

# Client Registration Kit (Individual & Non-Individual)

**Making Money**

**Differently**

NAME: \_\_\_\_\_ A/C. OPENING DATE \_\_\_\_\_

\_\_\_\_\_  
UCC / TRADING  
CLIENT CODE

\_\_\_\_\_  
BRANCH CODE /  
RM / AP

\_\_\_\_\_  
FILING / GROUP  
CODE

\_\_\_\_\_  
HOD



AN ISO 9001:2008 CERTIFIED COMPANY  
CIN : U74999WB2006PTC109903

**REGISTERED & CORRESPONDENCE OFFICE**

32/A, Diamond Harbour Road, Shakherbazar, Kolkata - 700 008  
T 033 2445 6442 | CC 033 6606 3000 | F 033 6606 3041  
E info@achieversequitiesltd.com | W www.achieversequitiesltd.com

PLEASE READ "ACPL" AS "ACHIEVERS COMMERCIAL PRIVATE LTD" WHERE EVER IT APPEARS.

Compliance Officer Name, Tel. No. & Email ID : Pankaj Kumar Das. 033 6606 3000. pankaj.das@achieversind.com  
CEO Name, Tel. No. & Email ID : Suman Chakrvarthy., 033 6606 3000. suman.chakrvarthy@achieversequitiesltd.com

**CLEARING MEMBER OF MCX**

**SMC Comtrade Ltd**

Registered Office : 11/6B , Shanti Chamber, Pusa Road, New Delhi-110005  
FMC UMC Code : MCX/TCM/CORP/0385, SEBI Reg. No. INZ000035839

**SEBI & FMC REGISTRATION NUMBERS & DATE**

FMC	MCX/TM/CORP/1610	17-03-2008
SEBI	INZ000050830	23-05-2016

**INVESTOR GRIEVANCE**

For any grievance/dispute, please contact ACPL at the above address or email us at our investor grievance  
Email ID : grievance@achieversequitiesltd.com and call us at +91 33 6606 3028.  
*In case not satisfied with the response, please contact the concerned exchange(s)*

MULTI COMMODITY EXCHANGE OF INDIA LIMITED	<a href="mailto:grievance@mcxindia.com">grievance@mcxindia.com</a>	022 6731 8888
FORWARD MARKETS COMMISSION - FMC	<a href="mailto:contact.fmc@nic.in">contact.fmc@nic.in</a>	022 2279 5300

Disclosure of Proprietary Trading pursuant to SEBI Circular No. : SEBI/HO/CDMRD/DMP/CIR/P/2016/49 dated April 25, 2016, MCX Circular No. : MCX/T&S/123/2016 dated April 26, 2016 and MCX Circular No.: MCX/T&S/147/ 2016 dated May 17, 2016.

We, Achievers Commercial Pvt Ltd, are not engaged in Proprietary trading apart from Client based business



AN ISO 9001:2008 CERTIFIED COMPANY

## Dear Investor,

Greetings from Achiievers Commercial Private Limited!

We would like to take this opportunity to thank you for choosing to register with Achiievers Commercial Private Limited (ACPL). It will be our pleasure to meet your needs and offer you a hassle-free trading experience.

To help you with better service we would require your co-operation in completing the relevant forms and submitting the relevant documents required to meet regulatory norms. We have tried to make the form as simple as possible and comprehensive which will be helpful as you go along.

Feel free to reach us at any point of time for any assistance in filling up the form and we assure to for a prompt response and guidance.

Looking forward to a continued relationship.

Regards,  
Team Achiievers.

