years.

H. U. F Declaration

Dear Sir,

I hereby request you to open our trading & / or demat account with you, for our HUF. Being Karta of my family, I hereby declare that following is the list of Co-parceners, in our HUF, the Co-parceners hereby give consent to the karta of _____ (HUF) to execute trades and transfer, pledge shares.

Sr. No.	Name of Family Members	Relations	Date of Birth

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date for making this application to open account.

I agree that any false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately any death/s or birth/s in the family as it changes the constitution of the HUF.

Thanking You,

Date :

Yours truly,

Place :

 Karta
(Affix Stamp of HUF)



SANGHAVI SAVLA STOCK BROKERS LTD.

CIN: U67120MH1994PLC083215

GST: 27AAACS8744C1ZD

Compliance Officer

	TRADING	DEMAT
Name	Mr. Santosh Daphale	Mr. Nitin Karwadkar
Tel :	+91 - 22 - 2508 9000	+91 - 22 - 2508 9000
Fax :	+91 - 22 - 2508 9010	+91 - 22 - 2508 9010
Email Id :	santoshdaphale@sanbro.in	nitin@sanbro.in

Chief Executive Officer Name	Mr Kamlesh R. Sanghavi
Tel :	+91 - 22 - 2508 9000
Email Id :	kamlesh@sanbro.in

For any grievance / dispute please contact :

Stock Broker Name	Sanghavi Savla Stock Brokers Ltd
Registered Office Address	Vesta - B, 1st Floor, Pant Nagar, 90 Feet Road, Ghatkopar - East, Mumbai - 400 075
Phone No.	+91 22 2508 9000
Fax No.	+91 22 2508 9010
E-mail Id	hiten@sanbro.in

Contact details of the Investor Grievance Cell required as per SEBI circular CIR/MIRSD/16/2011.

Exchange	Contact No.	Email ID
NSE	022 2659 8190	ignse@nse.co.in
BSE	022 2272 8097	is@bseindia.com
CDSL	1800 - 22 - 5533	complaints@cdslindia.com

INTRODUCER DETAILS (optional)

Name of the introducer	(Surname) (Name) (Middle Name)
Address	
Phone No.	
Status of the Introducer	<input type="checkbox"/> Authorised Person <input type="checkbox"/> Others <input type="checkbox"/> Existing client Please Specify_____
Signature of the Introducer	X
DP Details	DPID 12034900 Client ID 000

Date : _____

To,
SANGHAVI SAVLA STOCK BROKERS LTD.
Vesta - B, 1st Floor, 90 Feet Road,
Pant Nagar, Ghatkopar (E),
Mumbai - 400 075.

Dear Sir,

This is to confirm that I have received the copy of the duly completed documents while opening trading account with you. The set contains the copies of below mentioned documents.

- Copy of Client registration form (KYC)
- Copy of Rights & Obligations of Stock brokers, sub-brokers & clients as prescribed by SEBI Stock exchange.
- Copy of Internet & Wireless Technology based Trading facility provided by stock brokers to client.
- Copy of Risk Disclosure Document for capital market & derivatives segment.
- Copy of Guidance Note - Do's & Don'ts for trading on the exchange(s) for investors before you begin to trade.
- Copy of Tariff Sheet for trading.
- Copy of PAN card & Verification of PAN card.
- Copy of all proofs i.e. identity, Address, Demat, Bank and Cancelled Cheque.
- Policy and Procedures of Sanghavi Savla Stock Brokers Ltd.,

I also confirm that i have read and understood contents of Policies and Procedures of Sanghavi Savla Stock Brokers Ltd.

1) 

Signature of Client

Client Code _____



Sanghavi Savla Stock Brokers Ltd. is engaged in client based business and proprietary trading as well.

This disclosure is made in pursuance of SEBI Circular No. SEBI/MRD/SE/Cir-42/2003 dated November 19,2003

Annexure - 1

ACCOUNT OPENING KIT

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CKYC & KRA KYC Form



SANGHAVI SAVLA STOCK BROKERS LTD.

Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with * are mandatory fields

Application Type* New

Update KYC Number*

KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)

1. Identity Details

FIRST HOLDER

PAN

Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth* DD - MM - YY YY

Gender* M- Male F- Female T-Trans gender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others Country Country Code

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service Private Sector Public Sector Government Sector
 O-Others Professional Self Employed Retired Housewife Student
 B-Business X-Not Categorized

Photo

Please sign across the Photo & also in the box given below

Signature/Thumb Impression

2. Proof of Identity (Pol)* (for PAN exempt Investor or if PAN card copy not provided)

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

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

Proof of Address*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3.2 Correspondence / Local Address Details*

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill Annexure A1, Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

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

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

Address
 Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
 State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional)

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

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [Pol] of Related Person*

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

A- Passport Number Passport Expiry Date - -

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date - -

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government) 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

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]

4)  Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by

Date - -

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by

Date - -

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____		PAN of the Applicant _____				
Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

6) 

Name & Signature of the Authorised Signatory(ies)

Date | d | d | / | m | m | / | y | y | y | y |



Application No. :
SANGHAVI SAVLA STOCK BROKERS LTD.

ANNEXTURE - 2

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Individuals

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS											
Name of the Applicant	First Name										
	Middle Name										
	Surname										
Father's / Spouse Name	First Name										
	Middle Name										
	Surname										
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status			Single <input type="checkbox"/>	Married <input type="checkbox"/>				
Date of Birth	D	D	M	M	Y	Y	Y	Y	Nationality		
Status	Resident Individual <input type="checkbox"/>			Non Resident <input type="checkbox"/>			Foreign National <input type="checkbox"/>				
PAN											
Unique Identification Number (UID)/ Aadhaar, If any											
Specify the proof of Identity submitted											
B. ADDRESS DETAILS											
Address for correspondence											
	City/Town/Village						Pin Code				
	State						Country				
Contact Details	Phone (Off.)						Mobile No.				
	Phone (Res.)						Email Id :				
	Fax										
Specify the proof of address submitted for correspondence address:											
Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)											
	City/Town/Village						Pin Cod				
	State						Country				

PHOTOGRAPH
Please affix your recent passport size photograph and sign across it

7)

Specify the proof of address submitted for permanent address:	
---	--

C. OTHER DETAILS

Gross Annual Income Details (please specify) Income Range per annum	<input type="checkbox"/> Below Rs 1 Lacs	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> Above 25 Lacs
---	--	-----------------------------------	------------------------------------	-------------------------------------	--

or

Net-worth as on (date)	D	D	M	M	Y	Y	Y	Y	Amount	
------------------------	---	---	---	---	---	---	---	---	--------	--

Net-worth should not be older than 1 year

Occupation (Please tick any one & give brief details)	Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____
Please tick, if applicable:	Politically Exposed Person (PEP) <input type="checkbox"/> / Related to a Politically Exposed Person (PEP) <input type="checkbox"/>
Any other information	

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.

8) _____

Signature of the Applicant

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

(Originals verified) True copies of documents received.

(Self-Attested) Self Certified Document copies received.

