

# Client Registration Form

INDIVIDUAL

NON-INDIVIDUAL



**Client Name :**  
**Client Code :**  
**DP ID : 12031100 BO ID :**  
**Account Open Date :**  
**CKYC No :**

## CNB FINWIZ PRIVATE LIMITED

(Member : NSE, BSE, MCX & DP- CDSL)  
Account Opening Form



**ANNEXURE - 1**  
**ACCOUNT OPENING KIT**  
**INDEX OF DOCUMENTS**

**MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES**

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Account Opening Form	A. KYC Form - Document captures the basic information about the constituent	1-8
		B. Document captures the additional information about the constituent relevant to trading account and an instruction/ checklist.	9-14
2.	Policies and Procedures	Document describing significant policies and procedure of the stockbroker.	15-19
3.	Declaration & Tariff sheet	Disclosure Of Proprietary Trading, PMLA - Declaration, Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	20
4.	Rights And Obligations	Document stating the Rights & Obligations of stock broker/ trading member, A P and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	Given to Client at the time of account opening
5.	Risk Disclosure Documents (RDD)	Document detailing risks associated with dealing in the securities market	
6.	Guidance Note	Documents detailing do's and don'ts for trading on exchange, for the education of the investors.	

**VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER**

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Letter of Authorization	Letter where in Client Authorizes Stock Broker to maintain running account and to accept verbal orders etc.	21-22
2.	Authorization for Electronic Statements	For Smooth Functioning of Account	23
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4.	DP Additional Documents	SMS alert facility , Terms & condition, FATCA & CRS declaration, DP Tariff sheet	35-41
5.	SMS Disclaimer, Format, Undertaking, Authorization	SMS disclaimer, signature verification letter, undertaking to act in own capacity, Name discrepancy declaration, HUF declaration, partner authority letter, board resolution, DDPI, Declaration by sales person	42-49
6.	Investor Charter & Dos and Don'ts	Investor Charter – Stock Brokers, Dos and Don'ts for investor	Given to Client at the time of account opening
7.	Most Important Terms and Conditions (MITC)	Most Important Terms and Conditions (MITC) (For non-custodial settled trading accounts)	
8.	Rights And Obligations	Rights And Obligations Of Beneficial Owner And Depository Participants	

For Other Formats download please visit our website [www.cnbfinwiz.com](http://www.cnbfinwiz.com)

# CNB FINWIZ PRIVATE LIMITED

CIN: U74899DL2000PTC375219

SEBI Registration Numbers :

Exchange	Segment	SEBI Regn. No.	Registered with SEBI Since
National Stock Exchange	Cash	INZ000204238	11/12/2002
	Equity Derivative	INZ000204238	30/04/2003
	Currency Derivative	INZ000204238	24/09/2010
Bombay Stock Exchange	Cash	INZ000204238	31/12/2004
	Equity Derivative	INZ000204238	18/01/2012
Multi Commodity Exchange	Commodity	INZ000204238	17/08/2023

**Regd. Office:** 4282/3, Ansari Road, Daryaganj, New Delhi 110002 • Phone No. 8860078514

**Dealing Office:** 101, EMCA House 23/23B First Floor, Ansari Road, Daryaganj, New Delhi 110002

Phone No.: 8860078514, E-mail: [grievance@cnbfinwiz.com](mailto:grievance@cnbfinwiz.com), Website: [www.cnbfinwiz.com](http://www.cnbfinwiz.com)

## **FILING COMPLAINTS ON SCORES - EASY & QUICK**

- a. Register on SCORES portal
- b. Mandatory details for filing complaints on SCORES:
  - i) Name, PAN, Address, Mobile Number, E-mail ID
- c. Benefits:
  - i) Effective communication
  - ii) Speedy redressal of the grievances

SEBI: <https://www.scores.gov.in/scores/complaintRegister.html>

Compliance Officer

CEO/MD

Mr. Paras Sharma  
Email Id: [cs@cnbfinwiz.com](mailto:cs@cnbfinwiz.com)  
Contact No. +91 8860078514

Mr. Naman Bagri  
Email: [naman.bagri@cnbfinwiz.com](mailto:naman.bagri@cnbfinwiz.com)  
Contact No. +91 9873752222

For any grievance/dispute please contact CNB FINWIZ PRIVATE LIMITED at the above address or email id - [grievance@cnbfinwiz.com](mailto:grievance@cnbfinwiz.com) and Phone No. 8860078514. In case not satisfied with the response, please contact the concerned exchange(s) at:

Exchange Name	E-mail ID	Phone No.
National Stock Exchange of India Ltd.	<a href="mailto:ignse@nse.co.in">ignse@nse.co.in</a>	022-26598190
Bombay Stock Exchange Ltd.	<a href="mailto:is@bseindia.com">is@bseindia.com</a>	022-22728097
CDSL	<a href="mailto:reetab@cdslindia.com">reetab@cdslindia.com</a>	022-22728658
MCX	<a href="mailto:grievance@mcxindia.com">grievance@mcxindia.com</a>	022-67318888

<b>Know Your Client (KYC)</b> <b>Application Form (For Individuals Only)</b>  <small>Please fill the form in ENGLISH and in BLOCK letters</small> <small>Fields marked * are mandatory</small> <small>Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also</small>	 <b>CNB Finwiz Private Limited</b> Regd. Office: 4282/3, Ansari Road, Daryaganj, New Delhi 110002 Corp. Office: A-32, Sector 9, Analco Building, Noida, Uttar Pradesh 201301	 <b>CNB FINWIZ</b> <small>EMPOWERING ALGO TRADING</small>
<b>Application Number:</b> _____		
<b>Application Type*:</b> <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC		
<b>KYC Mode*:</b> Please Tick (✓) <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker		
<b>1. Identity Details (please refer guidelines overleaf)</b>		
<div style="display: flex; justify-content: space-between;"> <div> <b>PAN*</b> _____  <small>Please enclose a duly attested copy of your PAN Card</small> </div> <div> <b>Date of Birth*</b> ____-____-____         </div> </div>		
<div style="display: flex;"> <div style="flex: 1;"> <b>Name*</b> (same as ID proof) _____  <b>Maiden Name*</b> (if any) _____  <b>Fathers/Spouse's Name*</b> _____  <b>Mothers Name*</b> _____  <b>Gender*</b>    <input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Transgender  <b>Marital Status*</b>    <input type="checkbox"/> Single    <input type="checkbox"/> Married  <b>Nationality*</b>    <input type="checkbox"/> Indian    <input type="checkbox"/> Other _____  <b>Residential Status*</b>    <input type="checkbox"/> Resident Individual    <input type="checkbox"/> Non Resident Indian  <small>Please Tick (✓)</small>  <input type="checkbox"/> Foreign National    <input type="checkbox"/> Person of Indian Origin*         </div> <div style="flex: 1; text-align: center; border: 1px solid #ccc; padding: 10px; margin-left: 10px;">           Recent passport size Applicant Photo   <small>Cross Signature across photograph</small> </div> </div>		
<small>(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)</small>		
<b>Proof of Identity (POI) submitted for PAN exempted cases (Please tick)</b>		
<div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> A — Aadhaar Card    XXXX XXXX ____-____  <input type="checkbox"/> B — Passport Number    _____  <input type="checkbox"/> C — Voter ID Card    _____  <input type="checkbox"/> D — Driving License    _____  <input type="checkbox"/> E — NREGA Job Card    _____  <input type="checkbox"/> F — NPR    _____  <input type="checkbox"/> Z — Others    _____ (any document notified by Central Government)         </div> <div style="flex: 1;">           (Expiry Date) _____             (Expiry Date) _____         </div> </div>		
Identification Number _____		
<b>2. Address Details* (please refer guidelines overleaf)</b>		
<b>A. Correspondence/ Local Address*</b>		
<b>Line 1*</b> _____ <b>Line 2</b> _____ <b>Line 3</b> _____		
<b>City/Town/Village*</b> _____ <b>District*</b> _____ <b>Pin Code*</b> _____ <b>State*</b> _____ <b>Country*</b> _____		
<b>Address Type*</b> <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		
		<b>Applicant e-SIGN</b>

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_  
Line 2 \_\_\_\_\_  
Line3 \_\_\_\_\_  
City/  
Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
State\* \_\_\_\_\_ Country\* \_\_\_\_\_  
Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX \_\_\_\_\_  
☐ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
☐ C — Voter ID Card \_\_\_\_\_  
☐ D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
☐ E — NREGA Job Card \_\_\_\_\_  
☐ F — NPR Letter \_\_\_\_\_  
☐ Z—Others \_\_\_\_\_ (any document notified by Central Government)  
Identification Number \_\_\_\_\_

**3. Contact Details (in CAPITAL)**

Email ID\* \_\_\_\_\_  
Mobile No. \* \_\_\_\_\_  
Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) carried out by\*

Intermediary Details\*

IPV Date \_\_\_\_\_

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

☐ Self certified document copies received (OVD)☐ True Copies of documents received (Attested)

AMC / Intermediary Name :

Employee Signature and Stamp

Institution Name and Stamp



**Know Your Client (KYC)****Application Form (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters.

Fields marked \* are mandatory

Fields marked \* are pertaining to KYC and mandatory only if processing KYC also

**CNB Finwiz Private Limited**Regd. Office: 4282/3, Ansari Road, Daryaganj,  
New Delhi 110002Corp. Office:- A-32, Sector 9, Analco Building,  
Noida, Uttar Pradesh 201301

Application Number: \_\_\_\_\_

**CNB FINWIZ**  
EMPOWERING ALGO TRADINGApplication Type\*: ☐ New KYC ☐ Modification KYC**1. Entity Details (please refer guidelines)**

PAN\*

Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof)

Date of Incorporation\*

Place of Incorporation\*

Date of Commencement\*

Registration Number\*

Entity Type\*

Please Tick (✓)

☐ Private Ltd. Co.☐ Public Ltd. Co.☐ Body Corporate☐ Partnership☐ Trust/Charity/NGO☐ HUF☐ FPI Category I☐ FPI Category II☐ AOP☐ Bank☐ Government Body☐ Defence Establishment☐ Body of Individuals☐ Society☐ LLP☐ Non-Government Organization☐ Others \_\_\_\_\_**2. Proof of Identity\* (please refer the guidelines)**☐ Officially Valid Document(s) in respect of person authorized to transact☐ Certificate of Incorporation/Formation☐ Registration Certificate☐ Memorandum of Articles and Association☐ Partnership Deed☐ Trust Deed☐ Board Resolution☐ Power of attorney granted to its manager, office, employees to transact on its behalf☐ Activity Proof -1\* (For Sole Proprietorship Only)☐ Activity Proof -2\* (For Sole Proprietorship Only)**3. Address Details\* (please refer the guidelines)****A. Registered Address\***

Line 1\*

Line 2

Line 3

City/Town/Village\*

District\*

Pin Code\*

State\*

Country\*

**B. Correspondence/Local Address in India (if different from above)\***

Line 1\*

Line 2

Line 3

City/Town/Village\*

District\*

Pin Code\*

State\*

Country\*

Applicant Digital Signature (DSC)