For assistance call **033 6606 3000 / 1860 420 3333**

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

S.NO.	NAME OF THE DOCUMENT	BRIEF SIGNIFICANCE OF THE DOCUMENT	PG. NO.
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2	<b>KNOW YOUR CLIENT (KYC) APPLICATION FORM</b>	KYC form - Document captures the basic information about the constituent	<b>A-1 TO A-12</b>
		Document captures the additional information about the constituent relevant to trading account	
3	<b>TARIFF SHEET</b>	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the Commodity Exchange(s)	<b>A-13</b>
4	<b>UNIFORM RISK DISCLOSURE DOCUMENT (RDD)</b>	Document detailing risks associated with dealing in the commodities market.	<b>B-1 TO B-3</b>
5	<b>RIGHTS AND OBLIGATIONS OF MEMBERS, AUTHORIZED PERSONS AND CLIENTS</b>	Document stating the Rights & Obligations of member, Authorized Person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	<b>B-4 TO B-7</b>
6	<b>DO'S AND DON'TS FOR THE INVESTORS</b>	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	<b>B-7 TO B-8</b>

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To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

Dear Sir / Madam,

- I/We would request you to register me/us as your Client.
- I/We would request you to update my KYC informations.

In this regard I/we furnished herewith the required details & documents.

(01)  


**SIGNATURE OF THE CLIENT**

**BASIC INFORMATION FOR CLIENTS BEFORE FILLING THE FORM & INPERSON VERIFICATION**

Fill in English <b>BLOCK</b> letters with black ink only
All correction /overwriting should be counter signed by client
Provide all necessary documentary proofs (as per document checklist) .Documents should not be more than 3 months old
Name of the client on all documents should be match with name in KYC form
Client signatures on documentary proofs: Client signatures should match with sign on PAN card / DL / Passport (in case of individual) or account opening payment cheque.
Photocopies of a photograph will not be accepted. Photograph submitted should be passport size, front facing and with a plain background. Client should sign across in such a manner where part of the signature is on the photo and other part is on the form.
Registered sub-broker / AP signature with stamp if any
Provide unique email id & mobile number
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.
Demat master or recent holding statement issued by DP bearing name of the client.

## A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in commodity derivatives on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a regional language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FIPB/FEMA guidelines and other applicable statutory approvals), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted along with other statutory approvals required for investment in commodities.
10. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

## B. Proof of Identity (POI)

List of documents admissible as Proof of Identity:

1. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
3. Identity card issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

## C. Proof of Address (POA)

List of documents admissible as Proof of Address:

(Note: Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
5. Identity card/document with address, issued by any of the following: Central / State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
6. The proof of address in the name of the spouse may be accepted.

## D. Exemptions to PAN

(Note: Sufficient documentary evidence in support of such claims to be collected.)

1. Transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the State of Sikkim (subject to the continued exemption granted by Government).

## E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

(02)  


SIGNATURE OF THE APPLICANT

## DOCUMENTARY REQUIREMENTS FOR OPENING NON-INDIVIDUAL TRADING ACCOUNTS

Types of Ently	Documents Required
<b>HUF</b>	<ul style="list-style-type: none"> <li>• PAN Card of HUF Ently</li> <li>• PAN Card, Photograph &amp; proof of Address of Karta</li> <li>• Self Declaration by Karta / Deed of Declaration of HUF giving details of family members including Co-parceners with their names, sex, date of Birth &amp; relationship with Karta</li> <li>• Proof of Correspondence &amp; Registered Office Address*</li> <li>• Proof of Bank Details</li> </ul>
<b>CORPORATE (Domestic or Foreign)</b>	<ul style="list-style-type: none"> <li>• Proof of Bank Details</li> <li>• Certified Copies of Memorandum/Articles of Association and Incorporation Certificate (bearing Stamp &amp; Signature of Registrar)</li> <li>• Certified True Copy of Board Resolution (on company's letterhead) duly certified by Chairman / Managing Director / Director / Company Secretary, for investment in Equity Markets along with the names of the persons authorized to deal in commodity derivatives on behalf of the company</li> <li>• Copy of Balance Sheets for the last 2 financial years (to be submitted every year)</li> <li>• Copy of latest share holding pattern including list of all those holding control, Copy of latest share holding pattern including list of all those holding control, duly certified by Company Secretary / Whole time Director / MD (to be submitted every year)</li> <li>• Net worth certificate details, list of Directors as on date on Company letterhead, Ilst of authorized signatory on company letterhead.</li> <li>• PAN Card Photograph Proof of Identity &amp; Address and DIN numbers of                             <ul style="list-style-type: none"> <li>(a) Whole-time Directors / Two Directors in charge of day to day operations</li> <li>(b) Individual Promoters holding control - either directly or indirectly</li> </ul> </li> <li>• Proof of Correspondence &amp; Registered Office Address*</li> <li>• Proof of Bank Details</li> </ul>
<b>PARTNERSHIP FIRM</b>	<ul style="list-style-type: none"> <li>• PAN Card of Partnership Firm</li> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>• Certificate of registration (for registered partnership firms only)</li> <li>• Copy of partnership deed.</li> <li>• Copy of partnership deed. Photographs to be signed by all the Partners.</li> <li>• PAN Card, Photograph, Proof of Identity &amp; Address of Partners.</li> <li>• Proof of Correspondence &amp; Registered Office Address*</li> <li>• Proof of Bank Details</li> </ul>