Signature of the Authorised Signatory

Date: _____ (dd/mm/yyyy)

Seal/Stamp of the Intermediary

In Person Verification done by Compliance Assistant

Name _____

Emp. Code _____

Emp. Signature _____

Date of Verification _____

Place _____

ANNEXTURE - 2


KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Non-Individuals

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS									
Name of the Applicant									
Date of incorporation:									
Place of incorporation									
Date of commencement of business									
a. PAN:									
b. Registration No. (e.g. CIN):									
Status (please tick any one)	Private Limited Co	<input type="checkbox"/>	Body Corporate	<input type="checkbox"/>	Trust	<input type="checkbox"/>			
	Public Ltd. Co	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Charities	<input type="checkbox"/>			
	NGO's	<input type="checkbox"/>	FII	<input type="checkbox"/>	Bank	<input type="checkbox"/>			
	FI	<input type="checkbox"/>	HUF	<input type="checkbox"/>	AOP	<input type="checkbox"/>			
	Government Body	<input type="checkbox"/>	Defense Establishment	<input type="checkbox"/>	Society	<input type="checkbox"/>			
	Non-Government Organization	<input type="checkbox"/>	BOI	<input type="checkbox"/>					
	LLP	<input type="checkbox"/>	Others (please specify)	_____					

PHOTOGRAPH
Please affix your recent passport size photograph and sign across it



B. ADDRESS DETAILS										
Address for correspondence										
	City/Town/Mllage					Pin Code				
	State					Country				
Contact Details	Phone (Off.)				Mobile No.:					
	Phone (Res.)				Email id:					
	Fax									
Specify the proof of address submitted for correspondence address:										

Registered Address (if different from above)			
	City/Town/Village		Pin Code
	State		Country

Specify the proof of address submitted for Registered address:	
--	--

C. OTHER DETAILS

Gross Annual Income Details (please specify) Income Range per annum	<input type="checkbox"/> Below Rs 1 Lacs	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs
	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs-1 crore	<input type="checkbox"/> Morethan 1 crore

*Net-worth as on	D	D	M	M	Y	Y	Y	Y	Amount	
------------------	---	---	---	---	---	---	---	---	--------	--

(*Net worth should not be older than 1 year)

Details about Promoters, Partners, Karta, Trustees, Directors, Whole time Directors and Authorised Signatories

Please tick, if applicable, for any of your authorized Signatories.

Promoters Partners Karta Trustees Related to a Politically Exposed (PEP)

Politically Expose Person (PEP) Whole TimeDirectors Authorised Signatories Others:_____

8 A)
☞

1	Details	Address	Photograph
	Name		<div style="border: 1px solid black; padding: 10px; text-align: center;"> PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT © </div>
	PAN		
	DIN/UID No.		
	Signature	Phone No.	

Please tick, if applicable, for any of your authorized Signatories.

Promoters Partners Karta Trustees Related to a Politically Exposed (PEP)

Politically Expose Person (PEP) Whole TimeDirectors Authorised Signatories Others:_____

8 B)
☞

2	Details	Address	Photograph
	Name		<div style="border: 1px solid black; padding: 10px; text-align: center;"> PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT © </div>
	PAN		
	DIN/UID No.		
	Signature	Phone No.	

Please tick, if applicable, for any of your authorized Signatories.

- Promoters
 Partners
 Karta
 Trustees
 Related to a Politically Exposed (PEP)
- Politically Expose Person (PEP)
 Whole TimeDirectors
 Authorised Signatories
 Others: _____

3		Details	Address	Photograph
8 C) ☞	Name			PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT ©
	PAN			
	DIN/UID No.			
	Signature		Phone No.	

Please tick, if applicable, for any of your authorized Signatories.

- Promoters
 Partners
 Karta
 Trustees
 Related to a Politically Exposed (PEP)
- Politically Expose Person (PEP)
 Whole TimeDirectors
 Authorised Signatories
 Others: _____

4		Details	Address	Photograph
8 D) ☞	Name			PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT ©
	PAN			
	DIN/UID No.			
	Signature		Phone No.	

Please tick, if applicable, for any of your authorized Signatories.

- Promoters
 Partners
 Karta
 Trustees
 Related to a Politically Exposed (PEP)
- Politically Expose Person (PEP)
 Whole TimeDirectors
 Authorised Signatories
 Others: _____

5		Details	Address	Photograph
8 E) ☞	Name			PLEASE PASTE PASSPORT SIZE PHOTO HERE AND SIGN ACROSS IT ©
	PAN			
	DIN/UID No.			
	Signature		Phone No.	

ANNEXTURE - 3

For Individuals / Non Individuals

Bank Account Details (In order of preference)	
Details	Bank 1
Bank Name	
Branch Address	
Bank Account No.	
Account Type Saving Bank / Current Account. Others in case of (NRI / NRE / NRO)	SB <input type="checkbox"/> : CA <input type="checkbox"/> : NRI <input type="checkbox"/> NRE <input type="checkbox"/> : NRO <input type="checkbox"/>
MICR No.	<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"/> <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"/>
IFSC Code	
Default <input checked="" type="checkbox"/>	<input type="checkbox"/>

Depository Account(s) Details	
Details	DP 1
Depository Participant Name	
Depository Name (NSDL/CDSL)	
Beneficiary name	
DP ID	
Beneficiary ID (BO ID)	
Default <input checked="" type="checkbox"/>	<input type="checkbox"/>

ACCOUNT OPENING PREFERENCES
<i>*Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.</i>
Stock Exchanges & Market Segment on which you wish to trade
NSE Equity 9) <input checked="" type="checkbox"/> <input type="checkbox"/> BSE Equity 10) <input checked="" type="checkbox"/> <input type="checkbox"/>
NSE Derivative 11) <input checked="" type="checkbox"/> <input type="checkbox"/> Demat Client Account 12) <input checked="" type="checkbox"/> <input type="checkbox"/>

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

Details of any action/proceedings initiated pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/ constituent or its Partners / promoters / whole time directors / authorized persons in charge of dealing in securities during the last 3 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes attach annexure giving details.
---	---

DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

✍ If client is dealing through the sub-broker, provide the following details:	
Sub-broker's Name	
SEBI Registration number	
Registered office address:	
Phone	Fax:
Website:	
Whether dealing with any other stock broker/ sub-broker (if case dealing with multiple stock brokers/sub-brokers, provide details of all)	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Stock Broker: _____ Name of Sub Broker if any: _____ Client Code _____ Exchange _____ Details of disputes/dues pending from/to such stock broker/ sub-broker _____

ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic contract note (ECN) please specify (Please Tick)	<input type="checkbox"/> Physical contract note <input type="checkbox"/> Electronic contract note
Specify your email ID if applicable	
Whether you wish to avail Internet Trading (please Specify and Sign)	<input type="checkbox"/> Yes <input type="checkbox"/> No 13) © _____
Whether you wish to avail Wireless Technology (please Specify and Sign)	<input type="checkbox"/> Yes <input type="checkbox"/> No 14) © _____
No of years of investment / Trading experience	



SANGHAVI SAVLA STOCK BROKERS LTD.

Brokerage Rate Approval Sheet

Name of the Client : _____ Code : _____

Sub-broker / Remiser / Authorised Person : _____

H.O. / Branch : _____

Transaction Type	NSE	BSE	Rate	Minimum (Ps.)
Delivery				
Trading				
Future				
Option				

The above rates are exclusive of transaction charge, Stamp Duty, Securities Transaction Tax and Service Tax which will be charged extra at the rate prevailing from time to time.

Other terms, if any :

Signature of client : 15)  _____

Signature of Sub-broker / Remiser / Authorised Person _____

Inserted & Updated by :

Approved by :

Confirmed by :

FOR DEMAT PURPOSE ONLY

Instruction for Applicants

1. Signatures can be in English, Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than in the abovementioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal.
2. Details of the Names, Address, and Tel. No. etc. of the Magistrate / Notary Public / Special Executive Magistrate are to be provided in case of any attestation done by them. 3. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarised copy thereof, must be lodged along with the application.
4. Fields mark with * are compulsory. 5. Bring original and photo copy of Driving License / Passport / PAN Card to determine your Identity. 6. Bring original and photo copy of Ration Card / Passport / Voter's I.D. / Driving License / Bank Passbook as proof of your address. 7. Bring one cancelled cheque leaf of your bank account.
8. **In case of minor:** Bring Original and photo copy of Birth Certificate and PAN. Also bring the PAN and Address Proof of Gaurdian.
9. Bring Certificate of NRI Status in case of NRI.
10. 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, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

I / We instruct the DP to receive each and every credit in my / our account. (If not marked, the default option would be 'Yes')		[Authomatic Credit] <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 <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)			
I / We wish to receive dividend / interest directly in to my bank account 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
[In case of minor holder, photograph of guardian has to be affixed along with minor's photograph.]			
Guardian's Name		PAN	
Relationship with the applicant			

Additional Details

SMS Alert Facility Refer to Terms & Conditions given as	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).		
Transactions Using Secured Texting Facility (Trust) Refer to Terms and Conditions	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 : <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I / We wish to register the following clearing member IDs under my / our below mentioned BO ID registered for TRUST		
	Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)
Easi	To register for easi, please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.		