**Proof of Address\*** (attested copy of any one POA to be submitted—\*Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	<b>Validity/Expiry Date of POA</b> (Expiry Date) _____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		

**4. Contact Details**

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

**5. Annexures Submitted**Number of Related Persons - **6. Remarks / Additional Information****7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant Digital Signature (DSC)

Applicant Wet Signature

**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
Employee Signature and Stamp	Employee Signature and Stamp

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —



**Know Your Client (KYC)****Annexure (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

**CNB Finwiz Private Limited**Regd. Office: 4282/3, Ansari Road,  
Daryaganj, New Delhi 110002Corp. Office: A-32, Sector 9, Analco Building,  
Noida, Uttar Pradesh 201301**Application Number:**Application Type\*: ☐ New KYC ☐ Modification KYC**1. Identity Details of Related Person (please refer guidelines overleaf)**

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card Date of Birth\* \_\_\_\_\_

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Mothers Name\* \_\_\_\_\_

Gender\* ☐ Male ☐ Female ☐ TransgenderNationality\* ☐ Indian ☐ Other \_\_\_\_\_

Related Person Type\*

☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder☐ Others \_\_\_\_\_ (please specify) DIN: \_\_\_\_\_ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card XXXX XXXX \_\_\_\_\_☐ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ C — Voter ID Card \_\_\_\_\_☐ D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ E — NREGA Job Card \_\_\_\_\_☐ F — NPR \_\_\_\_\_☐ Z — Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\* (please refer guidelines overleaf)****A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_  
Line 2 \_\_\_\_\_  
Line3 \_\_\_\_\_  
City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
State\* \_\_\_\_\_ Country\* \_\_\_\_\_  
Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX \_\_\_\_\_  
☐ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
☐ C — Voter ID Card \_\_\_\_\_  
☐ D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
☐ E — NREGA Job Card \_\_\_\_\_  
☐ F — NPR Letter \_\_\_\_\_  
☐ Z — Others \_\_\_\_\_ (any document notified by Central Government)  
Identification Number \_\_\_\_\_

**3. Contact Details**

Email ID \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) _____  Employee Signature and Stamp
	Institution Name and Stamp

**Know Your Client (KYC)****Annexure (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters.

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also



CNB Finwiz Private Limited  
Regd. Office: 4282/3, Ansari Road, Daryaganj,  
New Delhi 110002  
Corp. Office:- A-32, Sector 9, Anlco Building,  
Noida, Uttar Pradesh 201301

**Application Number:**Application Type\*: ☐ New KYC ☐ Modification KYC**1. Identity Details of Related Person (please refer guidelines overleaf)**

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card Date of Birth\* \_\_\_\_\_

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Mothers Name\* \_\_\_\_\_

Gender\* ☐ Male ☐ Female ☐ TransgenderNationality\* ☐ Indian ☐ Other \_\_\_\_\_

Applicant Photo

**Related Person Type\***☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder☐ Others \_\_\_\_\_ (please specify) DIN: \_\_\_\_\_ (mandatory if the related person is Director)**Proof of Identity (POI) submitted for PAN exempted cases (Please tick)**☐ A — Aadhaar Card XXXX XXXX \_\_\_\_\_☐ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ C — Voter ID Card \_\_\_\_\_☐ D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ E — NREGA Job Card \_\_\_\_\_☐ F — NPR \_\_\_\_\_☐ Z — Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\* (please refer guidelines overleaf)****A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

<input type="checkbox"/> A — Aadhaar Card	XXXX XXXX _____	
<input type="checkbox"/> B — Passport Number	_____	(Expiry Date) _____
<input type="checkbox"/> C — Voter ID Card	_____	
<input type="checkbox"/> D — Driving License	_____	(Expiry Date) _____
<input type="checkbox"/> E —NREGA Job Card	_____	
<input type="checkbox"/> F — NPR Letter	_____	
<input type="checkbox"/> Z—Others	_____	(any document notified by Central Government)
Identification Number	_____	

**3. Contact Details**

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____	<input type="checkbox"/> Self certified document copies received (OVD)
Emp. Name _____	<input type="checkbox"/> True Copies of documents received (Attested)
Emp. Code _____	_____
Emp. Designation _____	_____
Employee Signature and Stamp	Institution Name and Stamp

**TRADING ACCOUNT RELATED DETAILS** (For Individuals & Non-Individuals)

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

**A. BANK ACCOUNT(S) DETAILS**

**1. Bank Name** \_\_\_\_\_  
**Branch Address** \_\_\_\_\_  
**Bank A/c No.** \_\_\_\_\_ **MICR Number** \_\_\_\_\_  
**IFSC Number** \_\_\_\_\_ **A/c Type** ☐ Savings ☐ Current ☐ NRI ☐ NRE ☐ NRO

**2. Bank Name** \_\_\_\_\_  
**Branch Address** \_\_\_\_\_  
**Bank A/c No.** \_\_\_\_\_ **MICR Number** \_\_\_\_\_  
**IFSC Number** \_\_\_\_\_ **A/c Type** ☐ Savings ☐ Current ☐ NRI ☐ NRE ☐ NRO

**Payout Option :** ☐ Cheque ☐ Fund Transfer ☐ Bank Draft ☐ CMS ☐ NEFT ☐ RTGS

**B. DEPOSITORY ACCOUNT(S) DETAILS**

**1. DP** CDSL ☐ NSDL ☐  
**Depository Participant Name** \_\_\_\_\_  
**Beneficiary Name** \_\_\_\_\_  
**DP ID No.** \_\_\_\_\_ **Beneficiary ID** \_\_\_\_\_

**2. DP** CDSL ☐ NSDL ☐  
**Depository Participant Name** \_\_\_\_\_  
**Beneficiary Name** \_\_\_\_\_  
**DP ID No.** \_\_\_\_\_ **Beneficiary ID** \_\_\_\_\_

**C. TRADING PREFERENCES**

Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.

Exchanges	NSE & BSE			
All Segments	Cash	F&O	NSE Currency	NSE SLBS
✓				

If you do not wish to trade in any of segments, please mention here

In future, if you want to trade on any new segment/new exchange please submit separate authorization / letter. (for format download from our website)

**ONLINE / OFFLINE PREFERENCES**

Capital Market (NSE & BSE), Derivative (NSE & BSE), Currency Derivative (NSE, MCX-SX)	<input type="checkbox"/> Offline <input type="checkbox"/> Online <input checked="" type="checkbox"/> _____
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**D. PASTACTIONS**

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: \_\_\_\_\_

**E. DEALINGS THROUGH (AP) AND OTHER STOCK BROKERS**

If client is dealing through the Stock Broker/AP, provide the following detail

Stock broker /AP Name \_\_\_\_\_

SEBI Registration / Exchange number \_\_\_\_\_

Registered office address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Contact Details Tel (Off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

Whether dealing with any other Stock broker/A P/AP (if case dealing with multiple Stock brokers/A Ps/AP, provide details) Name of stock broker \_\_\_\_\_

Name of A P/AP \_\_\_\_\_

Client Code \_\_\_\_\_ Exchange \_\_\_\_\_

Details of disputes/dues pending from/to such stock broker/AP: \_\_\_\_\_

**F. ADDITIONAL DETAILS**

1. Whether you wish to receive Physical Contract Note or Electronic Contract Note - ☐ Physical ☐ Electronic  
Specify your Email id, if applicable - As Per Authorization for Electronic Statements

2. Whether you wish to avail the facility of internet trading and Mobile Trading (please specify) ☐ Yes ☐ No

3. Number of years of Investment/Trading Experience ☐ ☐ Any other information \_\_\_\_\_

4. Whether you are or any of the following, or are directly or indirectly related to any of the following: ☐ Yes ☐ No

☐ Civil Servant ☐ Politician ☐ Current or former head of state ☐ Bureaucrat (Tax authorities, Foreign Services, IAS etc.)

☐ Current or former MP, MLA, MLC ☐ Connected to Media

☐ Connected to any company / promoter group / group of companies listed on any stock exchange

Name of the Company \_\_\_\_\_

5. Educational Qualification ☐ Non Matric ☐ SSC/HSC ☐ Graduate ☐ Lawyer ☐ Other Specify \_\_\_\_\_

6. Sources of Income a) Primary Source ☐ Salary ☐ Business

b) Secondary Source ☐ Royalties ☐ Rental ☐ Dividend ☐ Others (Specify) \_\_\_\_\_

7. Gross Annual Income Details: Income Range per annum ☐ Below Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac ☐ Rs. 5 Lac to 10 Lac  
(please specify) ☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lac to 1 Crore ☐ > 1 Crore

OR

Net Worth (Net worth should not be older than 1 year) Amount Rs. ....

as on (date)         (Compulsory for Non-Individuals)



8. Occupation : ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional  
(please tick anyone and give brief details) ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others \_\_\_\_\_ Please Specify

9. Please tick, if applicable : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

10. SMS and E-mail alerts to investors by stock exchanges : ☐ Yes ☐ No

Type of Facility ☐ SMS Alert ☐ E-mail Alert ☐ Both

11. In case of Non-Individual, Name, Designation, PAN, UID, Signature, Residential Address and Photographs of persons authorised to deal in securities of behalf of the company / Firm/ others.

Please provide the details in **Annexure A** as per format attached

#### DETAIL OF INTRODUCER (OPTIONAL)

Introduced by : ☐ Existing Client ☐ Remisier ☐ Authorised Person ☐ Others (Please Specify) \_\_\_\_\_

Name of Introducer : \_\_\_\_\_

A P Registration No. PAN \_\_\_\_\_ UCC : \_\_\_\_\_ Employee Code : \_\_\_\_\_

NO. : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_

Pin : \_\_\_\_\_ State : \_\_\_\_\_ Country : \_\_\_\_\_

Phone : \_\_\_\_\_

Signature of the Introducer :

#### In case introduced by Stock Broker/Authorised Person:

I/we hereby confirm that I/we verified the identity & bonafides of the client. I/We undertake to ensure prompt settlement of the transaction carried out by the client and also extend full co-operation to CNB Finwiz Private Limited to facilitate their smooth dealings with this client. I/We shall also ensure that all the dealings with the client are as per the Rules/Regulations/Bye-laws of Exchanges/SEBI. Further I/We undertake to abide by the operational policies and procedures of CNB Finwiz Private Limited and also the terms of the agreement entered into by me/us with CNB Finwiz Private Limited.

