PHILLIP VENTURES IFSC PVT. LTD.

CLIENT REGISTRATION FORM – FOR NON-INDIVIDUALS

SEBI Reg No - INZ000263333

(Stock Broker for operating in GIFT IFSC)

Registered office address: Unit No. 521, 522, Signature Building, 5th floor, Block 13B, Zone I, Gift SEZ, Gandhinagar - 382355, Gujarat, INDIA.

Ph: 079 - 66518002

Email : phillipifsc@phillipcapital.in

'CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity/ Other than Individuals

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* D D – M M – Y Y Y Y Date of Commencement of Business D D – M M – Y Y Y Y

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 (PoI)* (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 see 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 City / Town / Village*
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 City / Town / Village*
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 (Please refer Instruction **G** at the end)

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

[Signature / Thumb Impression]

Signature / Thumb Impression of Authorised Person(s)

Date : D D – M M – Y Y Y Y Place:

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date D D – M M – Y Y Y Y

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

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

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

1 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.

2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.

3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.

4 '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.

5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

6 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

1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.

2 Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for filling 'Contact Details' section

1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).

2 Do not add ‘0’ in the beginning of Mobile number.

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

1 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.

2 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.

3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.

4 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.

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

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

List of ISO 3166 two digit Country Code

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

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

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 (To be filled by financial institution) Application Type* ☐ New ☐ Update ☐ Delete
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' & 'Name' is mandatory*

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor ☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ 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
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				

Date of Birth* D D – M M – Y Y Y Y

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)

PAN* ☐ 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 (anyone 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 Aadhaar
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar

☐ PHOTO*

Address

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

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and 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 (anyone 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 Aadhaar
II ☐ E-KYC Authentication
II ☐ Offline verification of Aadhaar
IV ☐ Deemed PoA
V ☐ Self Declaration

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 communication will be sent on provided mobile no. / 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 I 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 : D D — M M — Y Y Y Y Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

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

KYC VERIFICATION CARRIED OUT BY

Date D D — M M — Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

PHILLIP VENTURES IFSC PVT. LTD. (Phillip Ventures)

ADDITIONAL KYC DETAILS FOR OPENING A TRADING ACCOUNT

(NON INDIVIDUALS)

A. BANK ACCOUNT(S) DETAILS

Bank Name	Branch address	Bank account no.	Account Type: Saving/Current/ Others-In case of NRI/NRE/NRO	MICR Number	IFSC code

B. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant /Commodity Participant Name	Depository Name (NSDL/CDSL/Comtrack Participant/ComRIS Participant)	Beneficiary name	DP ID	Beneficiary ID (BO ID)

GST Registration Number :-_____
(GST Registration Certificate needs to be attached as proof). NOTE : For availing GST credit, providing GST number is mandatory.

C. TRADING PREFERENCES

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

Exchange	**Cash Segment**	**Derivatives segment (including Commodity Options)**	**Currency Derivatives segment**	**Securities Lending and Borrowing (SLB)**	**Mutual Funds (Online)**	**Corporate Bonds/Debts**
NSE						
BSE						

D. PAST ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities/commodities during the last 3 years	

E. DEALINGS OTHER STOCK BROKERS

Whether dealing with any other stock broker (in case dealing with multiple stock brokers, provide details of all)
Name of Stock Broker:_____
Client Code:_____ _____ Exchange: _____
Details of disputes/dues pending from/to such stock broker/ _____

F. ADDITIONAL DETAILS

Whether you wish to receive □ Physical contract note □ Electronic Contract Note (ECN) (Please specify): _____ { If ECN then please fill in ECN declaration}
Specify your Email id, if applicable: _____

Whether you wish to avail of the facility of Internet trading □ Wireless technology □
(Please specify): _____

Number of years of Investment / Trading Experience ____ (Years in stocks) _____(Years in Derivatives)____ (Years in Commodities)
No prior experience _____

In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others: _____ (Annex sheet separately)

G. Gross Annual Income in USD ($) (details (Please tick (√)

☐ Below 100k ☐ 100 – 500k ☐ 500k - 1 million ☐ 1 – 2.5 million ☐ > 2.5 million

OR

Net-worth in $ _____ as on date _____ dd/mm/yyyy (Net worth should not be older than 1 year)

H. Nature of Business (for non-individual): _____

I. Please tick, if applicable: ☐ Politically exposed person ☐ Related to a Politically exposed person.

In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others.