16 A)  _____
Sole / First Holder

16 B)  _____
Second Holder

16 C)  _____
Third Holder

Other Details

Please tick, if applicable :	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
Any other information :	

Details of Guardian (If First Holder or Second Holder or Third Holder is a minor)

First Name							
Middle Name							
Last Name							
Relationship with the applicant							
Correspondence Address							
City		State					
Country		PIN					
Telephone No.		Fax No.					
PAN		UID No.					
E-mail ID		Mobile					
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')		(Automatic Credit)					
		<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 <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not market the default option would be in Physical)							

For NRIs


Foreign Address							
City		State					
Country		PIN					
RBI Ref. No.		RBI Approval date					

A. Details of Politically Exposed Persons (PEP) / Related to Politically Exposed Person (RPEP). [For-non-individual]

Name of holder _____ PAN of the holder _____

Sr. No.	Name of the Authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors	Relation with the holder (i.e. Promoters, Whole time directors etc	Please tick the relevant option.
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

17 A)  _____
Sole / First Holder

17 B)  _____
Second Holder

17 C)  _____
Third Holder

Signatures

Combined 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,

Sanghavi Savla Stock Brokers Ltd.

Vesta - B, 1st Floor, 90 Feet Road, Pant Nagar, Ghatkopar (E), Mumbai - 400 075.

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

- a. SMART - SMS alert facility
- b. TRUST - Transaction using secured Texting facility

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

BOID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID) (Please write your 8 digit Client ID)

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 :

(Name) _____

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.

Signatures 18 A) _____ Sole / First Holder 18 B) _____ Second Holder 18 C) _____ Third Holder


Place : _____ Date : _____

POWER OF ATTORNEY


To all to whom these presents shall come, I / We,

1 _____ (PAN) _____
residing at : _____ 

_____ (hereinafter called the First / Sole Holder')

2 _____ (PAN) _____
residing at : _____ 

_____ (hereinafter called the Second Holder')

3 _____ (PAN) _____
residing at : _____ 

_____ (hereinafter called the Third Holder')

hereby send greetings on this ____ day of _____ 20__.

WHEREAS

I / We hold the beneficiary account : 12034900 000 _____ with Central Depository Services (India) Ltd., through its Depository participant, SANGHAVI SAVLA STOCK BROKERS LTD. a body corporate incorporated under The company acts, 1956 and having its registered office at VESTA-B, 1st FLOOR, PANT NAGAR, 90, FEET ROAD, GHATKOPAR – EAST, MUMBAI – 400 075. , having DP-ID 12034900 (hereinafter referred to as the Depository Participant)

I / We am /are investor(s) engaged in buying and selling of shares, securities, other financial products and services through and/or with SANGHAVI SAVLA STOCK BROKERS LTD., (I.T. PAN: AAACS8744C) having its SEBI registration no. INZ000182234

Due to exigency and paucity of time, I/We am/are desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my/our behalf for the limited purposes and in the manner hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSES THAT I/WE THE ABOVE NAMED DO HEREBY NOMINATE, CONSTITUTE AND APPOINT SANGHAVI SAVLA STOCK BROKERS LTD. as my/our true and lawful attorney to as the Broker/Attorney for me/us and authorize it to perform the following functions on my/our behalf and in my/our name.

1 The authority of the said Broker / Attorney is limited.

- a. To transfer securities held in my / our aforementioned beneficiary owner account from time to time to the credit of Demat account of the said stock broker SANGHAVI SAVLA STOCK BROKERS LTD., the Broker / Attorney and / or to the accounts of the designated custodians, clearing houses / corporations and stock exchanges. The particulars of the
- b. Broker/ Attorney's Accounts are mentioned in the Annexure – II appended herewith (hereinafter referred to as the Broker's Account's)

2 The Broker / Attorney is authorized :

- a. To transfer securities from the said Client(s) Accounts towards stock exchange related margin / delivery obligations arising out of trades executed by the Client(s) on the recognized stock exchange through the said Broker / Attorney.
- b. To pledge the securities laying in my / our client account in its own favour and/or in favour of the designated custodians, clearing houses/ corporations and stock exchange, for the limited purpose of meeting the margin requirements of the client(s) in connection with the trades executed by the clients on the stock exchanges through the said Broker / Attorney.
- c. To apply for Buyback of shares, Open offer and tendering of shares etc. pursuant to and in accordance with the oral / written / electronic instructions of the client(s).

19 A)



Sole / First Holder

19 B)



Second Holder

19 C)



Third Holder

- 1 The particulars of demat account(s) mentioned in Annexure – I and Annexure – II may be added/appended/alterd according to the future business requirements and with the mutual written consent.
- 2 The Broker/Attorney shall return to the Client(s), the securities that may have been received by the Broker/Attorney erroneously or those securities that the stock broker was not entitled to receive from the Client(s):
- 3 The Broker/Attorney is authorized to send consolidated summary of scrip-wise buy and sell positions taken with average rates to the Client(s) by way of SMS/E-Mail on a daily basis, notwithstanding any other documents to be disseminated as specified by SEBI/Exchanges from time to time.
- 4 I / We, the Client(s) ratify the instructions given by the aforesaid Broker/ Attorney to the depository participant named herein and in the manner specified herein.
- 5 I / We, the Client(s) further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked in writing by me/us and that the said revocation shall be effective from the date on which the revocation notice in writing is received by the said Broker/Attorney at its office address mentioned herein above.
- 6 The Stock broker shall not be liable for any loss that may result from failure or inability of electronics connectivity or due to rejection of my/our application for any reason whatsoever
- 7 I / We hereby agree and declare that all acts and deeds done by the aforesaid stock broker under this authorization shall be construed as acts and deeds done by me/us jointly as well as severally and I /we further confirm and ratify all acts and deeds that the aforesaid stock broker shall lawfully do or cause to be done by virtue of this authorization.
- 8 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 witness whereof I / We, the above named, have hereunto set my/our hands on this day, month and year first above written.

Beneficial Owner(s)		
	Name of the Holders	Signature(s)
First / Sole Holder		20 A)
Second Holder		20 B)
Third Holder		20 C)
<u>Witness :</u>	Witness No. 1	Witness No. 2
Signature		
Name		
Address		

We hereby confirm having accepted the aforesaid Limited Purpose POA

For Sanghavi Savla Stock Brokers Ltd

(Director / Authorized Signatory)

ANNEXURE - I

List if Clients(s) Account

Beneficiary account(s) of dematerialized securities			
Account Title	BOID	DP ID	DP / Branch Name and Address

ANNEXURE - II

List if Brokers Accounts

Beneficiary account(s) of dematerialized securities				
Account Title	DP ID	BO ID	DP Name and Address	Purpose of Account
	12034900	00010661	Sanghavi Savla StockBrokers Ltd	BSECM CDSL Pool
CMBP ID : IN654676	IN300271	10155538	Action Finance	BSECM NSDL Pool
CM ID : 141	11000010	00014806	BOISL	BSECM Early Pay-in
	12034900	00010640	Sanghavi Savla Stock Brokers Ltd	BSECM Principle A/c. / BSECM On Market Pay-In
	12034900	00009827	Sanghavi Savla Stock Brokers Ltd	BSE Beneficiary A/c.
CM ID : M50480	12034900	00000347	Sanghavi Savla Stock Brokers Ltd	NSECM CDSL Pool
CMBP ID : IN563727	IN300271	10155546	Action Finance	NSECM NSDL Pool
	11000011	00015994	NSCCL	NSECM Early Pay-in
	12034900	00009812	Sanghavi Savla Stock Brokers Ltd	NSECM Client Margin A/c.
	12034900	00009812	Sanghavi Savla Stock Brokers Ltd	NSEFO Client Margin A/c.
	12034900	00057814	Sanghavi Savla Stock Brokers Ltd	NSE Client beneficiary A/c.