Signature of the Introducer :

## DETAILS OF PERSONS AUTHORIZED TO DEAL IN SECURITIES ON BEHALF OF THE COMPANY / FIRM / OTHERS

1. Name : Mr. / Ms. / Mrs. :

Designation :

PAN NO. :  UID :

Residential Address :

City :  Pin :

State :

Ph. :  Mobile :

E-mail :

LATEST  
PHOTOGRAPH  
WITH SIGNATURE  
ACROSS  
THE PHOTOGRAPH

Signature with Stamp

2. Name : Mr. / Ms. / Mrs. :

Designation :

PAN NO. :  UID :

Residential Address :

City :  Pin :

State :

Ph. :  Mobile :

E-mail :

LATEST  
PHOTOGRAPH  
WITH SIGNATURE  
ACROSS  
THE PHOTOGRAPH

Signature with Stamp

3. Name : Mr. / Ms. / Mrs. :

Designation :

PAN NO. :  UID :

Residential Address :

City :  Pin :

State :

Ph. :  Mobile :

E-mail :

LATEST  
PHOTOGRAPH  
WITH SIGNATURE  
ACROSS  
THE PHOTOGRAPH

Signature with Stamp

(In case of more authorised signatories, please add annexure)

1. Rights and Obligations of Stock Brokers, APs and Clients as prescribed by SEBI and Stock Exchanges including Terms and Conditions as to Internet & Wireless Technology Based Trading Facility Provided by Stock Brokers to Client.
2. Risk Disclosure Document for Capital Market and Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for investors.
4. Policies and Procedures.

I/We will be provided photo/scan copies of account opening documents signed by me/us after scrutiny and acceptance by the Broker's office.

Signature of Client



**FOR OFFICE USE ONLY**

UCC : | | | | | | | | | |

	<b>Documents Verified with Originals</b>	<b>Client Interviewed By</b>	<b>In-Person Verification Done By</b>
<b>Name of the Employee / AP</b>			
<b>Employee / AP Code</b>			
<b>Designation of the Employee / AP</b>			
<b>Date</b>			
<b>Signature</b>			

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

FOR & ON BEHALF OF CNB FINWIZ PRIVATE LIMITED

Name: \_\_\_\_\_

Signature :

Signature of the authorised signatory

Date:

D	D	M	M	Y	Y	Y	Y
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(Seal / Stamp of CNB Finwiz Private Limited)

## 2. KRA REGISTRATION DETAILS

If Client is already registered with KRA, please fill in below details:

☐ NDML ☐ CVL ☐ Others (Please specify) \_\_\_\_\_

(Please furnish photocopy of KRA Registration letter)

KRA Registration No.: \_\_\_\_\_ Date of Registration: | D | D | M | M | Y | Y | Y | Y

## INSTRUCTIONS/ CHECK LIST

1. Additional documents in case of trading in derivatives segments - illustrative list:

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

*\*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.*

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

**1. Refusal of orders for penny/illiquid stock**

The stock broker may from time to time limit (quantity/ value)/refuse orders in one or more securities due to various reasons including market liquidity, value of security(ies), the order being for securities which are not in the permitted list of the stock broker/ exchange(s) /SEBI. Provided further that stock broker may require compulsory settlement/advance payment of expected settlement value/ delivery of securities for settlement prior to acceptance/ placement of order(s) as well. The client agrees that the losses, if any on account of such refusal or due to delay caused by such limits, shall be borne exclusively by the client alone. The stock broker may require reconfirmation of orders, which are larger than that specified by the stock broker's risk management, and is also aware that the stock broker has the discretion to reject the execution of such orders based on its risk perception.

**2. Setting up client's exposure limits and conditions under which a client may not be allowed to take further position or the broker may close the existing position of a client.**

The stock broker may from time to time impose and vary limits on the orders that the client can place through the stock broker's trading system (including exposure limits, turnover limits, limits as to the number, value and/or kind of securities in respect of which orders can be placed etc.). The client is aware and agrees that the stock broker may need to vary or reduce the limits or impose new limits urgently on the basis of the stock broker's risk perception and other factors considered relevant by the stock broker including but not limited to limits on account of exchange/ SEBI directions/limits ( such as broker level/ market level limits in security specific/volume specific exposures etc.) , and the stock broker may be unable to inform the client of such variation, reduction or imposition in advance. The client agrees that the stock broker shall not be responsible for such variation, reduction or imposition or the client's inability to route any order through the stock broker's trading system on account of any such variation, reduction or imposition of limits. The client further agrees that the stock broker may at any time, at its sole discretion and without prior notice, prohibit or restrict the client's ability to place orders or trade in securities through the stock broker, or it may subject any order placed by the client to a review before its entry into the trading systems and may refuse to execute/allow execution of orders due to but not limited to the reason of lack of margin/securities or the order being outside the limits set by stock broker/exchange/ SEBI and any other reasons which the stock broker may deem appropriate in the circumstances. The client agrees that the losses, if any on account of such refusal or due to delay caused by such review, shall be borne exclusively by the client alone.

The stock broker is required only to communicate/ advise the parameters for the calculation of the margin/security requirements as rate(s)/percentage(s) of the dealings, through anyone or more means or methods such as post /speed post/courier/registered post/registered A.D/facsimile/telegram/cable/e-mail/ voice mails/telephone (telephone includes such devices as mobile phones etc.) including SMS on the mobile phone or any other similar device; by messaging on the computer screen of the client's computer; by informing the client through employees/agents of the stock broker; by publishing/displaying it on the website of the stock broker/making it available as a download from the website of the stock broker; by displaying it on the notice board of the branch/office through which the client trades or if the circumstances, so require, by radio broadcast/television broadcast/newspapers advertisements etc; or any other suitable or applicable mode or manner. The client agrees that the postal department/the courier company /newspaper company and the e-mail/voice mail service provider and such other service providers shall be the agent of the client and the delivery shall be complete when communication is given to the postal department/the courier company/the e-mail/voice mail service provider, etc. by the stock broker and the client agrees never to challenge the same on any grounds including delayed receipt/non receipt or any other reasons whatsoever and once parameters for margin/security requirements are so communicated, the client shall monitor his/her/its position (dealings/trades and valuation of security) on his/her/its own and provide the required/deficit margin/security forthwith as required from time to time whether or not any margin call or such other separate communication to that effect is sent by the stock broker to the client and/or whether or not such communication is received by the client.

The client is not entitled to trade without adequate margin/security and that it shall be his/her/its responsibility to ascertain beforehand the margin/security requirements for his/ her /its orders/trades/ deals and to ensure that the required margin/security is made available to the stock broker in such form and manner as may be required by the stockbroker. If the client's order is executed despite a shortfall in the

available margin, the client, shall, whether or not the stock broker intimates such shortfall in the margin to the client, make up the shortfall suo moto immediately. The client further agrees that he /she/it shall be responsible for all orders (including any orders that may be executed without the required margin in the client's account) &/or any claim

/loss/ damage arising out of the non-availability /shortage of margin /security required by the stockbroker &/or exchange&/or SEBI.

The stock broker is entitled to vary the form (i.e., the replacement of the margin/security in one form with the margin/security in any other form, say, in the form of money instead of shares) &/or quantum &/or percentage of the margin &/or security required to be deposited/made available, from time to time.

The margin/security deposited by the client with the stockbroker are not eligible for any interest.

The stock broker is entitled to include/appropriate any/all payout of funds &/or securities towards margin/security without requiring specific authorizations for each payout.

The stock broker is entitled to transfer funds &/ or securities from his account for one exchange &/or one segment of the exchange to his/her/its account for another exchange &/or another segment of the same exchange whenever applicable and found necessary by the stockbroker.

The client also agrees and authorizes the stock broker to treat/adjust his/ her/its margin/security lying in one exchange &/or one segment of the exchange/towards the margin/security/pay in requirements of another exchange &/or another segment of the exchange.

The stock broker is entitled to disable/freeze the account &/or trading facility/any other service. Facility, if, in the opinion of the stock broker, the client has committed a crime/fraud or has acted in contradiction of this agreement or/is likely to evade/violate any laws, rules, regulations, directions of a lawful authority whether Indian or foreign or if the stock broker so apprehends.

### **3. Applicable brokerage rate**

The stock broker is entitled to charge brokerage within the limits imposed by exchange which at present is as under:

1. For Cash Market Segment: The maximum brokerage chargeable in relation to trades effected in the securities admitted to dealings on the Capital Market segment of the Exchange shall be 2.5 % of the contract price exclusive of statutory levies. It is hereby further clarified that where the sale/purchase value of a share is Rs.10/- or less, a maximum brokerage of 25 paise per share may be collected.
2. For Option contracts: Brokerage for option contracts shall be charged on the premium amount at which the option contract was bought or sold and not on the strike price of the option contract. It is hereby clarified that brokerage charged on options contracts shall not exceed 2.5% of the premium amount or Rs100/-(per lot) whichever is higher.

### **4. Imposition of penalty/delayed payment charges**

The client agrees that any amounts which are overdue from the client towards trading or on account of any other reason to the stock broker will be charged with delayed payment charges at such rates not exceeding 2% p.m. as may be determined by the stock broker. The client agrees that the stock broker may impose fines/penalties for any orders/trades/deals/actions of the client which are contrary to this agreement/rules/ regulations/bye laws of the exchange or any other law for the time being in force, at such rates and in such form as it may deem fit.

Further where the stock broker has to pay any fine or bear any punishment from any authority in connection with/ as a consequence of/ in relation to any of the orders/trades/deals/actions of the client, the same shall be borne by the client. The client agrees to pay to the stock broker brokerage, commission, fees, all taxes, duties, levies imposed by any authority including but not limited to the stock exchanges (including any amount due on account of reassessment/backlogs etc.), transaction expenses, incidental expenses such as postage, courier etc. as they apply from time to time to the client's account/transactions/services that the client avails from the stock broker.

### **5. The right to sell clients' securities or close clients' positions, without giving notice to the client, on account\ of non-payment of client's dues**



The stock broker maintains centralized banking and securities handling processes and related banking and depository accounts at designated place. The client shall ensure timely availability of funds/securities in designated form and manner at designated time and in designated bank and depository account(s) at designated place, for meeting his/her/its pay in obligation of funds and securities. The stock broker shall not be responsible for any claim/loss/damage arising out of non-availability/short availability of funds/securities by the client in the designated account(s) of the stock broker for meeting the pay in obligation of either funds or securities. If the client gives orders/trades in the anticipation of the required securities being available subsequently for pay in through anticipated payout from the exchange or through borrowings or any off market delivery(s) or market delivery(s) and if such anticipated availability does not materialize in actual availability of securities/funds for pay in for any reason whatsoever including but not limited to any delays/shortages at the exchange or stock broker level/non release of margin by the stock broker etc., the losses which may occur to the client as a consequence of such shortages in any manner such as on account of auctions/square off/closing out etc., shall be solely to the account of the client and the client agrees not to hold the stock broker responsible for the same in any form or manner whatsoever.

In case the payment of the margin/security is made by the client through a bank instrument, the stock broker shall be at liberty to give the benefit/credit for the same only on the realization of the funds from the said bank instrument etc. at the absolute discretion of the stock broker.

Where the margin/security is made available by way of securities or any other property, the stock broker is empowered to decline its acceptance as margin/security &/or to accept it at such reduced value as the stock broker may deem fit by applying haircuts or by valuing it by marking it to market or by any other method as the stock broker may deem fit in its absolute discretion.