<p><b>TRUST</b></p>	<ul style="list-style-type: none"> <li>• PAN Card of the Trust</li> <li>• Certificate of Registration of Trust (for registered trust only)</li> <li>• Copy of Trust Deed</li> <li>• List of Trustees certified by Managing Trustees / C.A.</li> <li>• Certified True Copy of Resolution passed by Board of Trustees (on Trust's letterhead) duly certified by Managing Trustees, for investment in Commodity Markets along with the names of the persons authorized to deal in commodity derivatives on behalf of the Trust</li> <li>• Copy of Balance Sheets for the last 2 financial years (to be submitted every year)</li> <li>• Copy of Balance Sheets for the last 2 financial years (to be submitted every year)</li> <li>• Proof of Correspondence &amp; Registered Office Address*</li> <li>• Proof of Bank details</li> </ul>
<p><b>SOCIETY (Registered Society)</b></p>	<ul style="list-style-type: none"> <li>• PAN Card of the Society</li> <li>• Copy of Certificate of Registration under the Societies Registration Act, 1860.</li> <li>• Certified List of Managing Committee members.</li> <li>• Certified List of Managing Committee members letterhead) duly certified by Managing Committee Members, for investment in Commodity Markets along with the names of the persons authorized to deal in Commodity Markets along with the names of the persons authorized to deal in</li> <li>• True copy of Society Rules and Bye Laws Certified by the Chairman / Secretary</li> <li>• PAN Card, Photograph &amp; Proof of Identity &amp; Address of Managing Committee Members</li> <li>• PAN Card, Photograph &amp; Proof of Identity &amp; Address of Managing Committee Members*</li> <li>• Proof of Bank details</li> </ul>
<p><b>GOVERNMENT BODY</b></p>	<ul style="list-style-type: none"> <li>• Self-certification on letterhead of the Government Body</li> <li>• List of authorized signatories along with their photograph and specimen signatures on the letterhead of the Government Body</li> <li>• Proof of Correspondence &amp; Registered address*</li> <li>• Proof of Bank details</li> </ul>
<p><b>GOVERNMENT BODY PARTNERSHIP (LLP)</b></p>	<ul style="list-style-type: none"> <li>• Registration Certificate granted by Registrar to LLP under the LLP Act, 2008</li> <li>• Declaration (on LLP's letterhead) giving the details Names, Addresses and DPIN [Designated Partner Identification Number allotted by the Registrar for each designated partner], along with their signatures and photographs, duly signed by all designated partner/s clearly stating that within named persons, who are designated partners of the LLP, have been nominated as Authorized Signatories to open and operate the trading account on behalf of the LLP</li> <li>• PAN Card of the LLP</li> <li>• Proof of Correspondence &amp; Registered Office address</li> <li>• Proof of Bank Details</li> </ul>

**\* Proof of Address as prescribed by SEBI / FMC / MCX as per the Checklist must be submitted**

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

**Important Instructions:**

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

**For office use only**

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

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

<input type="checkbox"/> Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	DD MM	YYYY		
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"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector)	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorized			