21 A)  _____

21 B)  _____

21 C)  _____

NOMINATION FORM



To,
Sanghavi Savla Stock Brokers Ltd.
 Vesta - B, 1st Floor, 90 Feet Road, Pant Nagar,
 Ghatkopar (E), Mumbai - 400 075.

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 demat account.**
 [Strike out what is not applicable.] [Signatures of all 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.

BO Account Details														
DP ID	1	2	0	3	4	9	0	0	Client ID	0	0	0		
Name of the Sole/ First Holder														
Name of the Second Holder														
Name of the Third Holder														

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			
E-mail ID			
Relationship with the BO (if any)			
Date of birth (mandatory if Nominee is a minor)			

22 A)



22 B)



22 C)



GUARDIAN DETAILS

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of the Guardian of Nominee (if nominee is a minor) *First Name			
*Middle Name			
*Last Name			
*Address of the guardian of nominee			
*City			
*State			
*PIN			
*Country			
*Age			
*Telephone No.			
Fax No.			
E-mail 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"/>	<input type="checkbox"/>

*** Marked is Mandatory field**

Note : Residual securities: in case 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 and also any testamentary document executed by me / us.

Place : _____

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature	23 A) 	23 B) 	23 C)

Note: **One witnesses** shall attest signature / Thumb impression.

Details of the Witness	
	First Witness
Names of the Witness	
Address of the Witness	
Signature of Witness	

24 A) _____
Sole / First Holder




24 B) _____
Second Holder

24 C) _____
Third Holder

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

Place : _____

Date : _____

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature	25 A) 	25 B) 	25 C) 

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

Details of the Witness		
	First Witness	Second Witness
Names of the Witness		
Address of the Witness		
Signature of Witness		

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ dated _____.

**Please affix
recent
Passport size
PHOTOGRAPH
& Sign across**

For SANGHAVI SAVLA STOCK BROKERS LTD.

Director / Authorised Signatory

 _____
Signature of Nominee

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.

BASIC SERVICES DEMAT ACCOUNT (BSDA)

To,
Sanghavi Savla Stock Brokers Ltd.
Vesta-B, 1st Floor,
90 Feet Road, Pant Nagar,
Ghatkopar (East)
Mumbai-400 075

Sub : Basic Services Demat Account (BSDA) for BO ID - 12034900

BSDA Account Services : Yes No Opt Out

Respected Sir,

This is with reference to CDSL circular CDSL/OPS/DP/POLICY/5656 dtd. January 1,2016, if my/our account stands eligible under Basic Service Demat Account (BSDA) I hereby declare as under :

Demat Account No. _____

I hereby, declare that I do not have any other demat account with CDSL or NSDL wherein I am the sole holder / first holder.

At any point of time if I do not meet the SEBI laid down criterion for the BSDA facility, I shall inform you immediately for further course of action.

Further, if at any point of time, it comes to the knowledge of Sanghavi Savla Stock Brokers Ltd. that the BO has violated the laid down SEBI criterion, then Sanghavi Savla Stock Brokers Ltd. reserves the right to treat the BO account in the regular scheme and the BSDA facility shall not be extended to such a demat account from the date of violation.

ELECTRONIC D.P. STATEMENT

Thank you very much for opting our offer to send you the **DP statement** in the digital form. For availing the facility of digital DP statement, following are the terms and conditions:- Please read and sign it as an acceptance of the same.


1. The digital DP statement will be issued in digital form in compliance with the guidelines issued by SEBI / Depositories from time to time.
2. Digital DP statement will be mailed to the email address provided to us in the format as may be prescribed by the depositories from time to time.
3. Digital DP statement will also be available at URL <https://www.cdslindia.com>
4. Clients can view the Digital DP Statement on URL by using the user name and Password.
5. **Beneficial Owner kindly make a note that "Non receipt of bounced mail notification by the BO shall amount to delivery of the DP Statement at the e-mail ID of the BO".**
6. In case of any failure in system or errors in digital DP statements, DP statement will be issued in physical form.
7. Discrepancies, if any, should be emailed at nitin@sanbro.in within 30 days of issuance of digital DP statement.
8. Any changes in the terms and conditions shall be intimated from time to time.


For Sanghavi Savla Stock Brokers Ltd


Authorized Signatory _____

Accepted and acknowledged

Client's Name

Name
Signature 26 A) 

Name
Signature 26 B) 

Name
Signature 26 C) 



SANGHAVI SAVLA STOCK BROKERS LTD.

Vesta - B, 1st Floor, 90 Feet Road, Pant Nagar, Ghatkopar (E), Mumbai - 400 075.
Tel.: 91-22-2508 9000 • Fax: 91-22-2508 9010 • Email: info@sanbro.in • Website: www.sanbro.in

(Depository Participant to Central Depository Services (India) Ltd.)
Depository Participant ID : 12034900 • SEBI REG. No. : IN-DP-CDSL-248-2004

DP SERVICE CHARGES FOR CDSL ACCOUNT

PARTICULARS	FEES / CHARGES
Account Opening Charges	NIL
Account Closing Charges	NIL
Documentation Charges	Rs. 50/-
Power of Attorney Charges	Rs. 510/-
Annual Maintenance Charges Individuals / Hufs / Trusts etc. Corporates	Rs. 300/- Rs. 800/-
Custody Charges	NIL
Transaction Charges on : Purchases (Credit) Sales (Debit)	NIL Rs. 12/-
Pledge Creation per request Pledge Closure (Unpledge) per request Pledge Invocation per request	Rs. 15/- Rs. 15/- NIL
Demat Charges	Rs. 70/- Per Request (upto 5 Certificates) and Rs.2/- per certificate in excess of 5 Certificates.
Remat Charges	Rs. 20/- per certificate
Extra Statement Charges	Rs. 10/- per page
Advance Deposit	NIL
Failed Instruction Charges	NIL

Terms and conditions :

1. The above is a special scheme applicable to clients of Sanghavi Savla Stock Brokers Ltd. for transactions executed through them.
2. The scheme will be applicable only on receipt of this schedule duly signed by all the holders.
3. The charges are applicable from 1st September, 2004 till further revision which will be intimated to you.
4. Annual maintenance charges will be recovered in the first bill. In case of closure / transfer of account before 12 months no refund out of annual maintenance charges shall be given.
5. Any service provided which is not quoted above shall be charged separately.
6. Statement of holdings shall be sent quarterly. Transaction statement will be sent monthly, provided there is a transaction.
7. All charges will be billed at the end of every month and will be debited to your client account in the broking business.
8. No fax instruction will be accepted unless the fax indemnity is signed by all the holders and given to us.

27 A)

Signature of 1st Holder

27 B)

Signature of 2nd Holder

27 C)

Signature of 3rd Holder

Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL**Definitions:**

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees:

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments:

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **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 purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above 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.