The stock broker has the right but not the obligation, to cancel all pending orders and to sell/close/liquidate all open positions/ securities/shares at the pre-defined square off time or when Mark to Market (M-T-M) percentage reaches or crosses stipulated margin percentage mentioned on the website, whichever is earlier. The stock broker will have sole discretion to decide referred stipulated margin percentage depending upon the market condition. In the event of such square off, the client agrees to bear all the losses based on actual executed prices. In case open position (Le. short/long) gets converted into delivery due to non-square off because of any reason whatsoever, the client agrees to provide securities/funds to fulfill the pay in obligation failing which the client will have to face auctions or internal close outs; in addition to this the client will have to pay penalties and charges levied by exchange in actual and losses, if any. Without prejudice to the foregoing, the client shall also be solely liable for all and any penalties and charges levied by the exchange(s).

The stock broker is entitled to prescribe the date and time by which the margin/security is to be made available and the stock broker may refuse to accept any payments in any form after such deadline for margin/security expires.

Notwithstanding anything to the contrary in the agreement or elsewhere, if the client fails to maintain or provide the required margin/fund/security or to meet the funds/margins/ securities pay in obligations for the orders/trades/deals of the client within the prescribed time and form, the stock broker shall have the right without any further notice or communication to the client to take any one or more of the following steps:

- i. To withhold any payout of funds/securities.
- ii. To withhold/disable the trading/dealing facility to the client.
- iii. To liquidate one or more security(s) of the client by selling the same in such manner and at such rate which the stock broker may deem fit in its absolute discretion. It is agreed and understood by the client that securities here includes securities which are pending delivery/receipt.
- iv. To liquidate/square off partially or fully the position of sale &/or purchase in any one or more securities/contracts in such manner and at such rate which the stock broker may decide in its absolute discretion.
- v. To take any other steps which in the given circumstances, the stock broker may deem fit.

The client agrees that the loss(s) if any, on account of any one or more steps as enumerated herein above being taken by the stock broker, shall be borne exclusively by the client alone and agrees not to question the reasonableness, requirements, timing, manner, form, pricing etc., which are chosen by the stock broker.

## **6. Shortages in obligations arising out of internal netting of trades**

Stock broker shall not be obliged to deliver any securities or pay any money to the client unless and until the same has been received by the stock broker from the exchange, the clearing corporation/ clearing house or other company or entity liable to make the payment and the client has fulfilled his/her/ its obligations first.

The policy and procedure for settlement of shortages in obligations arising out of internal netting of trades is as under:

- i. The securities delivered short are purchased from market on T+2 day which is the Auction Day on Exchange, and the purchase consideration (inclusive of all statutory taxes & levies) is debited to the

short delivering seller client.

- ii. If securities cannot be purchased from market due to any reason whatsoever on T+2 day they can be covered from the market on any subsequent trading days. In case any reason whatsoever (any error or omission) any delay in covering of securities leads to higher losses, stock broker will not be liable for the same. Where the delivery is matched partially or fully at the Exchange Clearing, the delivery and debits/credits shall be as per Exchange Debits and Credits.
- iii. In cases of securities having corporate actions all cases of short delivery of cum transactions which cannot be auctioned on cum basis or where the cum basis auction payout is after the book closure/record date, would be compulsory closed out at higher of 10% above the official closing price on the auction day or the highest traded price from first trading day of the settlement till the auction day

**7. Conditions under which a client may not be allowed to take further position or the broker may close the existing position of a client.**

We have margin based RMS System. Client may take exposure upto the amount of margin available with us. Client may not be allowed to take position in case of non-availability/ shortage of margin as per our RMS policy of the company. The existing position of the clients also liable to square off/ close out without giving notice due to shortage of margin/non making of payment for their pay-in obligation/outstanding debts.

**8. De-registering a client**

Notwithstanding anything to the contrary stated in the agreement, the stock broker shall be entitled to terminate the agreement with immediate effect in any of the following circumstances:

- i. If the action of the Client are prima facie illegal/ improper or such as to manipulate the price of any securities or disturb the normal/ proper functioning of the market, either alone or in conjunction with others.
- ii. If there is any commencement of a legal process against the Client under any law in force;
- iii. On the death/lunacy or other disability of the Client;
- iv. If a receiver, administrator or liquidator has been appointed or allowed to be appointed of all or any part of the undertaking of the Client;
- v. If the Client has voluntarily or compulsorily become the subject of proceedings under any bankruptcy or insolvency law or being a company, goes into liquidation or has a receiver appointed in respect of its assets or refers itself to the Board for Industrial and Financial Reconstruction or under any other law providing protection as a relief undertaking;
- vi. If the Client being a partnership firm, has any steps taken by the Client and/ or its partners for dissolution of the partnership;
- vii. If the Client have taken or suffered to be taken any action for its reorganization, liquidation or dissolution;
- viii. If the Client has made any material misrepresentation of facts, including (without limitation) in relation to the Security;
- ix. If there is reasonable apprehension that the Client is unable to pay its debts or the Client has admitted its inability to pay its debts, as they become payable;
- x. If the Client suffers any adverse material change in his/her/its financial position or defaults in any other agreement with the Stockbroker;
- xi. If the Client is in breach of any term, condition or covenant of this Agreement;
- xii. If any covenant or warranty of the Client is incorrect or untrue in any material respect;

However not with standing any termination of the agreement, all transactions made under/pursuant to this agreement shall be subject to all the terms and conditions of this agreement and parties to this agreement submit to exclusive jurisdiction of courts of law at the place of execution of this agreement by Stock Broker.

**9. Policy regarding treatment of inactive accounts:**

Wherein no trade have been carried out by client since last 12 months across all exchanges, Stock Broker reserves the right to suspend the operations. The Management may allow operations in such account after undertaking sufficient due diligence including IPV and obtaining the updated information related to KYC from

the concern client. The balance of securities/funds will be transferred to client after due verification. reserves the right to suspend the operations. The Management may allow operations in such account after undertaking sufficient due diligence including IPV and obtaining the updated information related to KYC from the concern client. The balance of securities/funds will be transferred to client after due verification.

#### **10. Liquidation of Securities in case of Non-fulfillment of client's funds obligation –**

In compliance with SEBI Circular CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 and FAQ issued by the Exchanges on the said Circular, if the client is not able to fulfill Funds Obligations, then the securities shall be credited to unpaid client subject to lien marked in "Client Unpaid Securities Pledgee Account" and to be disposed-off within 5 Trading days from the date of payout. Further, as per SEBI Guidelines, Company will give an intimation to clients one trading day before such sales.

#### **11. Payment Terms:-**

As per the SEBI Circular CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 and FAQ issued by the Exchanges on the said Circular, the client is required to fulfill the pay-in obligations on or before T+1 day. If the client fails to meet its funds pay-in obligation on T+1 day, then the securities may be liquidated within 5 days from the Pay-out date or returned to the client as per the RMS policy of the CNB Finwiz Pvt. Ltd. Profit/loss on the liquidation of the unpaid securities, if any, shall be transferred to/adjusted from the respective client account. The losses, if any, incurred due to liquidation of the unpaid securities shall be adjusted from the other collateral of the client deposited with CNB Finwiz Pvt. Ltd.

#### **Client Acceptance of Policies and Procedures stated hereinabove:**

I/We have fully understood the same and do hereby sign the same and agree not to call into question the validity, enforceability and applicability of any provision/clauses this document any circumstances what so ever. These Policies and Procedures may be amended/changed unilaterally by the broker, provided the change is informed to me/us with through anyone or more means or methods such as post/speed post/courier/registered post/registeredAD/facsimile/telegram/cable/e-mail/voice mails/telephone (telephone includes such devices as mobile phones etc.)including SMS on the mobile phone or any other similar device; by messaging on the computer screen of the client's computer; by informing the client through employees/ agents of the stock broker; by publishing/ displayingit on the website of the stock broker/making it available as a download from the website of the stock broker; by displaying it on the notice board of the branch/office through which the client trades or if the circumstances, so require, by radio broadcast/ television broadcast/ newspapers advertisements etc; or any other suitable or applicable mode or manner. I/we agree that the postal department/the courier company /newspaper company andthe e-mail/ voice mail service provider and such other service providers shall be my/our agent and the delivery shall be complete when communication is given to the postal department/the courier company/the e-mail/voice mail service provider, etc. by the stock broker and I/we agree never to challenge the same on any grounds including delayed receipt/non receipt or any other reasons whatsoever. These Policies and Procedures shall alwaysbe read along with the agreement and shall be compulsorily referred to while deciding any dispute/ difference or claim between me/ us and stock broker before any court of law/judicial/adjudicating authority including arbitrator/mediator etc.

#### **For and On Behalf of Constituent**



Name : \_\_\_\_\_

**DISCLOSURE OF PROPRIETARY TRADING BY CNB FINWIZ PVT. LTD.**

Dear Client,

In term of SEBI circular No. SEBI/MRD/SEC/Cir-42/2003 dated 19th November, 2003, member is required to disclose to its client about the proprietary trades.

In view of this circular, we wish to inform you that, we do proprietary trades in the Cash, F&O and currency derivatives segment of NSE & BSE.

I have noted the above \_\_\_\_\_

Date: \_\_\_\_\_

5 ✓

\_\_\_\_\_  
Sole / First Applicant Signature

**PMLA - DECLARATION**

I \_\_\_\_\_ having the trading code no. \_\_\_\_\_ with CNB confirm and declare that I have read and understood the contents and the provisions of the PMLA Act, 2002 and it was also explained by CNB official. I further declare that I shall adhere to the rules and regulations and requirements mentioned in the PMLA Act, 2002.

6 ✓

\_\_\_\_\_  
Clients Signature

**BROKERAGE STRUCTURE**

CASH SEGMENT			
Brokerage Slab	Slab in %	Minimum Paise	Min. Per Transaction
Delivery Based			
Daily Square up (Intra Day)			
Z Group Transaction			
DERIVATIVES SEGMENT			
Brokerage Slab	Slab in %	Minimum Paise	Min. Per Lot
Future	Intra Day		
	Carry Forward		
Option	Intra Day		
	Carry Forward		

**CURRENCY DERIVATIVES SEGMENT**

Brokerage Slab %	Minimum brokerage per lot
Any Remarks :	

Note:

- Exchange turn over charges, clearing member charges and SEBI turnover fees as applicable from time to time shall be charged separately.
- Stamp duty will be levied as per local laws.
- All other legal levies as, may be applicable, from time to time shall be charged separately.
- Late payment penalty @18% p.a. calculated on daily overdue balance shall be charged till actual realisation.
- In case an internet trading terminal is provided, connectivity charges @Rs. \_\_\_\_\_/- per month or \_\_\_\_\_% of turn over shall be charged separately.
- Charges/ service standards are subject to revision at sole discretion of CNB Finwiz Private Limited.
- Charges quoted above are for the services listed. Any service not quoted above will be charged separately.

(Signature of Client) \_\_\_\_\_

✓

## LETTER OF AUTHORISATION

To,

Dated :.....

