



**Eastern Financiers Ltd.**

*Give us your worries... Take home the returns*

**Members**

**National Securities Depository Limited**

**National Stock Exchange of India Ltd.**

**BSE Limited**



**COMBINED  
ACCOUNT OPENING FORM  
DEMAT & TRADING  
For  
INDIVIDUALS / NON INDIVIDUALS  
and CLEARING MEMBER**

**DP ID : IN303181**

**CLIENT ID :**

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

--

**CLIENT NAME**

--	--

**CLIENT CODE**

**BRANCH CODE**

--	--

**A/C OPENING DATE**

**KYC NO.**

**Eastern Financiers Limited (EF)** was incorporated in the year 1967 and is the oldest Investment Strategist in Eastern India.

### **The foundations of our Business ...**

- ❖ One of the largest and most trusted Investment Consultants in India.
- ❖ Over 44 years of unbiased, client-specific investment solutions.
- ❖ Team of experienced professionals and sound Investments Strategists to help you reach your financial goals.
- ❖ Choice of a wide variety of instruments 'under one roof'.
- ❖ Personalised services from EF - the trust of over 3 lakh investors.
- ❖ Prompt post-investment services.
- ❖ **EF has been honoured with the CNBC-TV18 award for the "Best Performing Financial Advisor (East)" for nine years.**
- ❖ **EF has been included in their prestigious "Hall of Fame" for the year 2018-19.**

### **Our Service motto :**

***"Give us your worries...Take home the returns"***

### **Financial Planning Solutions comprising of :**

Mutual Funds	Equity Trading on NSE/BSE	Depository Services
Bonds	Life Insurance*	General Insurance*
Senior Citizen Bonds GOI Saving Bonds Capital Gain Bonds	Fixed Deposits	Motor, Health, Home, Personal Accident (PA), Travel, etc.
Currency Trading	Equity IPO,s	Commodity Trading

**An ISO 9001:2015 certified company**

**\*through its associate company - "EF Insurance Broking Pvt. Ltd."**

**The Client must ensure the following:**

1. Proof of Identity (POI)	<ul style="list-style-type: none"> <li>Copy of PAN Card is mandatory for all applicants (except for applicants residing in the state of Sikkim)</li> </ul>
2. Proof of Address (POA)	<ul style="list-style-type: none"> <li>Copy of Aadhar Card is mandatory for all Individual applicants &amp; Authorised Signatories in case of Non-Individuals 145</li> <li>Copy of Driving Licence, Passport, Voter ID, Ration Card &amp; last 3 months Bank Statement.</li> <li>If correspondence &amp; permanent address are different, then proofs for both should be submitted</li> </ul>
3. Bank+MICR/IFS code Proof	<ul style="list-style-type: none"> <li>Proof should contain IFSC Code (11 digits) / MICR Code (9 digits) of Bank</li> <li>If name is not pre-printed on cheque-then submit additional proof containing the Bank A/c number and Name of Client</li> </ul>
4. Income Proof	<ul style="list-style-type: none"> <li>Mandatory if you wish to trade in Derivatives (F&amp;O/Currency) segments</li> </ul>
5. Demat A/c Proof	<ul style="list-style-type: none"> <li>Client Master List or Latest DP Holding Statement for existing Demat Holders</li> </ul>

► **PROOF OF FINANCIAL DETAILS, any one (for clients who wish to trade in F&O)**

- |                              |                            |   |
|------------------------------|----------------------------|---|
| 1. Copy of Income Tax Return | 2. Copy of Annual Accounts | 3. Copy of Form 16 (Salary Certificate) |
| 4. Networth Certificate      | 5. Demat Holding Statement | 6. Bank Statement for last 6 months     |




► **PROOFS FOR NRI (NON RESIDENT INDIAN)**

- PAN card.
- Valid Passport/PIO Card/OCI card as Proof of Identity. Proof of Foreign Address and Indian Address (if any).
- PIS Bank A/c should be either Repatriable Bank A/c for NRE OR Non-Repatriable A/c for NRO status.
- Proof of Demat Account should be only with NRI status.
- Permission for dealing in securities from Authorized Dealer(Bank)/RBI.

► **TO AVOID OBJECTION AND DELAYS:**

- The A/c opening form should be filled in BLACK INK and CAPITAL LETTERS ONLY and do have:
  - Clients Name and Signature at all the required places.
  - Joint Holders/Witness signatures at the required places.
  - N.A. mentioned at all places not applicable to the client.
- White ink is not allowed anywhere on the form. All corrections need to be countersigned with full signature.
- All proofs, photographs and signature on the form should be clearly visible and should be self attested by the client.
- In case of DP account with joint holders, KYC Application Form (KRA Form) & all the proofs (PAN card and address proof) should be provided for Second & Third Holder also.

► **SIGNATURE MARKINGS**

-  **Signature of the Client/First or Sole Holder.**
-  **Signature of Nominee/Guardian/Introducer/Second Holder/Third Holder/Witness**
-  **Signature of EFL Authorized Signatory/The Participant (For office use)**

► **PLEASE READ “EFL” AS EASTERN FINANCIERS LTD. WHERE EVER IT APPEARS**

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**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.  
 B) Tick '✓' wherever applicable.  
 C) Please fill the form in English and in BLOCK letters.  
 D) Please fill the date in DD-MM-YYYY format.  
 E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated
- F) Please read section wise detailed guidelines / instructions at the end.  
 G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 H) List of two character ISO 3166 country codes is available at the end.  
 I) KYC number of applicant is mandatory for update application.  
 J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

**For office use only**

Application Type\*

☐ New☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal☐ Minor☐ Aadhar OTP based (in non-face to face mode)☐ **1. PERSONAL DETAILS**

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/> )		
Residential Status	<input type="checkbox"/> Residential Individual	<input type="checkbox"/> Non-Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ **2. PROOF OF IDENTITY AND ADDRESS\*** (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)

☐ A- Passport Number☐ B- Voter ID Card☐ C- Driving Licence☐ D- NREGA Job Card☐ E- National Population Register Letter☐ F- Proof of Possession of AadharII. ☐ E-KYC AuthenticationIII. ☐ Offline verification of Aadhar☐ **PHOTO\***

Affix recent  
passport size  
Photograph and  
Sign across it

 Signature / Thumb  
Impression

**Address**

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T. Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ **3. CURRENT ADDRESS DETAILS** (Please refer instruction B at the end)☐ Same as above mentioned address (in such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)

☐ A- Passport Number☐ B- Voter ID Card☐ C- Driving Licence☐ D- NREGA Job Card☐ E- National Population Register Letter☐ F- Proof of Possession of AadharII. ☐ E-KYC AuthenticationIII. ☐ Offline verification of AadharIV. ☐ Deemed Proof of Address - Document Type codeV. ☐ Self Declaration**Address**

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T. Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>



**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.  
 B) Tick '✓' wherever applicable.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please fill the form in English and in BLOCK letters.  
 E) KYC number of applicant is mandatory for update application.

- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G) List of two character ISO 3166 country codes is available at the end.  
 H) Please read section wise detailed guidelines / instructions at the end.  
 I) For particular section update, please tick '✓' in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

Application Type\*

☐ New☐ Update

(To be filled by financial institution)

KYC Number





















(Mandatory for KYC update request)

☐ **1. ENTITY DETAILS** (Please refer instruction **A** at the end)☐ Name\*




















Entity Constitution Type\*

☐ Others (Specify)(Please refer instruction **B** at the end)

Date of Incorporation / Formation\*











Date of Commencement of business











Place of Incorporation / Formation\*











Country of Incorporation / Formation\*



TIN or Equivalent Issuing Country



PAN\*










☐ Form 60 furnished

TIN / GST Registration Number




















☐ **2. PROOF OF IDENTITY (Pol)\*** (Please refer instruction **B** at the end)☐ Officially valid document(s) in respect of person authorised to transact☐ Certificate of Incorporation / Formation









☐ Registration Certificate

Regn Certificate No.