I/ We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of Registration / modification (Please cancel out what is not applicable).

BOID	1	2	0	3	4	9	0	0		0	0	0					
------	---	---	---	---	---	---	---	---	--	---	---	---	--	--	--	--	--

(Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holder's Name : _____




Third Holder's Name : _____

Mobile Number on which messages are to be sent	+91																
--	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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)

<p>28 A)</p> 	<p>28 B)</p> 	<p>28 C)</p> 
_____ Signatures Sole / First Holder	_____ Signatures Second holder	_____ Signatures Third Holder

Place: _____ Date: _____

POLICIES AND PROCEDURE FOR PREVENTION OF MONEY LAUNDERING

(Issued as per the requirements of the PMLA Act 2002)

1. Company Policy

It is the policy of the Company to prohibit and actively prevent money laundering and any activity that facilitates money laundering or the funding of terrorist or criminal activities. Money laundering is generally defined as engaging in acts designed to conceal or disguise the true origins of criminally derived proceeds so that the unlawful proceeds appear to have derived from legitimate origins or constitute legitimate assets.

2. Principal Officer Designation and Duties

The Company has designated Shri Hiten Gothi as the Principal Officer of the company with full responsibility for the company's AML program. Shri Hiten Gothi has long-standing experience in the capital market, and is qualified by experience, knowledge and training. The duties of the Principal Officer will include monitoring the Company's compliance with AML obligations and overseeing communication and training for employees. The Principal Officer will also ensure that proper AML records are kept. When warranted, the Principal Officer will ensure filing of necessary reports with the Financial Intelligence Unit (FIU – IND)

The Company provided the FIU with contact information for the Principal Officer, including name, title, mailing address, e-mail address, telephone number and facsimile number. The Company will promptly notify FIU of any change to this information.

3. Customer Identification and Verification

At the time of opening an account or executing any transaction with it, the

Constitution of client	Proof of Identity	Proof of Address	Others
Individual	1.Pan Card	1. Copy of Bank Statement	1. N.A.
Company	1.Pan Card 2.Certificate of incorporation. 3.Memorandum and Articles of Association 4.Resolution of Board of Directors	1. As Above	1.Proof of Identity of the Directors /Others Authorized to trade on behalf of the firm
Partnership Firm	1.Pan card 2.Registration Certificate 3.Partnership deed	1. As Above	1.Proof of Identity of the Partners/ Others authorized to trade on behalf of the firm
Trust	1.Pan card 2.Registration Certificate 3.Trust Deed	1. As Above	1.Proof of Identity of the Trustees/ Others authorized to trade on behalf of the trust
AOP /BOI	1.Pan card 2.Resolution of managing body 3.Documents to collectively establish the legal existence of such an AOP/BOI	1. As Above	1.Proof of Identity of the Persons authorized to trade on behalf of the AOP/BOI

29 A)



Signature of 1st Holder

29 B)



Signature of 2nd Holder

29 C)



Signature of 3rd Holder

1. If a potential or existing customer either refuses to provide the information described above when requested, or appears to have intentionally provided misleading Information, our company will not open the new account.
2. All PAN Cards received will verified from the Income Tax website before the account is opened.
3. The company will maintain records of all identification information for ten years after the account has been closed.
4. Identity of Client Introducer

The introducer who can be independent person or a sub-broker/remisier is verified as to his photo identity and address proof by collecting the relevant documents like PAN CARD, Voter ID, Passport etc.

4. Maintenance of records

The Principal Officer will be responsible for the maintenance for following records.

- a) All cash transactions of the value of more than rupees ten lakhs or its equivalent in foreign currency;
- b) All series of cash transactions integrally connected to each other which have been valued below rupees ten lakhs or its equivalent in foreign currency where such series of transactions have taken place within a month;

All cash transactions where forged or counterfeit currency notes or bank notes have been used as genuine and where any forgery of a valuable security has taken place.

- c) All suspicious transactions whether or not made in cash. Suspicious transaction means a transaction whether or not made in cash which, to a person acting in good faith –
 - i) gives rise to a reasonable ground of suspicion that it may involve the proceeds of crime; or
 - ii) appears to be made in circumstances of unusual or unjustified complexity; or
 - iii) appears to have no economic rationale or bonafide purpose; or
 - iv) gives rise to a reasonable ground of suspicion that it may involve financing of the activities relating to terrorism.

The records shall contain the following information:

- * the nature of the transactions;
- * the amount of the transaction and the currency in which it was denominated;
- * the date on which the transaction was conducted; and
- * the parties to the transaction."

The records will be updated on daily basis, and in any case not later than 5 working days.

5. Monitoring Accounts For Suspicious Activity

The company will monitor through the automated means of Back Office Software for unusual size, volume, pattern or type of transactions. For non automated monitoring, the following kind of activities are to be mentioned as Red Flags and reported to the Principal Officer.

The customer exhibits unusual concern about the Company's compliance with government reporting requirements and the company's AML policies (particularly concerning his or her identity, type of business and assets), or is reluctant or refuses to reveal any information concerning business activities, or furnishes unusual or suspicious identification or business documents.

30 A)



Signature of 1st Holder

30 B)



Signature of 2nd Holder

30 C)



Signature of 3rd Holder

- The customer wishes to engage in transactions that lack business sense or apparent investment strategy, or are inconsistent with the customer's stated business or investment strategy.
- The information provided by the customer that identifies a legitimate source for funds is false, misleading, or substantially incorrect.
- Upon request, the customer refuses to identify or fails to indicate any legitimate source for his or her funds and other assets.
- The customer (or a person publicly associated with the customer) has a questionable background or is the subject of news reports indicating possible criminal, civil, or regulatory violations.
- The customer exhibits a lack of concern regarding risks, commissions, or other transaction costs.
- The customer appears to be acting as an agent for an undisclosed principal, but declines or is reluctant, without legitimate commercial reasons, to provide information or is otherwise evasive regarding that person or entity.
- The customer has difficulty describing the nature of his or her business or lacks general knowledge of his or her industry.
- The customer attempts to make frequent or large deposits of currency, insists on dealing only in cash, or asks for exemptions from the Company's policies relating to the deposit of cash.
- The customer engages in transactions involving cash or cash equivalents or other monetary instruments that appear to be structured to avoid the Rs.10,00,000 government reporting requirements, especially if the cash or monetary instruments are in an amount just below reporting or recording thresholds. For no apparent reason, the customer insists for multiple accounts under a single name or multiple names, with a large number of inter-account or thirdparty transfers.
- The customer engages in excessive journal entries between unrelated accounts without any apparent business purpose.
- The customer requests that a transaction be processed to avoid the Company's normal documentation requirements.
- The customer, for no apparent reason or in conjunction with other red flags, engages in transactions involving certain types of securities, such as Z group and T group stocks, which although legitimate, have been used in connection with fraudulent schemes and money laundering activity. (Such transactions may warrant further due diligence to ensure the legitimacy of the customer's activity.)
- The customer's account shows an unexplained high level of account activity.
- The customer maintains multiple accounts, or maintains accounts in the names of family members or corporate entities, for no apparent purpose.
- The customer's account has inflows of funds or other assets well beyond the known income or resources of the customer. When a member of the company detects any red flag he or she will escalate the same to the Principal Officer for further investigation.