**CNB Finwiz Private Limited**

Dealing Office : 101, First Floor, EMCA House,  
Daryaganj, New Delhi 110002

**Sub : Letter of Authority Account Authorisation- NSE & BSE**

I/We am/are dealing in securities with you at NSE/ BSE in CM, F&O and Currency Derivatives Segment and in order to facilitate ease of operations. We authorize you as under:

**1. Running Account Authorisation:**

- a. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.
- b. I/We request you to settle my / our fund on ☐ 1st Friday of the Quarter or ☐ 1st Friday of the Month or such other higher period as allowed by SEBI/Stock Exchange time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt. If first Friday is a trading holiday, then such settlement shall happen on the previous trading day.
- c. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.
- d. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlements made in writing within 7 working days from the date of receipt of funds or statement of account or statement related to it, as the case may be at your registered office.


**2. Delivery of order/ trade confirmation/ cancellation:**

- a. I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.
- b. I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.


**3. Electronic Mode of delivery:**

- a. I/We request that you may send/ Dispatch me contract notes other documents through E-mail: on my designated E-mail address of..... I/We stress that I/we will not hold you responsible under any circumstances in the event of an E-mail which you send gets bounced due to any reason such as mail box being full, inactive account or due to any technical reason beyond your control.

- b. **Log Report:** I/We will completely rely on the log reports of your dispatching software as a conclusive proof of dispatch of E-mail to me and will not dispute the same.
- c. **Change in E-mail Id:** I/We will inform you any change in my E-mail, if any, in future, in physical mode by registered post or by hand delivery or through E-mail from my registered email address.

11 ✓

**4. Fines & Penalties:**

All fines/penalties and charges levied upon you due to my acts / deeds or transactions may be recovered by you from my account.

12 ✓

**5. Charges & Balance Maintenance:**

I/We have a Trading As well as depository relationship with ..... Please debit the charges relevant with depository services from my/our trading account on monthly basis. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

13 ✓

6. I/We am/are aware that I/We may not opt for any of the above authorisation by striking off the same. Further, I/We am/are aware that above authorisation voluntary on my/our part and that I/We can revoke this authorisation at my point of time during the operation of my/our trading account with you by giving you a notice in writing.

14 ✓

**7. Force Majeure :**

CNB Finwiz Private Limited shall not be responsible for delay of default in the performance of their obligations due to contingencies beyond their control, such as fire, flood, civil commotion, riots, earthquake, war, strikes, failure of the system, failure of Internet links or Government/ Regulatory actions including without limitation, any Act of God, lockouts, law and order problem, embargo, moratorium, unforeseen declaration of a public holiday or any other cause beyond the reasonable control of the CNB Finwiz Private Limited.

15 ✓

\* Strike off the clauses not relevant to you.

Thanking you,

Yours faithfully,

**For and On Behalf of Constituent**

16 ✓

(Client Signature)

Name : \_\_\_\_\_



**CNB Finwiz Private Limited**

**Sub : Letter of Authority / Mandate of Issuance of Statement in Electronic Form**

In reference to my/our dealing with you as your client, I/We confirm that I/We am/are desirous of receiving digital contract notes, bills, ledgers, transaction statements, Monthly / Quarterly statement of accounts / holding statement(s)/bills or other reports, statement(s), related notices, Circulars, amendments and such other communication from time to time in electronic form, subject to the terms and conditions prescribed by SEBI, the respective Stock Exchange and CNB Finwiz Private Limited.

[illegible]

EmailAccount2

I/We further hereby agree that CNB Finwiz Private Limited shall fulfill the legal obligation, if the above statement(s) are sent electronically to any of the above mentioned email account(s). I/We further agree that you shall be entitled to consider non-receipt of any delivery failure notification by you as confirmation of delivery of the contract note at my/our email address.

I/We understand and agree that any change in my/our e-mail address shall be communicated to CNB Finwiz Private Limited by me/us through a physical letter addressed to CNB Finwiz Private Limited or through secured access by way of clientspecific user id and password.

Yours faithfully,

17 ✓  
(Client Signature)

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Serial No. :



Account Type : ☐ Normal

☐ BSDA

## CNB Finwiz Private Limited

DP : CENTRAL DEPOSITORY SERVICES (INDIA) LTD.  
CDSL DP ID : 12031100 • SEBI REGN. NO. : IN-DP-570-2021

**Regd. Office:** 4282/3, Ansari Road, Daryaganj, New Delhi 110002. Phone No.: 8860078514  
**Dealing. Office:** 101, EMCA House 23/23B First Floor, Daryaganj, Ansari Road, New Delhi 110002  
Tel.: 8860078514, E-mail : [grievance@cnbfinwiz.com](mailto:grievance@cnbfinwiz.com), Website : [www.cnbfinwiz.com](http://www.cnbfinwiz.com)

## ACCOUNT OPENING FORM

BO ID							

### IN PERSON VERIFICATION

DP Name : CNB Finwiz Private Limited DP ID : 12031100

HO/Branch Name : .....

Staff doing 'In person' Verification

Name of Employee : .....

Employee Code : .....

Signature : #.....

Date of In Person Verification :

Place of In Person Verification : .....

Signature(s) of applicant(s) : (in the presence of the DP staff)

Sole/First Holder Signature

Second Holder Signature

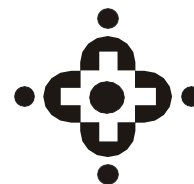
Third Holder Signature

**CNB Finwiz Private Limited**

CDSL DP ID: 12031100 • SEBI REGN. NO.: IN-DP-570-2021

Regd. Office: 4282/3, Ansari Road, Daryaganj, New Delhi 110002 • Phone No. 8860078514

Dealing Office : 101, EMCA House 23/23B First Floor, Ansari Road, Daryaganj, New Delhi -110002

Tel.: 8860078514, E-mail : [grievance@cnbfinwiz.com](mailto:grievance@cnbfinwiz.com)**ACCOUNT OPENING FORM INDIVIDUALS****ADDITIONAL FORM FOR OPENING A DEMAT ACCOUNT**

(To be filled by the Depository Participant)

Application No.											Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																			
DP ID	1	2	0	3	1	1	0	0	Client ID										

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/our name as per following details :

**TYPE OF ACCOUNT (Please tick whichever is applicable)**

<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual Director	<input type="checkbox"/> Individual Director's Relative/Minor
	<input type="checkbox"/> Individual HUF/AOP	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Others (Specify) _____
	<input type="checkbox"/> Individual Margin Trading A/c (Mantra)		<input type="checkbox"/>
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable NRI	<input type="checkbox"/> NRI Repatriable Promoter
	<input type="checkbox"/> Non-Repatriable Promoter	<input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National-Depository Receipts	<input type="checkbox"/> Others (Specify) _____

**HOLDERS DETAILS**

Sole/First Holder's Name											PAN									
UID												Date of Birth	D	D	M	M	Y	Y	Y	Y
Exchange Name & ID											UCC									
Second Holder's Name											PAN									
UID												Date of Birth	D	D	M	M	Y	Y	Y	Y
Third Holder's Name											PAN									
UID												Date of Birth	D	D	M	M	Y	Y	Y	Y

Name\* \_\_\_\_\_

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

**OTHER DETAILS**

Gross Annual Income Details	Income Range per annum :																	
	<input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000																	
	Net Worth as on (date)	D	D	M	M	Y	Y	Y	Y	Rs.								
(Net Worth should not be older than 1 year)																		
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (specify) _____																	
Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)																	
Any other information																		

**BANK DETAILS (Dividend Bank Details)**

Bank Code (9 digit MICR Code)									
IFSC Code (11 Character)									
Account Number									
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)  
 (ii) Photocopy of the Bank Statement having name and address of the BO.  
 (iii) Photocopy of the Passbook having name and address of the BO, (or)  
 (iv) Letter from the Bank.  
 ➤ In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.

**DETAILS OF GUARDIAN (in case the account holder is minor)**

Guardian's Name							PAN						
Relationship with the applicant													
I/We instruct the DP to receive each and every credit in my/our account (if not marked, the default option would be 'Yes')								[Automatic Credit] Yes <input type="checkbox"/> No <input type="checkbox"/>					
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')								Yes <input type="checkbox"/> No <input type="checkbox"/>					
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 _____								Yes <input type="checkbox"/> No <input type="checkbox"/>					
I/We would like to share the email ID with the RTA								Yes <input type="checkbox"/> No <input type="checkbox"/>					
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)								<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic					
I/We wish to receive dividend/interest directly in to my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]								Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure 2.4</b>	MOBILE No.: +91-..... [Mandatory, if you are giving Demat Debit and Pledge Instruction (DDPI)] (if DDPI is not granted & you do not wish to avail of this facility, cancel this option).										<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Transactions Using Secured Texting Facility (TRUST)</b> Refer to Terms and Conditions <b>Annexure 2.6</b>	I/We wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I/We 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.												
	<b>Stock Exchange Name/ID</b>				<b>Clearing Member Name</b>				<b>Clearing Member ID (Optional)</b>				
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.												
Mode of Operation (For Joint account)	Anyone or Survivor. <input type="checkbox"/>						Jointly (all holders) <input type="checkbox"/>						

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be first holder.

<input type="checkbox"/> First Holder	<input type="checkbox"/> All Holder	Email id
	<input type="checkbox"/> Second Holder	
	<input type="checkbox"/> Third Holder	

**Declaration for Common Mobile Number & E-mail ID**

DP ID	12031100	Client ID		Trading Code		Date	
Name of First Holder							
<input type="checkbox"/> Mobile Number							
<input type="checkbox"/> Email ID							
I hereby declare that the aforesaid Mobile Number or E-Mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents)._____							
Signature of account holder							
Name of account holder							

**Declaration for Common Mobile Number & E-mail ID**

DP ID	12031100	Client ID		Trading Code		Date	
Name of Second Holder							
<input type="checkbox"/> Mobile Number							
<input type="checkbox"/> Email ID							
I hereby declare that the aforesaid Mobile Number or E-Mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents)._____							
Signature of account holder							
Name of account holder							

**Declaration for Common Mobile Number & E-mail ID**

DP ID	12031100	Client ID		Trading Code		Date	
Name of Third Holder							
<input type="checkbox"/> Mobile Number							
<input type="checkbox"/> Email ID							
I hereby declare that the aforesaid Mobile Number or E-Mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents)._____							
Signature of account holder							
Name of account holder							



**Annexure A To SEBI circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2022/23 dated February 2022 on  
Nomination for Eligible Trading and Demat Account**

**Nomination Form**

<b>Nomination Registration No.</b>	
<b>Dated</b>	

☐ I/We hereby confirm that I/We do not wish to appoint any nominee in my demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

**Name and Signature of Holder(s)\***

1. _____	2. _____	3. _____
<b>(1st Holder)</b>	<b>(2nd Holder)</b>	<b>(3rd Holder)</b>

Note:-

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination/opt/ out nomination]

<input type="checkbox"/> I/We nominate the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.					
Nomination Details			Nominee 1	Nominee 2	Nominee 3
1	Nominee Name				
2	Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>	%	%	%
			Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the BO				
4	Address of Nominee(s)  City / Place: State & Country:				
		PIN Code			
5	Mobile / Telephone No. (optional fields)				
6	Email (optional fields)				

7	<b>Nominee Identification details</b> [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID(optional fields)				
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>					
8	Date of Birth {in case of minor nominee(s)}				
9	Name of the Guardian of Nominee (if nominee is a minor)				
10	Address of the Guardian of nominee				
	City / Place:    State & Country:				
		PIN Code			
11	Mobile / Telephone no. of Guardian`				
12	Email ID of Guardian				
13	Relationship of Guardian with nominee				
14	Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID				
<b>Name(s) of holder(s)</b>					<b>Signature(s) of holder*</b>
Sole / First Holder (Mr./Ms.)					
Second Holder (Mr./Ms.)					
Third Holder (Mr./Ms.)					