☐ Memorandum and Articles of Association☐ Partnership Deed☐ Trust Deed☐ Resolution of Board / Managing Committee☐ Power of Attorney granted to its manager, officers or employees to transact on its behalf☐ Activity Proof - 1 (For Sole Proprietorship Only)☐ Activity Proof - 2 (For Sole Proprietorship Only)☐ **3. Address\*** (Please refer instruction **C** at the end)☐ **3.1 Registered Office Address / Place of Business\***

Proof of Address\*

☐

Certificate of Incorporation / Formation

☐

Registration Certificate

☐

Other Document

Line 1\*





















Line 2





















Line 3





















District\*











Pin/Post Code\*











State/U.T. Code\*



ISO 3166 Country Code\*


☐ **3.2 Local Address in India** (if different from Above)\*

Line 1\*





















Line 2





















Line 3





















District\*











Pin/Post Code\*











State/U.T. Code\*



ISO 3166 Country Code\*


☐ **4. Contact Details** (All communications will be sent to Mobile number / Email-ID provided\* may be used) (Please refer instruction **D** at the end)

Tel (Off.)











FAX











Mobile











Email ID





















Mobile











Email ID




















☐ **5. NUMBER OF RELATED PERSONS**


(Please refer instruction **E** at the end)☐ **6. REMARKS** (If any)

## 7. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that may be held liable for it
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

Date :    -    -

Place :

[Signature / Thumb Impression]

 Signature / Thumb Impression of Authorised Person(s)

## 8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

### KYC DOCUMENT VERIFIED CARRIED OUT BY

Identity Verification ☐ Done Date    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

### INSTITUTION DETAILS

Name

Code

[Institution Stamp]

## CENTRAL KYC REGISTRY | Instructions / Check List / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

### A Clarification / Guidelines for filing Entity Details section

#### 1 Entity Constitution Type

- |  |   |   |
|--|---|---|
| A - Sole Proprietorship                                      | H - Trust   | O - Artificial Jurisdictional Person              |
| B - Partnership Firm   | I - Liquidator                                    | P - International Organisation or Agency /Foreign |
| C - HUF  | J - Limited Liability Partnership                 | Embassy or Consular Office etc.                   |
| D - Private Limited Company                                  | K - Artificial Liability Partnership              | Q - Not Categorized                               |
| E - Public Limited Company                                   | L - Public Sector Banks                           | R - Others  |
| F - Society  | M - Central/State Government Department or Agency | S - Foreign Portfolio Investors                   |
| G - Association of Persons (AOP) / Body of Individuals (BOI) | N - Section 8 Companies (Companies Act, 2013)     |   |

- 2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

### B Clarification / Guidelines for filling 'Proof of Identity[PoI]' section

- Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

### C Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- Certified copy of document or equivalent e-document to be submitted.

### D Clarification / Guidelines for filling 'Contact Details' section

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

### E Clarification / Guidelines for filling 'Related Person Details' section

- Personal Details
  - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Proof of Address [PoA]
  - PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
  - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

### F Provision for capturing signature of multiple authorised persons is to be made by the RE.

**Important Instructions:**

- A) Fields marked with '\*' are mandatory fields.  
 B) Tick '✓' wherever applicable.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please fill the form in English and in BLOCK letters.  
 E) KYC number of applicant is mandatory for update application.

- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G) List of two character ISO 3166 country codes is available at the end.  
 H) Please read section wise detailed guidelines / instructions at the end.  
 I) For particular section update, please tick '✓' in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

Application Type\*

☐ New☐ Update☐ Delete

(To be filled by financial institution)

KYC Number





















(Mandatory for KYC update and delete request)

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

KYC Number of Related Person (if available\*)





















If KYC number is available only 'Related Person Type' &amp; 'Name' is mandatory

**Related Person Type\***☐ Director☐ Promoter☐ Karta☐ Trustee☐ Partner☐ Court Appointment Official☐ Proprietor☐ Beneficiary☐ Authorised Signatory☐ Beneficiary Owner☐ Other (Please Specify☐ Other (Please Specify

DIN (Director Identification Number)





















(Mandatory if Related Person Type is Director)

**1.1 PERSONAL DETAILS** (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (IS) 3166 Country Code	<input type="text"/>	<input type="text"/>
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

**1.2 PROOF OF IDENTITY AND ADDRESS\*** (Please refer instruction E at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)

☐ A- Passport Number



















☐ B- Voter ID Card



















☐ C- Driving Licence



















☐ D- NREGA Job Card



















☐ E- National Population Register Letter



















☐ F- Proof of Possession of Aadhar



















II. ☐ E-KYC Authentication



















III. ☐ Offline verification of Aadhar



















**Address**

Line 1*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
District*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pin/Post Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State/U.T. Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**1.3 CURRENT ADDRESS DETAILS** (Please refer instruction E at the end)☐ Same as above mentioned address (in such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)

☐ A- Passport Number



















☐ B- Voter ID Card



















☐ C- Driving Licence



















☐ D- NREGA Job Card



















☐ E- National Population Register Letter



















☐ F- Proof of Possession of Aadhar



















II. ☐ E-KYC Authentication



















III. ☐ Offline verification of Aadhar



















IV. ☐ Deemed PoAV. ☐ Self Declaration☐ PHOTO\*

Affix recent  
passport size  
Photograph and  
Sign across it

Signature / Thumb  
Impression

**Address**

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

**1.4 Contact Details** (All communications will be sent to Mobile number / Email-ID (Please refer instruction **D** at the end)

Tel (Off)									Tel (Res)									Mobile						
Email ID																								


**2. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that may be held liable for it
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

[Signature / Thumb Impression]

Date : DD - MM - YYYY

Place :

 Signature / Thumb Impression of Applicant**3. ATTESTATION / FOR OFFICE USE ONLY**

**Documents Received** ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification  
☐ Digital KYC process ☐ Equivalent e-document

**KYC DOCUMENT VERIFIED CARRIED OUT BY**

Date	DD - MM - YYYY
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	

[Employee Signature]

**INSTITUTION DETAILS**

Name	
Code	

[Institution Stamp]



## KYC - APPLICATION FORM FOR TRADING AND DEMAT A/C - NON-INDIVIDUAL

**Please fill this form in ENGLISH and in BLOCK LETTERS. (Use black ink)**

### A. IDENTITY DETAILS

1	Name of the Applicant																
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation							
3	a. Business Commencement date	D	D	M	M	Y	Y	Y	Y	b. Regn. No. (eg. CIN)							
4	PAN, copy attached <input type="checkbox"/>																
5	Status (Please tick any one)	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Pvt. Ltd. Co.</div> <div style="width: 33%;"><input type="checkbox"/> Public Ltd. Co.</div> <div style="width: 33%;"><input type="checkbox"/> Body Corporate</div> <div style="width: 33%;"><input type="checkbox"/> Partnership</div> <div style="width: 33%;"><input type="checkbox"/> Charities</div> <div style="width: 33%;"><input type="checkbox"/> Bank</div> <div style="width: 33%;"><input type="checkbox"/> Society</div> <div style="width: 33%;"><input type="checkbox"/> Trust</div> <div style="width: 33%;"><input type="checkbox"/> Defense Establishment</div> <div style="width: 33%;"><input type="checkbox"/> Others</div> <div style="width: 33%;"><input type="checkbox"/> FII</div> <div style="width: 33%;"><input type="checkbox"/> HUF</div> <div style="width: 33%;"><input type="checkbox"/> AOP</div> <div style="width: 33%;"><input type="checkbox"/> Non Govt. Organisation</div> <div style="width: 33%;"><input type="checkbox"/> BOI</div> <div style="width: 33%;"><input type="checkbox"/> LLP</div> <div style="width: 33%;"><input type="checkbox"/> FI</div> <div style="width: 33%;"><input type="checkbox"/> Government Body</div> </div>															

### B. ADDRESS DETAILS

1	Correspondence Address															
		City/Town/Village										PIN Code				
		State										Country				
2	Specify proof of correspondence address submitted															
3	Contact Details	Telephone (office)										Telephone (Res)				
		Fax No.										Mobile No.				
		Email ID														
4	Registered Address (if different from above.)															
		City/Town/Village										PIN Code				
		State										Country				
5	Specify proof of registered address submitted															

### C. DECLARATION

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 we may be held liable for it and the same will render our account liable for termination and suitable action.