J. Whether you wish to receive alerts from Stock Exchanges: □ SMS □ Email □ Both SMS & Email

K. INTRODUCER DETAILS

Name of the Introducer: _____
Status of the Introducer □ Remisier □ Authorized Person □ Existing Client Others, please specify_____
Address and phone no. of the Introducer: _____
_____

Signature of the Introducer _____

DECLARATION AND UNDERTAKING

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 am/we 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.
4. I/we will give all the required documents as required/demanded by any statutory or regulatory authority or Phillip Ventures from time to time.
5. I/We am/are and will be in compliance with the laws/regulations etc of my/our country for trading in IFSC through Phillip Ventures IFSC Pvt Ltd.
6. I/we will comply with the rules, bye-laws, regulations, notifications, circulars, guidelines etc issued by regulatory/ statutory authority from time to time and shall indemnify Phillip Ventures incase of any non-compliance/violation in this regard.
7. I/we understand that Phillip Ventures is acting as my/our agent and cannot be held liable for transactions executed on the Exchange platform. In case Phillip Ventures does not receive payout of funds / securities/commodities/ collaterals from the Exchange / Clearing Corporation /Clearing House/Depository/Counterparty, then Phillip Ventures is not liable to give such payout to me/us and Phillip Ventures shall not be liable in whatsoever manner and I/we cannot and will not claim the same from Phillip Ventures. In case part payout is received from the Exchange / Clearing Corporation /Clearing House/Depository/ Counterparty, then I/we shall also get part payout and I/we cannot and will not claim the balance payout from Phillip Ventures.
   In case of fraud/violation/non-compliance of any type by any entity ie. entities involved in clearing and settlement other than Phillip Ventures in the process of transactions, clearing and settlement Phillip Ventures cannot and will not be held liable in whatsoever manner and I/we cannot and will not file any claim(s) of whatsoever nature against Phillip Ventures in this regard.
   Incase where pay-out of funds/securities/commodities is given by Phillip Ventures to me/us and Exchange / Clearing Corporation /Clearing House/Depository/ Counterparty takes back such pay-out, then Phillip Ventures has the right to take back the same from me/us and I/we will be liable to pay the same to Phillip Ventures.
8. I/we understand and agree that there is no fixed return in equities, commodities, currencies, derivatives or any other asset classes or segments traded on the exchange or OTC (Over the Counter) products. The principal or the initial investment (in cash or collateral or any other asset class) can also be lost fully and losses can be higher than initial investment.
9. I / We further confirm that I / We have also read and understood the various risks associated with trading in various segments / products of the securities market and other markets and trading/investment decision is my/our sole responsibility.
10. I/we submit to the exclusive jurisdiction of the Courts exercising jurisdiction over the International Financial Service Centre.

Place ----------
Date ----------

_____
Signature of Authorized Signatory (ies)

***Form need to be signed by all the authorized signatories.**

FOR OFFICE USE ONLY

UCC Code allotted to the Client: _____

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Date			
Signature			

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

Date …….

……..
Signature of the Authorised Signatory

Seal/Stamp of the Stock Broker

INSTRUCTIONS/ CHECK LIST

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

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

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

2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.

3. *As per SEBI Circular No. IMD/HO/FPIC/CIR/P/2017/003 dated 4th January, 2017, registered FPIs ("FPIs"), proposing to operate in IFSC, shall be permitted, without undergoing any additional documentation and/or prior approval process

4. Demat master or recent holding statement issued by DP bearing name of the client.

5. For individuals:
   a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
   b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

6. For non-individuals:
   a. Form need to be initialized by all the authorized signatories.
   b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

CONTROL CUM TARIFF SHEET

DATE :		ACCOUNT NO. :		MUM :	

Name of Client :	

Introduced By :		IB / DSA (Name & Code NO.)	MUM- /		
RM:		Sub Broker Code:		Branch:	
Currency RM		SBU			

Orders to be received by (Name and Signature)		
	Primary Dealer	Secondary Dealer
Name		
Signature		