**Note:-**

\* Residual securities: in case of multiple nominees, remaining after distribution of securities as per percentage of allocation. the first nominee.

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

[In both the cases i.e. nomination/opt/ out nomination]

Details of the Witness	<b>Witness</b>
Name of witness	
Address of witness	
Signature of witness	

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	<b>First/Sole Holder or Guardian (in case of Minor)</b>	<b>Second Holder</b>	<b>Third Holder</b>
Name			
Signatures			

*(Signatures should be preferably in blue ink)*

# CNB Finwiz Private Limited

CDSL DP ID : 12031100 • SEBI REGN. NO.: IN-DP-570-2021

Regd. Office: 4282/3, Ansari Road, Daryaganj, New Delhi-110002 • Phone No. 8860078514

Dealing Office: 101, EMCA House 23/23B First Floor, Ansari Road, Daryaganj, New Delhi-110002

Tel.: 8860078514, E-mail: [grievance@cnbfinwiz.com](mailto:grievance@cnbfinwiz.com)



## ACCOUNT OPENING FORM NON-INDIVIDUALS

### ADDITIONAL FORM FOR OPENING A DEMAT ACCOUNT

(For entities other than Individuals)

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID	1	2	0	3	1	1	0	0	Client ID	

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/our name as per following details :

#### HOLDERS DETAILS

Sole/First Holder's Name		PAN																		
		UID																		
Exchange Name & ID		UCC																		
Second Holder's Name		PAN																		
		UID																		
Third Holder's Name		PAN																		
		UID																		
Search Name																				

Name\*

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

#### TYPE OF ACCOUNT (Please tick whichever is applicable)

Status										Sub-Status (To be filled by the DP)			
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____													
SEBI Registration No. (if applicable)						SEBI Registration Date	D	D	M	M	Y	Y	Y
RBI Registration No. (if applicable)						RBI Approval Date	D	D	M	M	Y	Y	Y
ROC Registration No. (if applicable)						ROC Registration Date	D	D	M	M	Y	Y	Y
Nationality			Indian		Others (specify) _____								
I/We instruct the DP to receive each and every credit in my/our account (if not marked, the default option would be 'Yes')						[Automatic Credit] Yes <input type="checkbox"/> No <input type="checkbox"/>							
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')						Yes <input type="checkbox"/> No <input type="checkbox"/>							
Account Statement Requirement	As per SEBI Regulation					Daily	Weekly	Fortnightly	<input type="checkbox"/> Monthly				

I/We request you to send Electronic Transaction-cum-Holding Statement at the email Id_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/We would like to share the email ID with the RTA	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic

#### OTHER DETAILS

Gross Annual Income Details	Income Range per annum :									
	<input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs. 25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than Rs. 1,00,00,000									
	Net Worth as on (date)	D	D	M	M	Y	Y	Y	Y	Rs.
(Net Worth should not be older than 1 year)										
Please tick if any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is <input type="checkbox"/> either Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) Please provide details as per Annexure 2.2.A.										
Any other information										

#### CLEARING MEMBER DETAILS (To be filled by CMs only)

Name of Stock Exchange											
Name of CC / CH											
Clearing Member ID						Trading Member ID					
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]							Yes <input type="checkbox"/> No <input type="checkbox"/>				




#### BANK DETAILS (Dividend Bank Details)

Bank Code (9 digit MICR Code)											
IFSC Code (11 Character)											
Account Number											
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)_____										
Bank Name											
Branch Name											
Bank Branch Address											
City				State				Country			
								PIN			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)  
(ii) Photocopy of the Bank Statement having name and address of the BO.  
(iii) Photocopy of the Passbook having name and address of the BO, (or)  
(iv) Letter from the Bank.  
➤ In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure 2.4</b>	MOBILE No.: +91-..... [Mandatory, if you are giving Demat Debit and Pledge Instruction (DDPI)] (if DDPI is not granted & you do not wish to avail of this facility, cancel this option).		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Transactions Using Secured Texting Facility (TRUST)</b> Refer to Terms and Conditions <b>Annexure 2.6</b>	I/We wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I/We 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.		
	<b>Stock Exchange Name/ID</b>	<b>Clearing Member Name</b>	<b>Clearing Member ID (Optional)</b>
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.		

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First / Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(Signatures should be preferably in black ink)

(In case of more authorised signatories, please add annexure)

===== (Please Tear Here) =====  
**Acknowledgement Receipt**

**Application No.:**

**Date:**

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

**Depository Participant Seal and Signature**



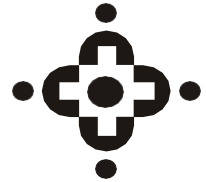
# CNB Finwiz Private Limited

CDSL DP ID : 12031100 • SEBI REGN. NO.: IN-DP-570-2021

Regd. Office: 4282/3, Ansari Road, Daryaganj, New Delhi-110002 • Phone No. 8860078514

Dealing Office: 101, EMCA House 23/23B First Floor, Ansari Road, Daryaganj, New Delhi-110002

Tel.: 8860078514, E-mail : grievance@cnbfinwiz.com



Annexure-A

## SMS ALERT FACILITY

### Terms & 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.

#### Fees, Charges and deposits

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. Tower, 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 account holders who have provided their mobile numbers to the depository through their DP. The service 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 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 services 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 acknowledge that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/or in accuracy. In case of 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 errors 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 to avail SMS alerts facility.
5. The BO authorized 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.



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

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 without proper authorization, the BO should immediately inform the DP in writing.

#### Fees :

Depository reserves the right to change 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 warrant 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 will not be liable for any

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 purpose 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).

DP ID	1	2	0	3	1	1	0	0	BO ID								
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	--

Sole/First Holder's Name : \_\_\_\_\_

Second Holder's Name : \_\_\_\_\_

Third Holder's Name : \_\_\_\_\_

Mobile No. on which messages are to be sent

+	9	1															
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

The Mobile Number is registered in the name of : \_\_\_\_\_

E-mail Id: \_\_\_\_\_

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



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

Place : .....

Date : .....

\* Please stamp & Sign in case of HUF / Corporate Account

\*\* In case of Joint holding, all joint holders must sign.

# ANNEXURE - B

## TERMS AND CONDITIONS FOR AVAILING TRANSACTION USING SECURED TEXTING (TRUST) SERVICE OFFERED BY CDSL

- Definitions:**  
In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:
  - "Depository" means Central Depository Services (India) Limited (CDSL)
  - TRUST means "Transactions Using Secured Texting" service offered by the Depository.
  - "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into an arrangement for providing the TRUST service to the BO.
  - "Service" means the service of providing facility to receive/give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
  - "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
- The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance of application shall be subject to the verification of the information provided by the BO to the Depository
- The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.
- The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive messages generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.
- The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.
- The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.
- The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.
- The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
- BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP.
- The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.
- The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non-receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
- The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
- Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
- The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
- The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
- The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.
- Indemnity:**  
In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.
- Disclaimer:**  
Depository shall be absolved of any liability in case :-
  - There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
  - There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
  - There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

Dear Sir/Madam,

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

- SMART - SMS alert facility
- TRUST - Transaction using Secured Texting facility.

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

BOID	1	2	0	3	1	1	0	0								
	(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 \_\_\_\_\_

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

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

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

The mobile number is registered in the name of : \_\_\_\_\_

Email ID \_\_\_\_\_ (Please write only ONE valid email ID on which communications; 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 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



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

Place : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/20\_\_\_\_

## FATCA & CRS DECLARATION (FOR INDIVIDUAL)

Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? ☐ Yes ☐ No




Sole/First Holder/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No		Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please provide Tax Payer Id</small>	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please provide Tax Payer Id</small>	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please provide Tax Payer Id</small>
Country of Tax Residency* (Other then India)	Taxpayer Identification No.	Country of Tax Residency* (Other then India)	Taxpayer Identification No.	Country of Tax Residency* (Other then India)	Taxpayer Identification No.
1.		1.		1.	
2.		2.		2.	
Address		Address		Address	

\*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer identification number.

## FATCA - CRS Terms and Conditions

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform CNB Finwiz Pvt Ltd for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

**Signatures**   

Sole/First Holder Signature      Second Holder Signature      Third Holder Signature

\*For detail terms & conditions please see Client Copy

## FATCA & CRS DECLARATION (FOR NON-INDIVIDUAL)

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number %	Identification Type (TIN or Other%, please specify)
1.			
2.			
3.			

%In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)			
1.	We are a,	<b>GIIN</b>	
	Financial institution <input type="checkbox"/> (Refer 1 of Part C) Or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)		<b>Note:</b> If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below  Name of sponsoring entity _____
	<b>GIIN not available</b> (please tick as applicable)	<input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)	
PART B (please fill any one as appropriate “to be filled by NFEs other than Direct Reporting NFEs”)			
1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/>	(If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/>	(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/>	Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/>	Nature of Business _____
UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)			
<b>Category</b> (Please tick applicable category): <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Limited Liability Partnership Company  <input type="checkbox"/> Unincorporated association / body of individuals <input type="checkbox"/> Public Charitable Trust <input type="checkbox"/> Religious Trust <input type="checkbox"/> Private Trust  <input type="checkbox"/> Others (please specify _____)			
Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary) Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)			
Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State _____ Country: _____	Zip <input type="text"/> State _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____

Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) <sup>\$</sup>			

\*To include US, where controlling person is a US citizen or green card holder

#If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached.

Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

<sup>%</sup>In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>\$</sup> Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

### DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform CNB Finwiz Pvt Ltd for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name	
Designation	



\_\_\_\_\_  
Sole/First Authorised Signatory



\_\_\_\_\_  
Second Authorised Signatory



\_\_\_\_\_  
Third Authorised Signatory

Place \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*For detail terms & conditions please see Client Copy



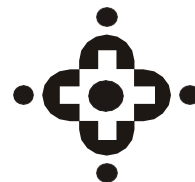
CNB Finwiz Private Limited

CDSL DPID : 12031100 • SEBI REGN. NO.: IN-DP-570-2021

Regd. Office: 4282/3, Ansari Road, Daryaganj, New Delhi-110002 • Phone No. 8860078514

Dealing Office: 101, EMCA House 23/23B First Floor, Ansari Road, Daryaganj, New Delhi-110002

Tel.: 8860078514, E-mail: grievance@cnbfinwiz.com



**SCHEDULE OF CHARGES FOR DEMAT ACCOUNT INDIVIDUAL / CORPORATE w.e.f- 23/04/2024**

NATURE OF SERVICES	CHARGES (Please tick whichever applicable)		
	Scheme A	Scheme B	Life Time
<b>Account Maintenance Cycle</b>	Annually	5 Year	Life Time
<b>Maintenance Charges (Individual Account)</b>	Rs. 250/-	Rs. 900/-	Rs. 2000/-
<b>Maintenance Charges (Corporate Account)</b>	Rs. 1000/-	Not Applicable	Not Applicable
<b>Account Opening &amp; Closing Charges – Nil</b>			
<b>TRANSACTION CHARGES</b>			
<b>Delivery</b>	<b>Market Transaction</b>	Rs.20/- per instruction or 0.01% of transaction value, whichever is higher, subject to maximum of Rs.100/-	
	<b>Off Market Transaction</b>	Rs.25/- per instruction or 0.02% of transaction value, whichever is higher, subject to maximum of Rs.500/-	
<b>Pledge/Margin Pledge/ Margin Unpledge /Closure /invocation</b>		Pledge/Margin Pledge/Closure/Invocation Rs. 25/- per instruction & Margin Unpledge. 15/- per instruction	
<b>Demat Charges/Demat Rejection Charges</b>		Rs.50/- for up to first hundred and after first hundred Rs.10/- for every hundred securities or part thereof or a flat fee Rs.10/- per certificate whichever is higher plus courier charges of Rs.40/- for every 25 certificate and part thereof Rs. 50/ for Demat Rejection	
<b>Remat/Restat Charges</b>		Rs.100/- for up to first hundred and after first hundred Rs.30/- for every hundred securities or part thereof or a flat fee Rs.30/- per certificate whichever is higher	
<b>Redemption</b>		Rs. 25/- per instruction	
<b>Instruction Booklet</b>		Rs.2/- per leaf plus courier charges (First DIS Booklet Free)	

**Note:**

- The Depository Participant shall reserve the right to revise the charges by giving not less than 30 days notice in writing to the client.
- Value of Transaction will be in accordance with the Depository formulae.
- Modification in client detail, 40/- per instance. Maintenance charges will be charged in advance at the time of opening the account.
- Rejection charges 50/- per rejection plus courier charges.
- Slip Rejection/Fail charges 20/- per rejection.
- Off-Market Instruction not received prior to 24 hours of execution will be received at client's risk.
- Instruction for Pay-In of securities to transfer from client account to CM Pool account, Inter settlement instruction, CM Pool to CM Pool transfer and delivery instruction will be accepted up till 4:00 PM on working day prior to Pay-in date.
- Periodic statement free on Email and Rs 40 towards courier charges if sent physically.
- In case of non-payment of bill/dues within 30 days of due date, interest shall be charged @ 2.0% per month on the outstanding dues.
- Rs 100 will be charged to client in case of New Delivery Instruction Booklet is requested without requisition slip.
- All charges are exclusive of GST. Taxes and other Government levies will be charges extra as applicable from time to time.

**“AS per SEBI Circular No. CIR/MRD/DP/22/2012 dated 27th August 2012, all clients who are willing to hold only one demat account as first holder and DP holding valuation will be maintained below Rs. 2 Lac. Is eligible to opt for BSDA (Basic Service Demat Account) subject to term and conditions mentioned by SEBI.” To opt BSDA scheme please sign a separate scheme sheet which can be obtained from our office.”**

☐ I/We do not wish to avail BSDA facility in my/our Demat Account

☐ I/We wish to avail BSDA facility in my/our Demat Account.

**HOLDER'S SIGNATURES :**

  
Sole/First Holder Signature

  
Second Holder Signature

  
Third Holder Signature

**For CNB Finwiz Pvt. Ltd.**

**Authorised Signatory**  
(On Behalf of Depository Participant)

**VOLUNTARY**

**SMS DISCLAIMER**


SMS Alert service is given to the clients of CNB Finwiz Private Limited with the sole intention to aid their information means.

SMS Alert from CNB Finwiz Private Limited are based on technical analysis and top & bottom breakouts from charts & available statistics on any given point of time.

The recommendation made herein do not constitute and offer to sell or asolicitation to buy any of the securities mentioned in SMS Alert. Readers using the information contained in SMS are solely responsible for their actions. The information and views contained in SMS are believed to be reliable but no responsibility or liability is accepted for errors of act or opinion by CNB Finwiz Private Limited analysts may or may not have trading or investment positions in securities mentioned in SMS Alert.

Client's Trading Code :

Client's Name :

Client's Signature : 

Date:

**VOLUNTARY**

**LETTER TO BE OBTAINED FROM BANK FOR VERIFICATION OF SIGNATURES**

To, Dated : .....

**CNB Finwiz Private Limited**

Dealing Office : 101, EMCA House 23/23B First Floor,  
Ansari Road, Daryaganj, New Delhi 110002

Dear Sir,

This is to certify that the savings / current account no. \_\_\_\_\_ of  
Mr./Ms.M/s. \_\_\_\_\_ held jointly with  
Mr./Ms./M/s. \_\_\_\_\_

\_\_\_\_\_ with our branch has been active since \_\_\_\_\_ years  
/ months and the operation of the account has been satisfactory. We further confirm that the photograph herein bears  
true likeness to the identity of the above mentioned person & that headdress of the person is as given below: \_\_\_\_\_

<i>Bank</i>
<i>Stamp</i>
<i>Across</i>
<i>Photograph</i>

Signature in my presence and Attested



Signature of Branch Manager

  
(Client Signature)

Name & Signature of the Branch Manager

Stamp of the Bank and the Branch



## UNDERTAKING TO ACT IN OWN CAPACITY

I/We do hereby solemnly affirm and declare as under:

1. That my/our registration with CNB Finwiz Private Limited (CNB) is in individual capacity and is for transacting on my/our own account. And that no one expects myself/ourselves to have and interest in the account with CNB.
2. That I/We shall not be acting further as an intermediary / A P in any manner whatsoever for the transactions executed in any segment of any security exchange(s) in my/our account with CNB.
3. That I/We further state that if anybody on my/our behalf makes claim of any amounts / securities on account of the transactions in my/our account, the said act shall be null and void and shall be ineffective from all corners.
4. In case CNB finds that I/We am/are as an un-registered A P, CNB can immediately cancel my/our account with them and adjust all credit against my/our liabilities.
5. That I/We shall inform CNB any of my/our registration in any capacity with any other member of the exchange(s) to transact on the same segment as at CNB.
6. I/We shall not make any payment to CNB drawn on the account of any third party whether related to me/us or not. All payments to my/our above A/c shall be from accounts that stand in my/our own name.
7. I/We shall not make any cash payment to CNB nor shall I/We insist on any sales person/business associate to accept cash in lieu of cheque/demand draft. I/We understand that CNB does not accept cash from clients and therefore any cash payment made by me/us to any staff shall be at my/our sole risk and I/We absolve CNB of all liability and claim that may arise from any cash payment made by me/us.
8. I/We understand that cash and third party payment of any kind are prohibited under rules of Exchange if despite this I/We make any cash/third party payment in my/our trading A/c or to any sales person / business associate I/We shall render myself liable to criminal / civil action from CNB. I/We shall also indemnify CNB from all claims, loss, liability that incur on account of any cash/third party payment made by me/us in my/our trading account with CNB.
9. I/We have been made understood by CNB that it does not permit any of its employee to place any discretionary orders in the account of any client therefore I/We must not authorise any of CNB's staff member to place any discretionary order under any circumstances in my/our trading account and that CNB limits its liability in the event of I/we giving any such authorisation to any of the Employee of CNB.
10. I/We hereby absolve CNB from all liability claims that arise from bonafide mistake typing errors etc. that occur in ordinary and regular course of business I/We shall not initiate any legal action without first intimating in writing my grievance to the Corporate Office at Delhi.

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\_\_\_\_\_  
(Client Signature)

Client Name \_\_\_\_\_

Client Code \_\_\_\_\_

**DECLARATION, INDEMNITY CUM UNDERTAKING FOR NAME DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS PROOF**

To,

**CNB Finwiz Private Limited**

Dealing Office : 101, EMCA House 23/23B First Floor,  
Ansari Road, Daryaganj, New Delhi 110002

I \_\_\_\_\_ s/o, w/o, d/o \_\_\_\_\_

\_\_\_\_\_, refer to my Trading Account

\_\_\_\_\_ with CNB Finwiz Private Limited (CNB) do hereby affirm, declare and undertake that

1. That my name as it appear on my trading account is \_\_\_\_\_
2. That my name as it appears on my demat account is \_\_\_\_\_
3. That my name as it appears on the Income Tax website is \_\_\_\_\_
4. That my name as it appears on the Address proof is \_\_\_\_\_
5. That my name as it appears on my Pan Card is \_\_\_\_\_
6. That my name as it appears on the Bank Proof is \_\_\_\_\_
7. That above mentioned names, on Trading account, Demat account, Tax website, Address proof, PAN Card No. \_\_\_\_\_ and Bank account bearing no. \_\_\_\_\_ are mine alone.
8. That I hereby request CNB to maintain my name in Demat and Trading account as per the name appearing on the website / PAN card.
9. That I promise and undertake to get my PAN card altered in accordance with my name as appearing on the Income tax within 45 days from the date of signing this undertaking. CNB Finwiz Private Limited may, at its sole discretion, terminate my trading and demat account in the event of me not getting my name altered within 45 days of signing this undertaking.
10. That I further undertake to open a bank account in accordance with the name as appearing on the Income Tax website within a week from the date of signing this undertaking.
11. I further undertake that in case my name has been changed after approval from government authorities and notification in gazette. I shall get the name change effected in PAN, Bank account etc. and furnish immediately to CNB.
12. That I further declare that I am responsible and I shall indemnify & keep indemnified CNB, its directors, officers, employees, agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, action proceedings arising out or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA) transfer, dematerialization of securities, rematerialization of securities, dividends, interest etc., that may arise out of Declaration-cum- undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood before signing it. That this declaration, Indemnity-cum-undertaking given by me to WSL is by my absolute free will and coercion, undue influence, pressure etc., and at present I am having sound health and mind.

38 ✓

(Client Signature)

(Client Name) \_\_\_\_\_

**DECLARATION BY KARTA & ALL THE CO-PARCENERS**

To,

Dated : .....