Place
Signature of Applicant
Date

DDMMYYYY

**EASTERN FINACIERS LTD.**

**FOR OFFICE USE ONLY**

	Documents verified with Originals by	Client interviewed by	In-Person Verification done by
Staff Name/ AP			
Designation/ Reg. Code			
Signature			
Date	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
<input type="checkbox"/> (Original verified) Self Certified Documents copies received <input type="checkbox"/> (Self Attested) True copies of documents received			
Sign/Seal/Stamp of the intermediary			

**DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLETIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC)**  
**Form should be filled in English and in Block Letters (Use Black ink only)**












Name of Applicant	PAN										
-------------------	-----	--	--	--	--	--	--	--	--	--	--

S.N.	Particulars	Photograph	Signature with Stamp	
1	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; margin: 0 auto; width: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; margin: 0 auto; width: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; margin: 0 auto; width: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; margin: 0 auto; width: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; margin: 0 auto; width: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No

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 <b>First Signatory</b>	<b>Second Signatory</b>	<b>Third Signatory</b>
Place	Name and signature with Stamp of the Authorised Signatory(ies)	Date <span style="border: 1px solid black; padding: 0 2px;">D</span> <span style="border: 1px solid black; padding: 0 2px;">D</span> <span style="border: 1px solid black; padding: 0 2px;">M</span> <span style="border: 1px solid black; padding: 0 2px;">M</span> <span style="border: 1px solid black; padding: 0 2px;">Y</span> <span style="border: 1px solid black; padding: 0 2px;">Y</span>



PART II - TRADING & DEMAT ACCOUNT RELATED DETAILS (FOR INDIVIDUAL & NON INDIVIDUAL)				
<b>A BANK ACCOUNT DETAILS</b>				
	<b>1<sup>st</sup> Account/ Primary</b> (To be used in Demat A/s also)	<b>2<sup>nd</sup> Account</b>	<b>3<sup>rd</sup> Account</b>	
	Bank Name			
	Branch Name & Address			
	Bank Account No.			
	Account Type (Saving/Current/Others in case of NRI/NRE/NRO)			
	MICR No.			
	IFSC Code			
<b>B DEPOSITORY ACCOUNT DETAILS</b>				
	DP Name			
	CDSL/NSDL			
	DP ID			
	Beneficiary ID (BO ID)			
	Beneficiary Name 1			
	Beneficiary Name 2			
	Beneficiary Name 3			
<b>C TRADING PREFERENCES</b>				
* Please sign in the relevant segment boxes where you wish to trade. The Segment not chosen should be struck off by the Client.				
		<b>NSE</b>	<b>BSE</b>	
	<b>Cash</b>			
	<b>F&amp;O</b>			
	<b>Currency</b>			
	<b>Commodity</b>			
	<b>SLBM</b>			
<b>IBT/STWT</b>				
				

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#If, in future, the client wants to trade on any new segment/new exchange, separate authorisation/letter should be submitted by the Client to EFL.

<b>▶ FAST ACTIONS</b>			
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: _____			
Are You Member of Any Stock Exchange?		Y	N
<b>▶ DEALINGS THROUGH AUTHORIZED PERSON OF OTHER STOCK BROKERS</b>			
<i>If client is dealing through the AP, provide the following details:</i>			
AP Name			Exchange Regn. No.
Registered Office Address			
Phone			Fax
Website			
<b>WHETHER DEALING WITH ANY OTHER STOCK BROKER</b> (If case dealing with multiple stock brokers, provide details of all)			
Name of Stock Broker			Client Code
Name of AP, If any			Exchange
Details of Disputes/Dues Pending from/to such Stock Broker/AP:			
<b>▶ ADDITIONAL DETAILS</b>			
GST Registration Details			
Whether You Wish to Receive Physical Contract Note or Electronic Contract Note (ECN) (Please Specify):			
Specify Your Email ID, If Applicable			
Whether You Wish to Avail of the Facility of Internet Trading/Wireless Technology (Please Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Years of Investment/Trading Experience			
Whether you wish to receive the standard documents - Rights and Obligations, Risk Disclosure Document. (RDD) and Guidance note <input type="checkbox"/> Physically <input type="checkbox"/> Electronically <b>Please note that these documents are also available in certain vernacular languages on demand.</b>			
Any Other Information			
<b>▶ INTRODUCER DETAILS (OPTIONAL)</b>			
Name of the Introducer			
Status of the Introducer			
Address of the Introducer	<input type="checkbox"/> Authorized Person <input type="checkbox"/> Remisier <input type="checkbox"/> Employee		
	<input type="checkbox"/> Existing Client <input type="checkbox"/> Other		
Mobile/Phone No. of the Introducer			
			 Signature of the Introducer

<b>DEMAT ACCOUNT OPENING FORM</b>		<b>CLIENT ID</b>																						
<b>I/WE REQUEST YOU TO OPEN A DEPOSITORY ACCOUNT IN MY/OUR NAME AS PER THE FOLLOWING DETAILS:</b> (PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS ONLY)															<b>Date:</b>									
<b>TYPE OF ACCOUNT</b>																								
<b>STATUS</b>		<b>SUB-STATUS</b>																						
<input type="checkbox"/> Individual		<input type="checkbox"/> Individual Resident				<input type="checkbox"/> Individual Director				<input type="checkbox"/> Individual Promoter														
<input type="checkbox"/> NRI		<input type="checkbox"/> NRI-Repatriable				<input type="checkbox"/> NRI-Non Repatriable				<input type="checkbox"/> Other <i>(Please Specify)</i>														
<input type="checkbox"/> Foreign National		<input type="checkbox"/> Foreign National				<input type="checkbox"/> Qualified Foreign Investor																		
<input type="checkbox"/> Non-Individual		<input type="checkbox"/> Body Corporate				<input type="checkbox"/> Trust		<input type="checkbox"/> Bank		<input type="checkbox"/> FI		<input type="checkbox"/> FII		<input type="checkbox"/> Mutual Fund		<input type="checkbox"/> CM								
		<input type="checkbox"/> Qualified Foreign Investor				<input type="checkbox"/> Margin		<input type="checkbox"/> HUF		<input type="checkbox"/> Other														
<b>DETAILS OF ACCOUNT HOLDER(S)</b>																								
<b>Name of Sole/First Holder</b>																								
		PAN																						
<b>Name of Second Holder</b>																								
		PAN																						
<b>Name of Third Holder</b>																								
		PAN																						
* Please provide a separate KYC Application Form (KRA Form) for all Joint Holders																								
For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:																								
<b>Name</b>												PAN												
<b>IN CASE OF NRIs/FOREIGN NATIONALS/FIIs/Others (as may be applicable)</b>																								
RBI Approval Ref. No.										RBI Approval Date														
SEBI Regn. No. (for FIIs)																								
<b>STANDING INSTRUCTIONS</b>																								
I/We authorise you to receive credits automatically into my/our account														<input type="checkbox"/> Yes		<input type="checkbox"/> No								
Account to be operated through Power of Attorney (POA)														<input type="checkbox"/> Yes		<input type="checkbox"/> No								
SMS Alert Facility [Mandatory if you are giving Power of Attorney (POA). Ensure that the mobile number is provided in the KYC Application Form]								Sole/First Holder				<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										
<b>MODE OF RECEIVING STATEMENT OF ACCOUNT (TICK ANY ONE)</b> <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 5 and ensure that the email ID is provided in KYC Application Form]								I/We wish to opt for BSDA				<input type="checkbox"/> Yes		<input type="checkbox"/> No										
<b>MODE OF RECEIVING DP CLIENT RIGHTS &amp; OBLIGATIONS (TICK ANY ONE)</b>								<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form																
<b>MODE OF RECEIVING RTA DOCUMENTS, ANNUAL REPORTS, AGM, NOTICES &amp; OTHER COMMUNICATIONS FROM ISSUERS &amp; RTA</b>								<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form																
For Joint Accounts, communication to be sent to <input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders																								
Standing Instruction Indicator for Auto Pledge Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No																								
Option to POA clients to receive DIS Book along with account opening or subsequently: a) I/We wish to receive the DIS Book at the time of account opening itself <input type="checkbox"/> b) I/We wish to receive the DIS Book at any later date on request <input type="checkbox"/>																								