Category: 2 ☐ 3 ☐ T + 7 ☐ Yes ☐ No Auto Square Off Yes ☐ No ☐

Account Type (Please Tick)	Direct	ODIN	Online	Omnesys
Cash / Derivatives Segment				

Brokerage Schedule

Capital Market Segment (Cash)

Trading	Brokerage (Cash)	For BO Use (Table No.)
1st Leg	%	
2nd Leg	%	
Minimum	Paise	

Capital Market Segment (Delivery)

Delivery	Brokerage (Delivery)	Brokerage (SLBM)	For BO Use (Table No.)(Delivery)	For BO Use (Table No.) (SLBM)
Default	%	%		
Minimum	Paise	Paise		

Equity Derivatives Segment :

Normal	Brokerage (Future)	Brokerage (Option)	For BO Use (Table No.)
1st Leg	%	%	
2nd Leg	%	%	
Life (2nd Leg upto Expiry)	%	%	
Exercise Asignment	%	%	
Minimum	Paise	Paise	

Currency Derivatives Segment

Normal	Futures	Options	For BO Use (Table No.)
1st Leg	%	%	
2nd Leg	%	%	
Life (2nd Leg upto Expiry)	%	%	
Exercise Asignment	%	%	
Minimum	Paise	Paise	

Statutory/regulatory charges as applicable from time to time shall be charged separately to the client.
Other charges as levied by Phillip Ventures IFSC Pvt Ltd and intimated to the client.

Proposed by (Sign with R.Stamp of IB / Emp)	Client's signature	Approved By

Note: All the highlighted fields are mandatory fields to be filled in.

(Letterhead of the company)

EXTRACT OF THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF (CONSTITUENT NAME) HELD ON (DATE OF THE MEETING) AT (VENUE OF THE MEETING)

"RESOLVED THAT the Company appoints Phillip Ventures IFSC Pvt. Ltd. as the Trading Member for India International Exchange (IFSC) Limited ("INDIAINX") and NSE IFSC Limited ("NSE IFSC") to execute trades on behalf of the company.

RESOLVED FURTHER THAT (Name of the authorized signatories), Authorized Signatories be and are hereby authorized, severally, to execute sign and issue all/ any such Applications, Agreements, Power of Attorney, indemnities, Documents, writings, instruments and all Renewals that Phillip Ventures IFSC Pvt. Ltd may require from time to time for the aforesaid purposes.

RESOLVED FURTHER THAT the common seal of the Company be affixed in the presence of any of the above Directors/Authorized Signatories, on all the necessary documents.

RESOLVED FURTHER THAT a copy of the foregoing resolution, certified as true copy by any Director be given to Phillip Ventures IFSC Pvt. Ltd for their record and that Phillip Ventures IFSC Pvt. Ltd be and hereby authorized to all such acts, deeds and things as may be necessary to give effect to this resolution."

Certified to be true copy

For **(Constituent name)**

1. Director

2. Director

(To be signed by atleast 2 directors)

(ON THE LETTERHEAD OF THE COMPANY)
LIST OF ULTIMATE BENEFICIAL OWNERS

Sr. No.	Name & Address of the Beneficial Owner (Natural Person)	Date of Birth	Tax Residency Jurisdiction	Nationality	Whether acting alone or together through one or more natural persons as group, with their name and address	BO Group's percentage Shareholding / Capital / Profit ownership in the FPIs	Tax Residency Number/ Social Security Number/ Passport Number of BO/ any other Government issued identity document number (example driving license) (Please provide any)

For _____*<Name of applicant>*

Director/Authorised Signatory
Name : _____ Date : _____
Designation : _____ Place : _____

Note:
The beneficial owner shall be determined as under—
(a) where the client is a company, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means. Explanation.—For the purpose of this sub-clause—
1. Controlling ownership interest" means ownership of or entitlement to more than twenty-five per cent of shares or capital or profits of the company;
2. "Control" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
(b) where the client is a partnership firm, the beneficial owner is the natural person(s) who, whether acting alone or together, or through one or more juridical person, has ownership of entitlement to more than fifteen per cent of capital or profits of the partnership;
(c) where the client is an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen per cent. of the property or capital or profits of such association or body of individuals;
(d) where no natural person is identified under (a) or (b) or (c) above, the beneficial owner is the relevant natural person who holds the position of senior managing official;
(e) where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with fifteen per cent 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.