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Signature of 1st Holder

31 B)



Signature of 2nd Holder

31 C)



Signature of 3rd Holder

Broad categories of reason for suspicion and examples of suspicious transactions for an intermediary are indicated as under:

- Identity of Client
False identification documents
Identification documents which could not be verified within reasonable time
Non-face to face client
Doubt over the real beneficiary of the account
- Accounts opened with names very close to other established business entities
- Suspicious Background
Suspicious background or links with known criminals
- Multiple Accounts
Large number of accounts having a common account holder, introducer or authorized signatory with no rationale
Unexplained transfers between multiple accounts with no rationale
Activity in Account
Unusual activity compared to past transactions
Use of different accounts by client alternatively
Sudden activity in dormant accounts
- Activity inconsistent with what would be expected from declared business
- Account used for circular trading Nature of Transactions
- Unusual or unjustified complexity
No economic rationale or bonafide purpose
Source of funds are doubtful
Appears to be case of insider trading
Investment proceeds transferred to a third party
Transactions reflect likely market manipulations
Suspicious off market transactions
- Value of Transactions
Value just under the reporting threshold amount in an apparent attempt to avoid reporting
Large sums being transferred from overseas for making payments
Inconsistent with the client's apparent financial standing
Inconsistency in the payment pattern by client
Block deal which is not at market price or prices appear to be artificially inflated/deflated

6. Reporting to FIU IND

For Cash Transaction Reporting

* All dealing in Cash that requiring reporting to the FIU IND will be done in the CTR format and in the matter and at intervals as prescribed by the FIU IND

For Suspicious Transactions Reporting

We will make a note of Suspicion Transaction that have not been explained to the satisfaction of the Principal Officer and thereafter report the same to the FIU IND and the required deadlines. This will typically be in cases where we know, suspect, or have reason to suspect:

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Signature of 1st Holder

32 B)



Signature of 2nd Holder

32 C)



Signature of 3rd Holder

- * the transaction involves funds derived from illegal activity or is intended or conducted in order to hide or disguise funds or assets derived from illegal activity as part of a plan to violate or evade any the transaction reporting requirement,
- * the transaction is designed, whether through structuring or otherwise, to evade the any requirements of PMLA Act and Rules framed there of
- * the transaction has no business or apparent lawful purpose or is not the sort in which the customer would normally be expected to engage, and we know, after examining the background, possible purpose of the transaction and other facts, of no reasonable explanation for the transaction, or * the transaction involves the use of the Company to facilitate criminal activity.

We will not base our decision on whether to file a STR solely on whether the transaction falls above a set threshold. We will file a STR and notify law enforcement of all transactions that raise an identifiable suspicion of criminal, terrorist, or corrupt activities.

All STRs will be reported quarterly to the Board of Directors, with a clear reminder of the need to maintain the confidentiality of the STRs.

We will not notify any person involved in the transaction that the transaction has been reported, except as permitted by the PMLA Act and Rules thereof.

7. AML Record Keeping

a. STR Maintenance and Confidentiality

We will hold STRs and any supporting documentation confidential. We will not inform anyone outside of a law enforcement or regulatory agency or securities regulator about a STR. We will refuse any requests for STR information and immediately tell FIU IND of any such request we receive. We will segregate STR filings and copies of supporting documentation from other Company books and records to avoid disclosing STR filings. Our Principal Officer will handle all requests or other requests for STRs.

b. Responsibility for AML Records and SAR Filing Principal Officer will be responsible to ensure that AML records are maintained properly and that STRs are filed as required

c. Records Required

As part of our AML program, our Company will create and maintain STRs and CTRs and relevant documentation on customer identity and verification. We will maintain STRs and their accompanying documentation for at least ten years.

8. Training Programs

We will develop ongoing employee training under the leadership of the Principal Officer. Our training will occur on at least an annual basis. It will be based on our company's size, its customer base, and its resources.

Our training will include, at a minimum: how to identify red flags and signs of money laundering that arise during the course of the employees' duties; what to do once the risk is identified; what

employees' roles are in the Company's compliance efforts and how to perform them; the Company's record retention policy; and the disciplinary consequences (including civil and criminal penalties) for non-compliance with the PMLA Act.

We will develop training in our Company, or contract for it. Delivery of the training may include educational pamphlets, videos, intranet systems, in-person lectures, and explanatory memos.

We will review our operations to see if certain employees, such as those in compliance, margin, and corporate security, require specialized additional training. Our written procedures will be updated to reflect any such changes.

9. Program to Test AML Program

a. Staffing

The testing of our AML program will be performed by the Statutory Auditors of the company.

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Signature of 1st Holder

33 B)



Signature of 2nd Holder

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Signature of 3rd Holder

b. Evaluation and Reporting

After we have completed the testing, the Auditor staff will report its findings to the Board of Directors. We will address each of the resulting recommendations.

10. Monitoring Employee Conduct and Accounts

We will subject employee accounts to the same AML procedures as customer accounts, under the supervision of the Principal Officer. We will also review the AML performance of supervisors, as part of their annual performance review. The Principal Officer's accounts will be reviewed by the Board of Directors.

11. Confidential Reporting of AML Non-Compliance

Employees will report any violations of the Company's AML compliance program to the Principal Officer, unless the violations implicate the Compliance Officer, in which case the employee shall report to the Director, Shri Kamlesh R. Sanghavi. Such reports will be confidential, and the employee will suffer no retaliation for making them.

12. Board of Directors Approval

We have approved this AML program as reasonably designed to achieve and monitor our Company's ongoing compliance with the requirements of the PMLA and the implementing regulations under it.

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Signature of 1st Holder

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Signature of 2nd Holder

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Signature of 3rd Holder

For Sanghavi Savla Stock Brokers Ltd.

Director.

CERTAIN APPLICABLE POLICIES & PROCEDURES

a. REFUSAL OF ORDERS FOR PENNY STOCKS

SSSBL discourages/restricts trading in penny stocks by the clients as they are susceptible to manipulation and risky for investors and traders. SSSBL, therefore, reserves right to refuse any order for penny stocks. Penny stocks may be explained as scrips having low market capitalization, thinly traded in the market, often restricted by the exchanges for trading, wherein the market price of the scrip can be easily manipulated and therefore carrying high risk. A list of illiquid scrips is being issued by the National Stock Exchange of India Ltd.(NSE) as well as by the Bombay Stock Exchange Ltd.(BSE) at regular interval (Generally every month) may be considered as guidelines for considering a scrip as penny stock. If a client trades in penny stock, he may be warned or denied further trade by SSSBL depending upon the scrip and client's awareness and intentions and client shall indemnify SSSBL in respect of any loss caused to SSSBL on account of client trading in penny stocks;

b. SETTING UP OF CLIENT'S EXPOSURE LIMITS

Exposure limit of a client shall depend upon his/her profile, financial/residential status, ledger balance, value and nature of collateral/margin with the broker, past experience, integrity and nature of trading pattern.

c. APPLICABLE BROKERAGE RATES

Brokerage rate shall be decided with the client at the time of registration which may be reviewed from time to time in consultation with the client and sub-broker/remisier. However, the brokerage shall be subject to the limits as prescribed by SEBI/Exchanges/any other authorities having legal jurisdiction from time to time.

d. IMPOSITION OF PENALTY OR DELAYED PAYMENT CHARGES

The clients are required to settle pay-in/ provide margin within the time limits provided by Exchanges/SEBI/SSSBL risk management system. In case the client fails to provide the same within the prescribed time of pay-in/margin/any other obligations, delayed payment charges may be levied on the client's account on any delayed payments towards trading either in the cash or derivatives segment or for any outstanding dues/obligations. Such delayed payment charges shall be directly debited to the account of client. This is only a penal measure to bring in discipline in the clients. SSSBL reserves the right of imposition of delayed payment charges on the client account and the client shall be liable for payment of such charges at such rate as may be decided by SSSBL from time to time;

e. RIGHT TO SELL CLIENT'S SECURITIES OR CLOSE CLIENT'S POSITIONS, WITHOUT GIVING NOTICE TO THE CLIENT ON ACCOUNT OF NON PAYMENT OF DUES. (LIMITED TO SETTLEMENT/MARGIN OBLIGATIONS)

As a part of its Risk Management System, SSSBL shall have the sole discretion to square off the open position of the client and/or sell client's securities (including securities maintained as margin with SSSBL and securities lying in client's beneficiary/demat account) in case the client fails to meet its settlement/margin obligations in time. The specific securities to be sold and the positions to be squared off shall be decided solely by SSSBL. Further, the square off of client's open position or the selling of securities may be executed on such exchanges and at such price as may be decided by SSSBL. SSSBL shall have no obligation of communicating the same to the client excepting as otherwise required like issuing contract in prescribed time. SSSBL shall not be responsible for any losses incurred by the client owing to such squaring off of the position of the client. SSSBL reserves right to square off client's open position or sell client's securities as above.