<b>Nomination Option</b>	<input type="checkbox"/> I/We wish to make a nomination. <input type="checkbox"/> I/We do not wish to make a nomination. <b>[Details are to be provided at FORM 10]</b>
--------------------------	--

**Mode of Operations for Joint Accounts**      ☐ Jointly      ☐ Anyone of the holder or survivor(s)

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.

► **GUARDIAN DETAILS (where sole holder is a minor)**

[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian Name	
PAN No.	
Relationship of Guardian with Minor	

► **MODE OF OPERATION FOR SOLE/FIRST HOLDER [for Non-individuals] (In case of joint holdings, all the holders must sign)**

☐ Any One Singly      ☐ Jointly  
☐ As per Resolution      ☐ Other (Please Specify)

► **CLEARING MEMBERS DETAILS (to be filled up by Clearing Members only)**

Name of Stock Exchange	
Name of Clearing Corporation/Clearing House	
Clearing Member ID	
SEBI Registration Number	
Trade Name	
CM-BP-ID (To Be Filled Up By Participant)	

► **DECLARATION**

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. In case of non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/We acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

*Non-Individuals-Authorised Signatories (Enclose a Board resolution for Authorised Signatories)*

Sole/First Holder/or Guardian (In case of minor) or First Signatory	Name	
Second Holder or Second Signatory	Name	
Third Holder or Third Signatory	Name	

EASTERN FINACIERS LTD.

► **NOTES**

- 1. All communication shall be sent at the address of the Sole/First holder only.**
- 2. For Non-Individual-** In case of additional signatures, separate annexures should be attached to the application form.
3. Thumb Impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- 4. Instructions related to nomination, are as below:**
  - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
  - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
  - III. The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
  - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
  - V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
  - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non Individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
  - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.
- 5. For receiving Statement of Account in electronic form:**
  - I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Participant if the email address has changed
  - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice
- 6. Strike off whichever is not applicable.**

## NOMINATION FORM (FOR INDIVIDUAL APPLYING SINGLY OR JOINTLY)

Details of TM / DP :

**EASTERN FINANCIERS LIMITED**







“Lords”, Suite No. 102 & 104, 7/1, Lord Sinha Road, Kolkata - 700 071

Date	D	D	M	M	Y	Y	Y	Y	DP ID							Client ID							
									UCC														

I/We wish to make a nomination. [As per details given below]







### Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination can be made upto three nominees in the account.			Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)				
2	Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>			
			<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>		
3	Relationship With the Applicant (If Any)				
4	Address of Nominee(s)  City / Place: State & Country: PIN Code				
5	Mobile / Telephone No. of nominee(s) #				
6	Email ID of nominee(s) #				
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"/> Proof of Identity <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Aadhaar Saving Bank account no.		 Affix recent passport size Photograph  Signature / Thumb Impression	 Affix recent passport size Photograph  Signature / Thumb Impression	 Affix recent passport size Photograph  Signature / Thumb Impression

**Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:**

8	Date of Birth {in case of minor nominee(s)}			
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }			
10	Address of Guardian(s)			

NOMINATION Details																	
	City / Place:																
	State & Country:																
	PIN Code:																
11	Mobile / Telephone no. of Guardian #																
12	Email ID of Guardian #																
13	Relationship of Guardian with nominee																
14	<b>Guardian 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"/> Proof of Identity <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no.	 Affix recent passport size Photograph  Signature / Thumb Impression	 Affix recent passport size Photograph  Signature / Thumb Impression	 Affix recent passport size Photograph  Signature / Thumb Impression													
		Name(s) of holder(s)		Signature		Witness											
	Sole / First Holder (Mr./Ms.)					Signature: _____											
	Second Holder (Mr./Ms.)					Name: _____											
	Third Holder (Mr./Ms.)					Address: _____ _____											
<p>* Signature of witness, along with name &amp; address are required, if the account holder affixes thumb impression, instead of signature.            # Optional fields (Information required at Serial Nos. 5, 6, 7, 11, 12 &amp; 14 is not mandatory)</p> <p><b>Note:</b>            This nomination shall supersede any prior nomination made by the account holder(s), if any.            The Trading Member / Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)</p>																	
Declaration Form for opting out of Nomination																	
<b>EASTERN FINANCIERS LIMITED</b> "Lords", Suite No. 102 & 104, 7/1, Lord Sinha Road, Kolkata - 700 071						Date <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
UCC																	
DP ID																	
Client ID (only for Demat account)																	
Sole/First Holder Name																	
Second Holder Name																	
Third Holder Name																	

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / 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 trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

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

--	--	--

NAME

NAME

NAME

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

### OTHER DETAILS FOR INDIVIDUAL ONLY

<b>Gross Annual Income Details :</b> Income Range per Annum (Please Tick Any One)	<input type="checkbox"/> Below ₹ 1 Lacs <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> More than ₹ 25 Lacs
Occupation (Please tick any one)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others _____
Please Tick, If Applicable :	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
Any Other Information	

### OTHER DETAILS FOR NON INDIVIDUAL ONLY

<b>Income Details Please Specify:</b> Income Range per Annum (Please Tick Any One)	<input type="checkbox"/> Below ₹ 20 Lacs <input type="checkbox"/> ₹ 20-50 Lacs <input type="checkbox"/> ₹ 50 Lacs - 1 Crore <input type="checkbox"/> Above ₹ 1 Crore
Networth Amount (₹) _____ As on date _____ ((Networth should not be older than 1 year)	
Please Tick, if Applicable, for Any of Your Authorized Signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
Any Other Information	

### DECLARATION FOR TRADING ONLY

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/ we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Place \_\_\_\_\_

Signature of the Client/(All) Authorized Signatory(ies)

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

EASTERN FINACIERS LTD.