On the company Letterhead)

Annexure A

List of Authorized Signatories with Specimen Signature as per Board Resolution dated _____

SR NO	NAME & ADDRESS	DESIGNATION: NATIONALITY: DATE OF BIRTH: PASSPORT NO:	PHOTOGRAPH	SIGNATURE

For _____*<name of applicant>*

Name : _____ Date : _____

Designation : _____ Place : _____

Note:

i. *To be signed by atleast 2 directors*

ii. *Photographs required only in case of Category II FPIs*

SELF-CERTIFICATION FOR ENTITIES FOR FATCA / CRS

Part I

A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange? 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. _____	☐ Yes ☐ No
B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India? If "yes", then please fill of FATCA/ CRS Self certification Form as per PART II. If "No", proceed to point C	☐ Yes ☐ No
C. Is the account holder an Indian Financial Institution? If "yes", please provide your GIIN, if any. If "No", proceed to point D	☐ Yes ☐ No
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? If "yes", (then please fill FATCA/ CRS self-certification form as per PART II) If "No", proceed to sign the declaration	☐ Yes ☐ No

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.

(This clause is applicable only if the account holder is identified as a non US person).

(ii) I/We understand that Phillip Ventures IFSC Pvt. Ltd. (PVIPL) is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. PVIPL is not able to offer any tax advice on FATCA/CRS or its impact on me/us. 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 PVIPL may also 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 taxpayer identification number of the applicant.

Signature (as per MOP)	
Name of Account Holder	
Date	

Part II

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards (CRS)

Section 1: Entity information

Name of Entity	
Client Code /Client ID	
Address	
Entity Constitution Type (Refer Appendix 2)	
Entity Identification type (Refer Appendix 2)	☐ T ☐ G ☐ C ☐ E ☐ O
Entity Identification No (based on entity identification type)	
Entity Identification issuing country	
Country of Residence for tax purpose	

Section 2: Classification of Non-Financial entities

I/We (on behalf of the entity) certify that the entity is:

a) An entity incorporated and taxable in US (Specified US person)	☐ Yes ☐ No
If "Yes", please provide your U.S. Taxpayer Identification Number (TIN)	
b) An entity incorporated and taxable outside of India (other than US)	☐ Yes ☐ No
If "Yes", please provide your TIN or its functional equivalent	
Provide your TIN issuing country	
c) Please provide the following additional details if you are not a Specified US Person	
FATCA / CRS classification for Non-financial entities (NFFE)	
Active NFFE	☐
Passive NFFE without any controlling Person	☐
Passive NFFE with Controlling Person(s)	☐
Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus PVIPL is not required to do the reporting). Please provide GIIN number _____	☐

Section 3: Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is

a. An entity is a U.S. financial institution	☐ Yes ☐ No
If "Yes", (i) Please provide your Taxpayer	

Identification Number (TIN)	
Please provide GIIN, if any	
If "No", please tick one of the following boxes below:	
FATCA classification	**Please provide the Global Intermediary Identification number (GIIN) or other information where**
Reporting Foreign Financial Institution in a Model 1 applicable Inter-Governmental Agreement ("IGA") Jurisdiction	☐
Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction	☐
Participating FFI in a Non-IGA Jurisdiction	☐
Non-reporting FI	☐
Non-Participating FI	☐
Owner-Documented FI with specified US owners	☐

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 (Refer Appendix 2)					
Identification Number					
Occupation Type (Refer Appendix 2)					
Occupation					
Birth Date					
Nationality					
Country of					

Birth					

Section 5: Declaration

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

1. The number shown on this form is the correct taxpayer identification number of the applicant, and

2. 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

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

(ii) I/We understand that PVIPL is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. PVIPL is not able to offer any tax advice on CRS or FATCA or its impact on me/us. 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, PVIPL shall be required to comply 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:

Signature (as per MOP)	
Names and designation of Signatories	
Name of Account Holder	
Date	
PAN Number of Account Holder	

(Company Seal, if applicable, to be affixed)