The client accepts to comply with the requirement of payment of margin/settlement obligations of the client immediately failing which SSSBL may sell, dispose, transfer or deal

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Signature of 1st Holder

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Signature of 2nd Holder

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Signature of 3rd Holder

in any other manner with the securities already placed with it as margin/lying in the beneficiary account of SSSBL or square off all or some of the outstanding derivatives segment positions of the client as it deems fit at its sole discretion without further reference to the client and any resultant or associated losses that may occur owing to such square off/sale shall be borne by the client and SSSBL shall be fully indemnified and held harmless by the client in this behalf at all times;

f SHORTAGES IN OBLIGATIONS ARISING OUT OF INTERNAL NETTING OF TRADES

In case the client defaults on its existing obligation of delivering securities and in the event the trade has been internally netted off, whether fully or partly, by SSSBL, there could be internal shortages. The internal shortages are marked against the client randomly at the sole discretion of SSSBL taking into account the delivery obligations through Exchanges. In case of failure of delivery the client marked for internal netting of trade, the same shall be met through fresh market purchases and the loss on account of the said purchases will be charged to the defaulting client's account.

g CONDITIONS UNDER WHICH CLIENT MAY NOT BE ALLOWED TO TAKE FURTHER POSITION OR BROKER MAY CLOSE EXISTING POSITIONS OF CLIENT

In addition to the conditions as provided under the policy of right to sell securities and close out open positions as described in point e above, SSSBL shall have the right to refuse to execute trades/allow the client to take further positions and/or close out the existing positions of client under the following circumstances:

- i. As a result of any Regulatory directive/restriction;
- ii. Non-receipt of funds/securities and/or bouncing of cheque received from the client towards the obligations/margin/ledger balances;
- iii. Due to technical reasons;
- iv. Securities breaching the limits specified by the exchanges/regulators from time to time;
- v. In case of failure to meet margin including mark to market margins by the client;
- vi. In case securities to be transacted by the client are not in dematerialized form;
- vii. Any other conditions as may be specified by SSSBL from time to time in view of market conditions, regulatory requirements, internal policies etc. and risk management system;
- viii. Due to any force majeure event beyond the control of SSSBL. SSSBL shall not be responsible for any loss incurred and the client shall indemnify SSSBL in his regard.

h TEMPORARY SUSPENDING OR CLOSING OF CLIENT ACCOUNT AT THE CLIENT'S REQUEST

SSSBL may suspend or close the trading account of the client pursuant to SEBI or any other Regulatory directive for such period as may be prescribed by the respective Regulator. SSSBL may further at its sole discretion and with/ without information to the client, prohibit or restrict or block the client's access to the use of the web site or related services and the client's ability to trade due to market conditions and other policies including policy with respect to prevention of money laundering.

i DEREGISTERING CLIENT

Deregistration of the client / Termination shall be at the sole discretion of SSSBL may deregister the client if the client breaches the terms and conditions of the member-client agreement or provides any false information or declarations. Further, SSSBL may deregister the client if the client is suspected to be involved in any activities in violation of applicable Rules and Regulations. Further the client may be deregistered due to any regulatory directive, market conditions and other internal policies of SSSBL including policy with respect of money laundering. Such deregistration/termination shall not affect the rights and liabilities of the parties in respect of the transaction executed before the date of such deregistration / termination.

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Signature of 1st Holder

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Signature of 2nd Holder

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Signature of 3rd Holder

I/We hereby agree that I/We have read and understood all the above policies and procedures of SSSBL as applicable to my/our trading account. I/We understand that the above policies and procedures are subject to change/updation by SSSBL from time to time. The updated policies and procedures of SSSBL shall be posted on the website of SSSBL www.sanbro.in. I/We undertake to refer to the updated policies and procedures and abide by the same.

j. INACTIVE CLIENT ACCOUNT

A client account will be consider as inactive if the client does not trade for period of Six Months . Calculation will be done at the beginning of every month and those client who have not traded even a single time will be considered as inactive, the client has to make written request for reactivation of their account.

37)  Signature of the client. _____ Client Code :

Name of the Client :

RISK MANAGEMENT POLICY

Sanghavi Savla Stock Brokers Ltd. has risk management policies for all the clients. These policies have been adopted to minimise the risk from possible defaults of the clients who deal with it.

Branch (including sub-broker/remisier/ Authorised Person) level control

The primary means of risk management is the branch level control. The following limits are set for each branch.

1. Gross exposure
2. Net exposure
3. Quantity limits per order
4. Value limits per order

The limits given to the branch is on the following parameters

1. Past tract record of the branch.
2. Margins/ deposits of the branch lying with SSBG.

Further, clients codes are mapped to the branch IDs.

Client level control

In case of clients who are in continuous debit for more than 5 days, fresh buying for that client code is stopped till the time the outstanding is cleared.

In case of Derivative Segment, Client has to pay Total Margin including exposure margin & Mark to Market loss before trading starts on the following day.

Client level control (for Fast Trade)

Limits to internet trading clients is set by the Head Office in consultation with the Branch Head / sub broker based on the track record of the client and the margins deposits with SSBG.

Exceptional circumstances

All exceptional circumstances are escalated to Director Mitul K. Sanghavi for immediate resolution.

Policy may change as and when there is change in SEBI/Exchange rules regulation or compliance.

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FOR DETERMINING US PERSON STATUS [Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]

To,
Sanghavi Savla Stock Brokers Ltd.
 Vesta-B, 1st Floor,
 90 Feet Road, Pant Nagar,
 Ghatkopar (East)
 Mumbai-400 075

APPLICANT'S INFORMATION

Trading A/c No.:

Demat A/c No.:

FATCA DECLARATION FOR INDIVIDUAL CLIENTS

Please provide a response common to all holders in the folio(s). For eg : If the answer to any one of the question for any one of the holder is "Yes", please tick on "Yes" against the question

FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

FATCA Compliance Confirmation Indicia	Yes" or "No" please (✓)	
Are you a resident or Citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is US your place of birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a US telephone number in the capacity of a resident / citizen of US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold any residence / mailing address / 'C/o address' / hold mail address / PO Box address in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your POA holder based out of US or hold US residence / citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay tax in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold an Identification Number or any identification that indicates US residence / citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In case of individual client who is a resident or Citizen of the United States:

Spouse Name : _____

Nationality : _____

Place of Birth : _____

Tax Identification Number (TIN) : _____


allotted by Tax resident country : _____


TIN Issuing country : _____


Foreign Address : _____

DECLARATION & SIGNATURE(S) (To be signed as per mode of holding)

Client agrees to provide the trading member and/or depository participant with any documentation or information requested relating to individual or entity tax status. To the extent required by the trading member and/or depository participant, client hereby consents to the disclosure and reporting of any tax related information obtained or held by the trading member and/or depository participant to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by the trading member and/or depository participant, client hereby agrees to obtain a written waiver or consent from the entity's "substantial owners" or "controlling persons" and to provide those consents to the trading member and/or depository participant to permit it to disclose and report tax and account specific financial information to any local or foreign Tax authority. The terms "substantial owners" and "controlling persons" shall have the meaning as defined under local or foreign tax laws, regulatory guidance or inter governmental cooperation agreements. The potential consequences for failure to comply with requests for tax information, failure to respond to requests for waivers or consents for tax information disclosure, and/or failure to respond to requests to obtain waivers or consents from substantial owners or controlling persons, include, but are not limited to: (a) trading member and/or depository participant has the right to carry out actions which are necessary to comply with the local or foreign tax reporting obligations; (b) trading member and/or depository participant has the ability to withhold taxes that may be due from certain payments made to the client's account; (c) trading member and/or depository participant has the right to pay relevant taxes to the appropriate tax authority; (d) trading member and/or depository participant has the right to refuse to provide certain services; and (e) trading member and/or depository participant has the discretion to close client accounts. The client agrees to inform, or respond to any request from, the trading member and/or depository participant, if there are any changes to tax information previously provided.