**Eastern Financiers Ltd.***Give us your worries... Take home the returns***TARIFF SHEET****BROKERAGE STRUCTURE**

SEGMENT	DELIVERY (%)	MINIMUM (Paisa)	SQUARE OFF (%)	MINIMUM (Paisa)
NSE Cash				
NSE Future				
NSE Options				
NSE Currency - Future				
NSE Currency - Option				
NSE Commodity				
SLBS - First Leg				
SLBS - Reverse Leg				
BSE Cash				
BSE Commodity				

(Other charges STT, GST, Stamp Charges, Transaction Charges, Clearing Charges, if any shall be levied as per the rate stipulated by the concerned Authority)

SCORES URL Link : <https://scores.gov.in/scores/Welcome.html>

**Filing compliant 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

## Beneficiary & Corporate Charge Schedule for Depository Services - NSDL

Sr. No.	Charge Head	Charges	Minimum
1	<b>Account Opening</b>	NIL	----
2	<b>Account Closing</b>	NIL (Closing is subject to clearing of all O/S dues)	----
3	<b>Account Maintenance</b>	Rs.. 1000/- per annum for Corporate & Rs. 400/- for other than Corporates + Service Tax / GST as applicable for the current Financial Year.	----
4	<b>Dematerialisation</b>	Rs. 5/- per Certificate + Rs. 40/- for Courier Charges per D'Mat Request	----
5	<b>Rematerialisation</b>	Rs. 15/- for every 100 shares or part thereof OR Rs. 15/- per certificate whichever is higher + Mailing charges at Actual	Rs. 15.00
6	<b>Equity Transaction – Sell</b>	0.02% of the value of the transaction for clients trading with EASTERN FINANCIERS LTD. 0.04% of the value of the transaction for outside clients	Rs. 15.00  Rs. 20.00
7	<b>Equity Transaction – Buy</b>	NIL	----
8	<b>Pledge Services</b>	0.04% of the value of the shares	Rs. 50.00
9	<b>Cheque Dishonour Charges</b>	Rs. 100/- per instance.	Rs. 100/-
10	<b>CAS Charges</b>	For Courier – Rs. 8/- per month For E-mail – Rs. 0.75 per month	Rs. 8/- per month Rs. 0.75 per month
11	<b>For BSDA Clients</b>	For Holding Valuation form Re. 1/- to Rs. 50000/- (Other than Debt Securities & Upto Rs. 100000/- for Debt Securities. Rs. 50001/- to Rs. 200000/- (Other than Debt Securities & Rs. 100001/- to Rs. 200000/- for Debt Securities.  If any (Debt Securities OR Other than Debt Securities) does not cross Rs.200000/- benchmark limit then only Rs.100/- will be charged.  Above Rs. 200000/- <b>Transaction Charges Minimum – Rs. 25.00</b>	NIL  Rs. 100/- per annum  Rs. 100/- per annum  Rs. 400/- per annum
12	<b>IDEAS &amp; SPEED-e Charges</b>	IDEAS for CM – Actual to NSDL Billing IDEAS for Individual IDEAS for Corporate Speed-e for Password Based user Speed-e for Corporate User with e-Token user	- - - NIL Rs. 375/- per Quarter

**Conditions :**
**Options for the recovery of the demat service charges**
**Option :**

Customers who have only a depository relationship with us will be required to pay an advance fee of Rs. 1000/- for each demat account which will be adjusted against service charges. The customer will also undertake to replenish the balances immediately when it falls below Rs. 400/-.

In case we are unable to recover the service charges due to non-maintenance of inadequate advance fees, OR the demand raised by the DP within 30 (thirty) days from the date of demand, Depository Participant will stop processing the instructions as per Clause 19 & 20 of the **Rights and Obligations** document. Any request to resume the services will be charged Rs. 100/- and the services will be resumed in a minimum of one working day from the date of receipt of request at Eastern Financiers Ltd. – CPU, Lords Branch, Calcutta.

**Common Clauses :**

The above charges are exclusive of Service Tax / GST which is currently @18.00% per annum and other levies levied by Government bodies / statutory authority from time to time.

Charges / service standards are subject to revision at the Eastern Financiers Ltd.'s sole discretion and as informed by circulars sent by ordinary post.

Account Maintenance Charges are levied upfront for a period of one year at the beginning of the period.

Transaction charges will be payable within 10<sup>th</sup> day of the succeeding month. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.

Pledge services will include individually pledge creation request, closure requisition, pledge invocation receipt, pledge invocation delivery favouring other counterparties only.

All instructions for transfer must be received at the designated branch of Eastern Financiers Ltd.

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 Signature of First Holder

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 Signature of Second Holder

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 Signature of Third Holder

**FATCA / CRS DECLARATION - INDIVIDUAL****MANDATORY**

Applicant Name \_\_\_\_\_

**PART I - Please fill in the country for each of the following :**

1. Country of :
  - a) Birth \_\_\_\_\_ b) Citizenship \_\_\_\_\_
  - c) Residence for Tax Purposes \_\_\_\_\_
2. US Person\* : ☐ Yes ☐ No

**PART II - Please note :**

- a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature.
- b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent\*\* as issued in the specific country in the table below :

i) TIN _____	Country of Issue _____
ii) TIN _____	Country of Issue _____
iii) TIN _____	Country of Issue _____
- a. In case any of the parameters in **Part I** indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in **Part IV**.
- b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate  
\_\_\_\_\_

Please also fill **Part IV** Self-Certification.**PART III - Customer Declaration (Applicable for all customers)**

- (i) Under penalty of perjury, I/we certify that :
  1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof.  
(This clause is applicable only if the account holder is identified as a US person)
  2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)
- (ii) I/We understand that Eastern Financiers Ltd. (EFL) is relying on this information for determining the status of applicant named above in compliance with FATCA/CRS. Eastern Financiers Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities EFL may also be required to report, reportable details to CDDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_ Date (DD/MM/YYYY) : \_\_\_\_\_

**PART IV - Self-Certification :**

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

\_\_\_\_\_  
Signature

Document Proof submitted (Please tick document being submitted)

- |   |   |                                   |  |                                       |
|---|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Passport             | <input type="checkbox"/> Election Id Card | <input type="checkbox"/> PAN Card | <input type="checkbox"/> Driving License | <input type="checkbox"/> UIDAI Letter |
| <input type="checkbox"/> NREGA Job Card Govt. | <input type="checkbox"/> Issued ID Card   |                                   |  |                                       |

**\* U.S. Person** means,

- (a) an individual, being a citizen or resident of the United States of America;
- (b) a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- (c) a trust if,-
  - (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and
  - (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust; or
- (d) an estate of a decedent who was a citizen or resident of the United States of America;

**\*\* Functional Equivalent of TIN**

Many countries do not issue TIN to their taxpayers. However, such countries issue some other high integrity number with an equivalent level of identification (a functional equivalent). Examples of such numbers are-

- Social Security Number
- National Insurance Number
- Citizen Or Personal Identification Code Or Number
- Resident Registration Number

**FATCA / CRS DECLARATION - NON-INDIVIDUAL****MANDATORY**

Applicant Name \_\_\_\_\_

**PART I**

A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange:

☐ Yes ☐ No

*If "No", then proceed to point B. If "yes" please specify name of stock exchange, if you are listed company  
\_\_\_\_\_ and proceed to sign the declaration.*

B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India : ☐ Yes ☐ No

*If "yes", then please fill of FATCA/ CRS Self certification Form. If "No", proceed to point C.*

C. Is the account holder an Indian Financial Institution : ☐ Yes ☐ No

*If "yes", please provide your GIIN, if any \_\_\_\_\_. If "No", proceed to point D.*

D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen : ☐ Yes ☐ No

*If "yes", (then please fill FATCA/ CRS self-certification form)). If "No", proceed to sign the declaration.*

**CUSTOMER DECLARATION**

( ) Under penalty of perjury, I/we certify that :

1. The applicant is:

- (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.,
- (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

- (i) I/We understand that Eastern Financiers Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. EFL is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (ii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iii) I/We agree that as may be required by domestic regulators/tax authorities EFL may also be required to report, reportable details to CDBT or close or suspend my account.
- (iv) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity \_\_\_\_\_

Signature 1 \_\_\_\_\_ Signature 2 \_\_\_\_\_

Signature 3 \_\_\_\_\_ ( As per MOP)

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

Signature  \_\_\_\_\_



**Section 4 : Controlling person declaration**

If you are classified as “**Passive NFFE with Controlling Person(s)**” or “**Owner documented FFI**” or “**Specified US person**”, please provide the following details:

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

**Section 5 : Declaration**

(i) Under penalty of perjury, I/we certify that :

- The number shown on this form is the correct taxpayer identification number of the applicant, and
- The applicant is (i) an applicant taxable as a US person under the laws of the United States of America (“U.S.”) or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
- The applicant is an applicant taxable as a tax resident under the laws of country outside India.