**CNB Finwiz Private Limited**

Dealing Office : 101, EMCA House 23/23B First Floor,  
Ansari Road, Daryaganj, New Delhi 110002

Dear Sir/Madam,

- Whereas the Hindu Undivided Family of is carrying on business in the firm name and style of at as given in PAN card of HUF or we intent to deal have or desire to have Securities Trading Account with CNB Finwiz Private Ltd. (hereinafter referred as Member). We undersigned, hereby confirm and declare that we are the present adult coparceners of the said joint family. Name of Karta & Coparceners are given in below table.
- We confirm that affairs of HUF firm are carried on mainly by the Karta on behalf and in the interest and for the benefits of all the coparceners. We hereby authorize the Karta on behalf of the HUF to deal with the member and the said trading member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. He is authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through the member on behalf of the HUF.
- He is also authorize to sign execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF firm shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every coparceners of the said joint family, including the share of the minor coparceners, if any.
- We undertake to advise the member in writing of any change that may occur in the Karta ship or in the constitution of the said joint family or of the said HUF firm and until receipt of such notice by the member who shall be binding on the said joint family and the said HUF firm and on our respective estates. We shall, however continue to be liable jointly and severally to the member for all dues obligations of the said HUF firm in the Member's book on the date of the receipt of such notice by the member and until all such dues and obligations shall have been liquidated and discharged.
- The names and dates of the birth of all the present minor & major coparceners of the said joint family are given below. We also undertake to inform you in writing as and when each of the said members attains the majority and is authorized to act on behalf of, and bind the said HUF firm.
- The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

**List of Family Members**

S. No.	Name of the Co-parceners (Including Minor also)	Relationship with Karta	PAN No.	Address (if other than Karta's address)	Date of Birth	Signature
1.						
2.						
3.						
4.						

Note : In case of adult family member provide copy of PAN card or any other ID proof (DL/Voter ID/Passport). In case of Minor Family Member provide copy of age certificate (Birth Certificate/School Leaving Certificate).

Name of the HUF \_\_\_\_\_

Signature of Karta with Rubber Stamp

Date : \_\_\_\_\_ Place : \_\_\_\_\_

**AUTHORITY LETTER IN FAVOUR OF MANAGING PARTNER (S)**

(To be obtained on pre-printed Letterhead of firm)

(This Letter is to be obtained only if the client is a partnership firm)

To,  
**CNB Finwiz Private Limited**Dealing Office : 101, EMCA House 23/23B First Floor,  
Ansari Road, Daryaganj, New Delhi 110002

Dated : .....

Sir,

We the partners of M/s. \_\_\_\_\_  
a partnership firm having its office at \_\_\_\_\_\_\_\_\_\_ hereby authorize  
Mr./Ms. \_\_\_\_\_ and  
Mr./Ms. \_\_\_\_\_ to open a  
securities trading account in Capital Market, F&O and Currency Derivative Segment on behalf of the firm M/s./ Mr.  
/Ms. \_\_\_\_\_ with the Trading Member CNB Finwiz Private Limited for sale and  
purchase of shares/derivative instruments in Capital Market, F&O and Currency Derivative Segment or any other  
segment that may be introduced by NSE/BSE/MCX-SX. He/She/They is/are authorized on behalf of the firm for the purpose  
of dealing/investing in securities market including CM, F&O and Currency Derivative etc. and the said Trading Member is  
hereby authorized to honor all instructions or aloe written, given on behalf of the firm by him/her/them.Mr./Ms. \_\_\_\_\_ and  
Mr./Ms. \_\_\_\_\_ is/are authorized  
to sell, purchase, transfer, endorse, and negotiate documents and/or/otherwise deal through CNB Finwiz Private Limited  
on behalf of the firm M/s. \_\_\_\_\_He/She/They is/are also authorised to sign, execute and submit such applications, undertakings, agreements and other  
requisite documents as may be necessary for KYC application with KRA. Writings and deeds as may be deemed necessary  
or expedient to open account and give effect to this purpose.However any partner/authorized signatory (ies) can issue cheques from bank account(s) in favour of CNB Finwiz Private  
Limited for credit to share trading account of the firm with CNB Finwiz Private Limited, even though his/their signatures  
may not be available on the records of CNB Finwiz Private Limited. These cheques may either be from the account of  
partnership firm or from individual account the said amount so given shall be solely/exclusively for the account of the firm  
maintained with CNB Finwiz Private Limited.We also recognize that a beneficiary account cannot be opened with a Depository Participant in the name of the  
partnership firm as per Depository regulations. To facilitate the operation of the above trading account with you and for  
the purpose of completing the securities transfer obligations, pursuant to the trading operations, we authorize you to  
recognize the beneficiary account No. \_\_\_\_\_ with Depository having DP ID \_\_\_\_\_ opened as a  
singly/jointly in the name of Managing partner/partners of the firm.We agree that the obligations for shares purchased and /or sold by the firm will be handled and completed through  
transfer to/from the above-mentioned account. We recognize and accept transfers made by you to the beneficiary  
account as complete discharge of obligations by you in respect of trades executed in the above trading account of the  
firm.

Thank You.

Yours Truly

Name : \_\_\_\_\_

Signature of partner with rubber stamp

Signature of partner with rubber stamp

Signature of partner with rubber stamp

Signature of partner with rubber stamp



**FORMAT OF BOARD RESOLUTION FOR BODY CORPORATE**

(on the letter head of the applicant for Trading A/c)

**CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_ (Name of the Company)**

**AT THEIR MEETING HELD ON \_\_\_\_\_ AT \_\_\_\_\_ (address)**

RESOLVED THAT the Company is authorised to invest in securities market.

RESOLVED FURTHER THAT the Company be registered as a client and open a Trading cum Demat Account with CNB Finwiz Private Limited (CNB), Member of the National Stock Exchange of India Ltd. (NSE), Bombay Stock Exchange Ltd. (BSE) and a Depository Participant with Central Depository Service (India) Ltd. (CDSL) for the purpose of dealing in securities at NSE, BSE on any segment.

RESOLVED FURTHER THAT CNB Finwiz Private Limited be and is hereby authorised to honor instruction given on the behalf of the Company by any of the of the under noted Authorised Signatories who is / are authorised to sell, purchase, Transfer, endorse, negotiate documents and / or otherwise deal in securities and / or derivatives through

Name of Authorised Signatory	Designation	PAN	Residential Address	Specimen Signature	Photograph Signed Across

RESOLVED FURTHER THAT the above signatories are hereby severally/jointly authorised to sign, execute and submit such applications, undertakings, agreements, DP instructions and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this resolution.

RESOLVED FURTHER THAT ..... (Name of Director) ..... (Designation) and ..... (Name of Director) ..... (Designation) be and are hereby severally/jointly authorized to sign and furnish a copy of the resolution certified as true to CNB Finwiz Private Limited.

**Certified True Copy**

For \_\_\_\_\_ Pvt. Ltd./Ltd.

Authorised Signatory

(Name)

**CNB FINWIZ PRIVATE LIMITED**  
**Demat Debit and Pledge Instruction(DDPI)**

Annexure-A

Client UCC Code	
Demat / Client-ID	
Date	
Place	

I/We request to activate the DDPI facility for following purposes:-

S.No.	Purpose	Signature of Client *
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker	Signature of 1st holder
		Signature of 2nd holder
		Signature of 3rd holder
2.	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	Signature of 1st holder
		Signature of 2nd holder
		Signature of 3rd holder
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	Signature of 1st holder
		Signature of 2nd holder
		Signature of 3rd holder
4.	Tendering shares in open offers through Stock Exchange platforms.	Signature of 1st holder
		Signature of 2nd holder
		Signature of 3rd holder

List of **CNB Fin wiz Pvt. Ltd.** demat accounts where securities can be moved w.e.f. Jan 20, 2023.

Account Type	CM BP ID	DP Name	DP ID	Client ID
CDSL NSE POOL A/c		CNB Finwiz Pvt. Ltd.	12031100	00000015
NSDL BSE POOL A/c	IN656632	Globe Capital Market Ltd.	IN300966	10617744
NSDL NSE POOL A/c	IN566807	Globe Capital Market Ltd.	IN300966	10617736
NSE Early Pay-in A/c		CDSL	11000011	00015542
BSE Early Pay-in A/c		CDSL	11000010	00020140
TM/CM –CM PA		CNB Finwiz Pvt. Ltd.	12031100	00000281

\* The same may be e-Signed or signed physically

DP Signature & Seal & Stamp

**DECLARATION BY SALES PERSON/A P/AUTHORISED PERSON (for the use of CNB only)**

Date : .....

To,

**CNB Finwiz Private Limited**

**Dealing Office :** 101, EMCA House 23/23B First Floor, Ansari Road,  
Daryaganj, New Delhi 110002

Dear Sir,

This is in reference to the trading account under consideration in the name of .....

R/o ....., I declare that I have met the above captioned person personally & have verified copy of under mentioned KYC documents with original, which is enclosed with account opening form & I also confirm that client has signed at the designated places in this form in his/her own hand in my presence.

The following KYC documents are checked and verified from the original documents:

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....
7. ....

Date of verification of documents :

The above statement is true and correct and made under my own free mind without having any coercion, misrepresentation or fraud.

Name of the person :

Signature :

Employee / Branch Code :

For office use :

Name of Officials :	
Remark :	

# CNB Finwiz Private Limited

DP : CENTRAL DEPOSITORY SERVICES (INDIA) LTD.  
CDSL DP ID : 12031100 • SEBI REGN. NO.: IN-DP-570-2021  
Dealing Office : 101, EMCA House 23/23B First Floor, Ansari Road,  
Daryaganj, New Delhi 110002, Tel.: 8860078514  
E-mail : grievance@cnbfinwiz.com, Website : www.cnbfinwiz.com

## ACKNOWLEDGEMENT RECEIPT

We hereby acknowledge the receipt of the Account Opening application form :

Name of the Sole/First Holder	
Name of the Second Holder	
Name of the Third Holder	

(Depository Participant Seal and Signature)

## ACKNOWLEDGEMENT

To,

**CNB Finwiz Private Limited**

Dated : .....

**Dealing Office :** 101, EMCA House 23/23B First Floor,  
Ansari Road, Daryaganj, New Delhi 110002

I/We hereby acknowledge the receipt of duly executed copy of Investor Charter, MITC, Right and Obligations (SB & DP), Risk Disclosure Document and Guidance Note with duly executed copy of KYC and other documents. Further I/We confirm that the supporting documents for KYC submitted by me/us are true and correct. I/We acknowledge that the other details related to my/our account are as under:

Name..... Address.....

.....Trading Code..... Client ID.....



\_\_\_\_\_  
(Signature of Client)

[illegible]

# CNB FINWIZ PRIVATE LIMITED

CIN: U74899DL2000PTC375219

**Member : National Stock Exchange of India Ltd.**

**SEBI Regn.No. : INZ000204238**

**Member : Bombay Stock Exchange Ltd.**

**SEBI Regn.No. : INZ000204238**

**Member : Multi Commodity Exchange.**

**SEBI Regn.No. : INZ000204238**

**Regd. Office:** 4282/3, Ansari Road, Daryaganj, New Delhi 110002 • Phone No. 8860078514

**Dealing Office :** 101, EMCA House 23/23B First Floor, Ansari Road, Daryaganj, New Delhi 110002

Tel.: 8860078514, E-mail : [grievance@cnbfinwiz.com](mailto:grievance@cnbfinwiz.com), Website : [www.cnbfinwiz.com](http://www.cnbfinwiz.com)