 Authorised Signatory 1 /
38 A) 1st Applicant

 Authorised Signatory 2 /
38 B) 2nd Applicant

 Authorised Signatory 3 /
38 C) 3rd Applicant

Date :

Place :

STANDING INSTRUCTION LETTER

VOLUNTARY

Date:

To,
Sanghavi Savla Stock Brokers Ltd.
Vesta - B, 1st floor,
90 Feet Road, Pant Nagar,
Ghatkopar - (E), Mumbai - 400 075.

Dear Sir,

Sub: Letter of Standing Instructions

I/We am/are aware that the below mentioned points are voluntary and I/We have an authority to set aside or revoke any of them whenever I/We want to.

I/We am/are giving this authorization for my/our operational convenience. I/We hereby willfully issue following standing instructions with references to personal discussion between us:

1. I/We will make payments to you for bills raised by you. I/we am/are agreeable for maintaining running account and instruct you that no Cheque/Shares be issued to me/us towards credit balance in my/our account, unless specifically demanded by me/us and only to the extent of amount demanded by me/us.
2. I/We am/are agreeable that the credit balance of funds and shares be treated as margin for both cash and derivatives segment.
3. I/We am/are agreeable for transfer of credit balances in margin account/client account of cash segment towards adjustment debit balance in margin account/client account of derivatives segment and vice versa.
4. I/We am/are agreeable for transfer of credit balances in margin account/client account of cash and derivatives segment of (Sanghavi Savla Stock Brokers Ltd.) (NSE) against debit balance in margin account /client account of cash segment of (Sanghavi Savla Stock Brokers Ltd.) (BSE) and vice versa.
5. I/We am/are agreeable for and authorise you to withhold funds pay-out towards all the applicable margins and debits.
6. As regards the placement of orders, although you had insisted on written instruction for placing orders, considering the practical difficulties faced by me/us in complying the same, I/we would request you to accept orders placed orally on telephone.
7. I/We confirm that the revocation of standing instructions will be effective only from the date and time the notice is received by Sanghavi Savla Stock Brokers Ltd.

These standing instructions are valid from the date the account is opened and will be valid until revoked.

I have an authority to set aside or revoke and any or all of them whenever I want to.

Thanking you,

Yours faithfully,

39)  Signature of Client: _____

Name of Client: _____

Client Code: _____

ELECTRONIC CONTRACT NOTE (ECN) CONSENT LETTER

Date:

To,
Sanghavi Savla Stock Brokers Ltd.
Vesta - B, 1st floor,
90 Feet Road, Pant Nagar,
Ghatkopar - (E), Mumbai - 400 075.

Dear Sir,

**SUB: MANDATE TO ISSUE CONTRACT NOTES AND OTHER
COMMUNICATION IN ELECTRONIC / DIGITAL MODE**

I/We hereby authorise you to send all my contract notes/bills, statement of accounts / ledgers for trading done on NSE & BSE, in digital/electronic form on my Email ID given below. I/We would be bound to treat it / them as acknowledged.

I/We hereby agree and consent to accept the contract notes for transactions carried out by me/us in digital form subject to conditions given below. In terms of agreement entered into between me/us, in Digital form, digital contracts issued by you as per the terms and conditions specified shall be binding on me/us. I/We undertake to check the contract notes and bring the discrepancies to your notice within 24 hours of such issuance of contract notes. My non-verification or not accessing the Contract Notes on regular basis shall not be a reason for disputing the Contract Note any time. This instruction to issue digital contract note is applicable with immediate effect.

I/We hereby give my email ID for this purpose.

1. _____
2. _____

I / We confirm that, “non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the email-id of the client”

I/We hereby agree and confirm to verify the information / documents that are sent on email and/or upload on the said website regularly and the same shall be deemed to be received by me/us (Vide SEBI Circular Ref no SEBI/SMD/SE/15/2003/29/04 dated April 29, 2003, regarding issuance of contract notes / bills, statement of ledgers/accounts in digital/electronic form and to disseminate the same on website for easy access to the investor).

If there is any change in my/our email ID or in the name or in the residential/correspondence address, the same shall be intimated to you in writing through physical letter within reasonable period of time. In respect of internet clients, the request for change of email ID may be made through the secured access by way of client specific user ID and Password.

Thanking you,

Yours faithfully,

40)  Signature of Client: _____

Name of Client: _____

Client Code: _____

RUNNING ACCOUNT LETTER

VOLUNTARY

Date:

To,
Sanghavi Savla Stock Brokers Ltd.
Vesta - B, 1st floor,
90 Feet Road, Pant Nagar,
Ghatkopar - (E), Mumbai - 400 075.

Dear Sir,

Sub: Maintenance of My Account on a running account basis.

Notwithstanding anything contrary contained in the agreement between me/us, I/we hereby request you to maintain my/our account, both securities and funds, with you on a running account basis to be settled on monthly/quarterly interval.

This will facilitate me/us in my/our transactions through you. I/we also authorise you to retain the requisite securities/funds towards such obligations and may also retain the fund expected to be required to meet the margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.

I/We agree to bring any discrepancies arising from the statement of account or settlement so made to the notice of the broker preferably within 7 working days from the date of receipt of funds/securities or statement, as the case may be. I/We agree that no interest will be payable to me/us on credit balances being in my/our account with you.

I/We have noted followings:

- a. This authorisation must be renewed at least once in a year.
- b. The authorisation is signed by me / us only and not by any authorised person on my behalf or any holder of Power of Attorney.
- c. I/We may revoke the authorisation at any time.

Thanking you,

Yours faithfully,

41)  Signature of Client: _____

Name of Client: _____

Client Code: _____

ACCOUNTS OPENING FORM DETAILS

Client Name : _____

POA ID NO: _____

Client Code : _____

NOMINEE NO: _____

Branch/Code : _____

APPROVED BY: _____

TRADING A/C NO: _____

Sr. No.	Particulars	Name of Person	Status Date
1	Form Fillup		
2	Checked By		
3	Compliance Check		
4	Back Office Entry		
5	Back Office Verify		
6	Back Office UCC		
7	UCI online - NSE		
8	UCC online - BSE		
9	JV		
10	Mappin		
11	Welcome Letter & SMS Report		
12	Remarks		

DP Form Detail

DP Backoffice Data Entry By	
Name	
Designation	
Signature	
Date	

Entry-Verified By	
Name	
Designation	
Signature	
Date	

CDAS Uploaded By	
Name	
Designation	
Signature	
Date	

FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received.
- (Self-Attested) Self Certified Document copies received.

Signature of the Authorised Signatory

Date: _____ (dd/mm/yyyy)

In Person Verification done by Compliance Assistant

Name _____

Emp. Signature _____

Seal/Stamp of the Intermediary

Emp. Code _____

Date of Verification _____

Place _____