(ii) I/We understand that Eastern Financiers Ltd. is relying on this information for the purpose of determining the status of applicant named above in compliance with CRS/FATCA. Eastern Financiers Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.

(iv) I/ We agree as may be required by Regulatory authorities, Eastern Financiers Ltd. shall be required to report, reportable details to CBDT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

**I/We hereby confirm that details provided are accurate, correct and complete**

\_\_\_\_\_  
Authorized Signatories and Company Seal (if applicable)

Name \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

## **DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP**

(Mandatory For Non-Individuals)

Investor Name \_\_\_\_\_ PAN \_\_\_\_\_

### **Part I - LISTED COMPANY / ITS SUBSIDIARY COMPANY [If applicable, Part II Not Applicable]**

We hereby declare that the Applicant/ Owner of the controlling interest in the applicant

☐ is a Company listed on a Stock Exchange

☐ is a majority-owned subsidiary of a Company listed on a Stock Exchange

Name of the holding/ parent company (with % share) \_\_\_\_\_

Name of such Listed Company (if not the Applicant itself) \_\_\_\_\_

Stock Exchange where listed \_\_\_\_\_ Security ISIN \_\_\_\_\_

### **Part II - OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY**

Name & Address of the Ultimate Beneficial Owner [UBO]	PAN or any other identification proof where PAN not applicable	Country of tax residency	% of beneficial interest in the Applicant	Whether Politically Exposed?	UBO Code (see instruction next page)
(1)					
(2)					
(3)					

If UBO is already KYC compliant, KYC complied proof to be enclosed. Else PAN or any other valid identity proof and address proof must be attached (self certified by the UBO and certified by the Applicant)

### **Part III - DECLARATION**

We understand that Eastern Financiers Ltd. is relying on this information for the purpose of determining the beneficial ownership of the account. We certify that the information we provided on this form is true and complete to the best of our knowledge and belief. We agree to submit a new form within 30 days if any information or certification on this form gets changed.

✓

\_\_\_\_\_  
Authorised Signatory [with seal]

Date :

Place :

**In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit.**



## **GENERAL INFORMATION & INSTRUCTIONS**

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

Ultimate Beneficiary Owner [UBO]:

### **A. For Investors other than individuals or trusts:**

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
  - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
  - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
  - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

### **B. For Investors which is a trust:**

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

### **C. Exemption in case of listed companies/foreign investors**

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/ MIRSD/ 11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

### **UBO Code Description**

- UBO-1 : Controlling ownership interest of more than 25% of shares or capital or profits of the Applicant, where the Applicant is a company
- UBO-2 : Controlling ownership interest of more than 15% of the capital or profits of the Applicant, where the Applicant is a partnership
- UBO-3 : Controlling ownership interest of more than 15% of the property or capital or profits of the Applicant, where the Applicant is an unincorporated association or body of individuals
- UBO-4 : Natural person exercising control over the Applicant through other means i.e., exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]
- UBO-5 : Natural person who holds the position of senior managing official [In case no natural person could be identified as above]
- UBO-6 : The settler(s) of the trust
- UBO-7 : Trustee(s) of the Trust
- UBO-8 : The Protector(s) of the Trust [if applicable].
- UBO-9 : The beneficiaries with 15% or more interest in the trust if they are natural person(s)
- UBO-10 : Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

## AUTHORITY LETTER FOR RUNNING ACCOUNT

To

**Eastern Financiers Ltd.**

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

"LORDS", Suite No. 102 & 104, 7/1, Lord Sinha Road, Kolkata - 700 071

Dear Sir,

1. With reference to my/our trading account opened with you, I/we request you to maintain a running account and securities on my/our behalf without settling the account on settlement of each transaction. I/We further request you to retain all amounts and securities receivable by me/us until specifically requested by me/us to be settled within one working day of request, if the same is lying with Eastern Financiers Ltd. & within 3 working days from the request if the same is lying with clearing member / clearing corporation.
2. I/we understand and agree that no interest will be payable to me/us on the funds so retained with you.
3. I/we may be trading in derivatives segment & cash segment of various Exchanges and hence have various accounts with you. In this regard I/we hereby authorize Eastern Financiers Ltd. to act at its discretion of adjusting any credit balance under my/ our various accounts against the debit in any account across segments/Exchange, without taking any further instruction from me/us.
4. I/we authorize you to set off a part or whole of the margin deposited by me/us against any of my / our dues, by appropriating relevant amount of fund or by sale of securities which form part of margin.
5. I/we authorize you to pledge/re-pledge my/our securities as margin with the appropriate authorities as per the procedure prescribed by the Regulators and Market Intermediaries from time to time.
6. I/we may revoke the authorisation at any time by giving a written notice.
7. I/we also agree that the actual settlement shall be done by us, at least once in a quarter or month and the statement of account for the same will be provided to me by Eastern Financiers Ltd.
8. I/we agree that fund given towards collaterals/margins in form of bank guarantee (BG) / Fixed Deposit Receipts (FDR) may not be periodically settled.
9. I/we agree that (a) in respect of derivatives market transactions, the Trading Member may retain the requisite funds on settlement date) to take care of any margin obligation arising in next 5 days, calculated in the manner specified by the Exchange, (b) in respect of cash market transactions, the Trading Member may retain entire pay-in obligations of **T day & T-1 day** funds due from me/us as on the date of settlement to take care of margin obligation in next 5 days, calculated in the manner specified by the Exchange.
10. I/we agree/understand that there shall be no inter-client adjustment for the purpose of settlement of the running account.
11. There must be a gap of maximum 90 / 30 days (as per the choice of the client viz. Quarterly / Monthly) between two running account settlements.
12. Apart from margin liability as on the date of the settlement, in all segments, additional margins (maximum upto 125% of margin requirement on the day of settlement), i.e. 225% of the total Margin requirement after excluding the margin on consolidated crystallized obligation, where applicable.
13. I/we shall bring any dispute arising from the statement of account or settlement so made to the notice of the Trading Member preferably **within 30 working days** from the date of receipt of funds/securities or statement as the case may be.

### PREFERENCE OF CLIENT FOR SETTLEMENT OF RUNNING ACCOUNT (FUNDS & SECURITIES)

Settlement Preferences	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
------------------------	----------------------------------	------------------------------------

Thanking you,

Yours truly,

✓

Signature of the Client

**VOLUNTARY**

## MANDATE TO ISSUE DOCUMENTS IN ELECTRONIC FORMAT

To

**Eastern Financiers Ltd.**

"LORDS", Suite No. 102 & 104

7/1, Lord Sinha Road

Kolkata - 700 071

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

Dear Sir,

**Ref. : Mandate to issue Contract Notes, Daily Margin Statement, Quarterly Statement of Account and any other document in electronic format.**

I/We hereby agree and consent to accept the contract notes for transaction carried on by me/us with you and the quarterly statements of funds and securities, (hereinafter referred to as "quarterly statement"), daily margin statement and any other documents in terms of the agreement entered into between us, in electronic form on my/our email ID given here-in-under. My/our non-verification or not accessing the contract notes, daily margin statement and quarterly statement on regular basis shall not be a reason for disputing the contract notes, daily margin statement and quarterly statements at any time. This instruction to issue digital contract notes, daily margin statement and quarterly statements is applicable with immediate effect.

I/We agree that any change in my/our e-mail ID will be communicated to you through a physical letter.

I/We am also aware that copies of the contract notes are also available on the website <http://www.easternfin.com> for which I/we will be provided the user ID and password. I/We also agree that non-receipt of bounce mail notification by you shall amount to delivery at my/our email account. I/We also agree not to hold you responsible for late/non-receipt of contract notes sent in electronic form and any other communication for any reason including but not limited to failure of email services, loss of connectivity, email in transit etc. I/We agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me/us and such dispatch shall not be disputed by me/us on account of any non-receipt/delayed receipt for any reason whatsoever. In case of non-receipt of mails the same shall be intimated to EFL immediately in writing.

Thanking you,

Yours truly,

✓ \_\_\_\_\_  
Signature of the Client

Email Id \_\_\_\_\_

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

**VOLUNTARY**

## DECLARATION FOR MOBILE NUMBER

To  
**Eastern Financiers Ltd.**  
"LORDS", Suite No. 102 & 104  
7/1, Lord Sinha Road  
Kolkata - 700 071

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

Dear Sir,

I, \_\_\_\_\_ do hereby declare that my Mobile Number is \_\_\_\_\_. Further, I authorize EFL that the same may be used for giving me any information/alert/sms/call.

Or

We, \_\_\_\_\_ do hereby declare that Mr. \_\_\_\_\_ having mobile number \_\_\_\_\_ is authorized on our behalf to receive information/alert/sms/call on our behalf.

I/We undertake to EFL and confirm to use my/our own judgement in taking a call and execute trade in the identified securities according to my/our financial strength/capabilities and shall not hold EFL responsible for any loss suffered by me/us on account of executing or omitting to execute any trades in pursuance of the SMS alerts and/or investment advises sent by EFL. I/We further declare that the above mentioned statement is true and correct.

Thanking you,

Yours truly,

3 \_\_\_\_\_  
Signature of the Client

## ENROLMENT OF AADHAAR NO. WITH DEMAT ACCOUNT & TRADING ACCOUNT

To  
**Eastern Financiers Ltd.**  
"LORDS", Suite No. 102 & 104  
7/1, Lord Sinha Road  
Kolkata - 700 071

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

Dear Sir,

I am enclosing a photo copy of Aadhaar Card (self-attested) to get it enrolled and seeded against my Demat Account No. \_\_\_\_\_ & Trading Account No. \_\_\_\_\_.  
I voluntarily give my consent to EASTERN FINANCIERS LTD. to use my Aadhaar details to authenticate from UIDAI and link the Aadhaar Number to all my existing accounts with your Company.

Thanking you,

Yours truly,

3 \_\_\_\_\_  
Signature of the Client

**VOLUNTARY**

## DECLARATION / LETTER OF UNDERSTANDING

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

To

**Eastern Financiers Ltd.**

"LORDS", Suite No. 102 & 104

7/1, Lord Sinha Road

Kolkata - 700 071

Dear Sir,

1. I/We agree not to hold EFL liable or responsible for delay or default in performance of your obligations due to contingencies beyond your control such as fire, flood, civil commotion, earthquake, riots, war strikes, failure of systems, failure of internal links, government/regulatory actions or any other contingencies beyond your control.
2. I/We am/are agreeable for inter-settlement transfer of securities towards settlements.
3. All fines/penalties and charges levied upon EFL due to my acts/deeds or transactions may be recovered by EFL from my account.
4. Any queries related to my/our contract note shall be brought to the notice of EFL within 24 hours of the receipt of the contract note.
5. I/We hereby authorize EFL not to provide me Order Confirmation/ Modification/ Cancellation slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We hereby request EFL to kindly accept my/our verbal orders/ instructions over phone and execute the same. I/We understand the risk associated with placement of verbal orders and accept the same. In case I wish to withdraw this consent I shall inform EFL in writing and get the same acknowledged by EFL at least one week in advance from the date of withdrawal.
6. I/We will be extending all co-operation to EFL in their endeavour towards Anti Money Laundering. EFL may initiate any enquiry against me/us and/or my/our transactions any time without any legal implication whatsoever against them.
7. I/We understand that information about me/us and my/our transactions may be reported by EFL to FIU/concerned authorities without any intimation to me/us and have no objection to the same.
8. I/We undertake that if I/we fail to deliver any one or more securities to the pool account of EFL in respect of the securities sold by me/us before the pay-in date notified by the Exchange from time to time, such undischarged obligation in relation to delivering any one or more securities shall be deemed to have been closed out at the auction price or close-out price, as may be debited to EFL in respect of the security for the respective settlement, otherwise the close out price on the date of pay-out in respect of the relevant securities, declared by the Exchange. The loss, if any, on account of the close out shall be borne by me/us.
9. I agree to EFL tape-recording the conversation between me and EFL officers in its absolute discretion, whether personally or over the telephone. Such recordings may be relied upon by EFL as and when required and I agree not to challenge the evidentiary value of such recordings.
10. I hereby authorize EFL to debit my account with depository services charges, bank charges on account of dishonor of cheques, stop payment instruction charges, demand draft/ pay order/PGP charges. NEFT/RTGS charges, settlement/ professional charges (for as may be applicable to NRIs), research service/message fee, trading platform charges, application money and processing charges for mutual funds, initial public offerings/follow on public offerings, rights issue, fixed deposit(s), money market instruments etc. generally various investment avenues / products, processing fees/charges towards contract note/statement of account etc. and any other such or similar fees / charges as may become applicable from time to time.

Thanking you,

Yours truly,

✓ \_\_\_\_\_  
Signature of the Client

**VOLUNTARY**

**My/Our request for trading in commodity forward contracts/  
commodity derivatives on NSE and BSE as your client**

To

**Eastern Financiers Ltd.**

"LORDS", Suite No. 102 & 104

7/1, Lord Sinha Road, Kolkata - 700 071

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

Dear Sir,

I/We, the undersigned, have taken cognizance of NSE & BSE Circulars and guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits prescribed from time to time by NSE, BSE or SEBI and such position limits will be calculated in accordance with the contents of above stated circulars of NSE and BSE as modified from time to time.

I/We undertake to inform you and keep you informed if I/any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUFs/ Trusts in which I or any of above such person is a partner/director/karta/trustee, takes or holds any position in any commodity forward contract/commodity derivative on NSE, BSE through you or through any other member(s) of NSE, BSE to enable you to restrict our position limit as prescribed by the above referred circulars of NSE & BSE as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me/us as your clients on NSE, BSE only on the basis of our above assurances and undertaking.

Thanking You,

Yours faithfully,

\_\_\_\_\_  
Signature of Client

**Registration for Commodity Options**

To

**Eastern Financiers Ltd.**

"LORDS", Suite No. 102 & 104

7/1, Lord Sinha Road, Kolkata - 700 071

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

Dear Sir,

I/We, Mr. \_\_\_\_\_ Client Code \_\_\_\_\_  
intend to trade in Commodity options subject to regulatory requirement of the exchange and SEBI from time to time.

I/We further confirm having read and understood the contents of additional Risk Disclosure Documents. I/We have also been informed that the standard set of documents has been displayed for information on Member's designated website, if any.

We confirm that you have agreed to enter orders in commodity options for me/us as your client on NSE, BSE only on the basis of our above undertaking.

Thanking You,

Yours faithfully,

\_\_\_\_\_  
Signature of Client

**VOLUNTARY**

To  
**Eastern Financiers Ltd.**  
"LORDS", Suite No. 102 & 104  
7/1, Lord Sinha Road  
Kolkata - 700 071

Sir,

This is with reference to my/our trading account opened with you; I/we request you arrange facility of receiving email and/or mobile alert facility issued by Exchange in compliance with regulation and guidelines issued by concern authorities from time to time.

Email Facility	Service Required - YES    NO
Email ID	
Owned by    - Name	
- PAN Number*	
Relationship with Client	
Signature of the Client	✓
SMS Facility	Service Required - YES    NO
Mobile Number	
Owned by    - Name	
- PAN Number*	
Relationship with Client	
Signature of the Client	✓

\* Please specify the Name and PAN detail in case email id and/or Mobile Number is other than that of the client.

In this regards we state the following :

1. This is to further confirm that it will be my/our responsibility that my/our Email ID and/or Mobile Number are active and the relevant Inbox is not full. Further, the trading member will not be held liable for the mails and / or SMS alert not received.
2. I/we undertake that any change in my/our Email ID and/or Mobile Number shall be communicated to you in writing through a physical letter.
3. I/we agree that this authority shall be valid, until it is revoked by me/us at any time by giving a written notice to Eastern Financiers Ltd.

✓ \_\_\_\_\_  
Signature of Client

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## FAMILY FLAG DECLARATION OF CLIENTS

### Format of Request

[Please tick (✓) wherever applicable]

#### FIRST HOLDER

DP ID		Client ID		Date	
Name of account 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					

#### SECOND HOLDER

DP ID		Client ID		Date	
Name of account 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					

#### THIRD HOLDER

DP ID		Client ID		Date	
Name of account 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					



**Voluntary information provided by the client in relation to the Prevention of Money Laundering Act, 2002**

Name of the Client : \_\_\_\_\_

If Business / Profession : Nature of business : \_\_\_\_\_

Industry : \_\_\_\_\_

Details of my/our Relatives, having account with EASTERN FINANCIERS LTD. :

Name	Relationship	UCC (Client Code)
1.		
2.		

Details of the Corporate / Partnership Firm / Trust etc. where I/We am/are affiliated

Name	Entity Type	Nature of Business	Relationship	UCC (Client Code)
1.				
2.				

I/We hereby submit and agree to submit every year any one of the following documents to EASTERN FINANCIERS LTD., before the due date as prescribed by EASTERN FINANCIERS LTD. :

1. Profit and Loss Account & Capital Account
2. Balance Sheet
3. Self attested copy of Income Tax Return (If return not available, I/we will furnish Form 16)
4. Copy of Form 16 in case of Salary Income
5. Any other document providing financial details of the client

I/We hereby declare that I/We do not fall under Clients of Special Category as defined in Prevention of Money Laundering Act 2002, **OR**

I/We hereby declare that I/We fall under Clients of Special Category as defined in Prevention of Money Laundering Act, 2002 (choose the relevant category as under)

Non Resident Client, High Net-worth Clients, Trust, Charities, Non- Governmental Organisations (NGOs) and organizations receiving donations, Companies having close family shareholdings or beneficial ownership, Politically Exposed Persons, Companies Offering foreign exchange offerings, Clients in high risk countries where existence/ effectiveness of money laundering controls is suspect, Non face to face clients, Clients with dubious reputation as per public information available etc.

I/We confirm that I/We will immediately inform EASTERN FINANCIERS LTD. in case I/We am/are convicted under any grounds or any action is taken against me/us by any authority(ies).

I/We intend to invest in the stock market with : ☐ Own Funds ☐ Borrowed Funds

(If Borrowed Funds, then please specify below Sources of funds :)

Sources of Borrowed Funds (if any)	Amount (₹)

(Certificated / Opinion Report from the Banker / Financial Institution confirming that there has been no default in the client's account is to be attached, which I/We agree to attach herewith.)

I/We hereby declare that I/We am/are beneficial owner of the Trading / On-line account opened with EASTERN FINANCIERS LTD., and that I/We am/are investing my/our own funds with EASTERN FINANCIERS LTD.

✓

Client Signature

Client's Name

**FOR OFFICE USE ONLY**

Risk categorisation of client as per PMLA, 2002 : High Risk Medium Risk Low Risk

**VOLUNTARY**

## Acknowledgement for the receipt of documents for Demat & Trading Account

From :

Dated : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To

**Eastern Financiers Ltd.**

"LORDS", Suite No. 102 & 104

7/1, Lord Sinha Road

Kolkata - 700 071

Dear Sir,

This is to acknowledge and declare that

- I/We have received a photocopy of the KYC (full booklet), duly executed with you, to my/our satisfaction including my / our Unique Client Code (Trading Code).
- I/We have (☐ Physically ☐ Electronically) received, read and understood the Rights & Obligations, Risk Disclosure Documents, Guidance Note.
- I/We have received, read and understood the Policies and Procedures.
- I/We have received a photocopy of Power of Attorney (POA) / DDPI.
- The email id noted with you (for ECN and other purposes) is correct.

Thanking you,

Yours truly,

✓ \_\_\_\_\_

Signature of the Client

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

Client ID \_\_\_\_\_

**Eastern Financiers Ltd.***Give us your worries...Take home the returns***EASTERN FINANCIERS LIMITED CIN : U65999WB1986PLC041392****Registered Office Address :**

14, India Exchange Place, 2nd Floor, Kolkata-700 001  
Phone : (033) 4010-4242, Fax : (033) 2230-6993

**Corporate Office Address :**

7/1, Lord Sinha Road, "Lords", Suite No. 102 & 104, Kolkata - 700 071  
Phone : (033) 4000-6800

Email ID : [ig@eflmail.com](mailto:ig@eflmail.com)

**Whole Time Directors' Name, Phone No. & Email ID :**

Mr. Ajoy Agarwal, (033) 4000-6802, [ajayagarwal@easternfin.com](mailto:ajayagarwal@easternfin.com)  
Mr. Abhishek Agarwal, (033) 4010-4503, [abhishek@easternfin.com](mailto:abhishek@easternfin.com)  
Mr. Ambrish Agarwal, (033) 4000-6801, [ambrish@easternfin.com](mailto:ambrish@easternfin.com)

**Compliance Officer's Name, Phone No. & Email ID :**

Ms. Reena Khetan, 4000-6809, [reena.k@easternfin.com](mailto:reena.k@easternfin.com)

SINGLE SEBI REGN. NO. INZ000193733 DT.13.08.2018 (For NSE & BSE)  
SEBI REGN. NO. FOR DP : IN-DP-634-2021

For any grievance/dispute please contact EFL at the above address or email us at the Investor  
Grievance Email ID : [ig@eflmail.com](mailto:ig@eflmail.com) or call us at +91 33 40006800  
In case not satisfied with the response, please contact the concerned exchange(s)

**NSE** [ignse@nse.co.in](mailto:ignse@nse.co.in) 022 – 2659 8190 **BSE** [ig@bseindia.co.in](mailto:ig@bseindia.co.in) 022 – 2272 1233  
**SEBI** [investorcomplaints@sebi.gov.in](mailto:investorcomplaints@sebi.gov.in) 022 – 2644 9000  
**NSDL** [relations@nsdl.co.in](mailto:relations@nsdl.co.in) 022 – 2499 4200

**Clearing Member for NSE-CDS, NSE-COMMODITY & BSE-COMMODITY  
SMC GLOBAL SECURITIES LTD.**

Registered & Correspondence Office address :  
11/6B, Shanti Chambers, Main Pusa Road, New Delhi - 110 005  
Phone : (011) 2575-4391, 3011-1000 / 1333, Fax : (011) 2575-4365  
E.mail : [smc@smcindiaonline.com](mailto:smc@smcindiaonline.com), Website : [www.smctradeonline.com](http://www.smctradeonline.com)  
SEBI Registration No. INZ000199438 dt.12.09.2018

**DISCLOSURE INFORMATION OF PROPRIETARY TRADING**

To increase transparency in the dealings between us as a Trading Member and you as a Client we do hereby disclose that apart from Client based trading. We also do Proprietary Base Trading (Self Account) in ALL SEGMENTS of ALL EXCHANGES in which we are members.  
You are requested to please take a note of the same.

**Corporate Office**

"Lords", 7/1, Lord Sinha Road,  
Suite Nos. : 102 & 104, 210  
Kolkata - 700 071  
Ph : (033) 4000 6800

**Registered Office**

14, India Exchange Place  
(2nd Floor)  
Kolkata - 700 001  
Ph : (033) 4010 4242  
Fax : (033) 2230 6993

**E-mail** : [ig@eflmail.com](mailto:ig@eflmail.com) • **Website** : [www.easternfin.com](http://www.easternfin.com) • **CIN** : U65999WB1986PLC041392