**PHOTO**

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence\*

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

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

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

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input checked="" type="checkbox"/> C- PAN Card	<input type="text"/>	Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

**4. PROOF OF ADDRESS (PoA)\***

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

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

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

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)

Voter Identity Card  NREGA Job Card  Others  please specify

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3

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



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

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

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

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

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

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

**5. CONTACT DETAILS** (All communications will be sent on provided)

Tel  -  Tel. (Res)  -  Mobile  -   
 Fax  -  Email ID

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

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)   
 Related Person Type\*  Guardian of Minor  Assignee  Authorised Representative  
 Name\*  Prefix  First Name  Middle Name  Last Name   
 (If KYC number and name are provided, below details of section 6 are optional) el. (Off)

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

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

**7. REMARKS (If any)**

Mobile no. / Email-ID (Please refer instruction F at the end)

**8. APPLICANT DECLARATION**

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

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

Date :  -  -  Place :

Signature / Thumb Impression

Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies

**KYC VERIFICATION CARRIED OUT BY**

**INSTITUTION DETAILS**

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

Name   
 Code

(Employee Signature)

(Institution Stamp)



**Annexure B1**

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

**Important Instructions:**

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

**For office use only**      Application Type\*     New     Update  
 (To be filled by financial institution)    KYC Number     (Mandatory for KYC update request)

**1. DETAILS OF RELATED PERSON** (Please refer instruction G at the end)

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

Related Person Type\*     Guardian of Minor     Assignee     Authorised Representative

Prefix    First Name    Middle Name    Last Name

Name\*               

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

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

A- Passport Number        Passport Expiry Date     -  -

B- Voter ID Card   

C- PAN Card   

D- Driving Licence        Driving Licence Expiry Date     -  -

E- UID (Aadhaar)   

F- NREGA Job Card   

Z- Others (any document notified by the central government)        Identification Number   

S- Simplified Measures Account - Document Type code        Identification Number   

**2. APPLICANT DECLARATION**

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

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

Date :  -  -     Place :

Signature / Thumb Impression

Signature / Thumb Impression of Applicant

**3. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received     Certified Copies

**KYC VERIFICATION CARRIED OUT BY**

Date     -  -

Emp. Name   

Emp. Code   

Emp. Designation   

Emp. Branch   

(Employee Signature)

**INSTITUTION DETAILS**

Name   

Code   

(Institution Stamp)



**KNOW YOUR CLIENT (KYC) APPLICATION FORM**

**FOR INDIVIDUALS**

PLEASE FILL THIS FORM IN ENGLISH IN BLOCK LETTER AND IN BLACK INK ONLY

**A. IDENTITY DETAILS**

Name of the Applicant			<b>PHOTOGRAPHY</b>  Please affix the recent passport size photograph and sign across it
Father's / Spouse Name		Mother's Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth	
Nationality	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National		
PAN Unique Identification Number (UID) / Aadhaar, if any			
Specify the proof if Identity submitted :			

**B. ADDRESS DETAILS**

<b>Address for Correspondence</b>			
City / Town / Village	Pin Code	State	Country
<b>Contact Details</b> Tel.(Office)	Tel. (Resi.)	Mobile	
Fax	E-mail		
<b>Specify the proof of address submitted for correspondence address</b>			
Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant):			
City / Town / Village	Pin Code	State	Country
<b>Specify the proof of address submitted for permanent address</b>			

**C. OTHER DETAILS**

<b>Gross Annual Income Details (please specify) : Income Range per annum :</b> <input type="checkbox"/> 0-1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs <b>or NET-WORTH as on</b> (date) ___/___/____ (Rs.) _____ (Net worth should be older than 1 year)			
<b>Occupation (please tick any one and give brief details)</b> <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____			
<b>Please tick, if applicable</b> <input type="checkbox"/> Political Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)			
<b>Any other information:</b> _____			

**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.

D	D	M	M	Y	Y	Y	Y

(03)

**SIGNATURE OF THE APPLICANT**

**FOR OFFICE USE ONLY**

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

For **Achievers Commercial Pvt Ltd**

**Authorised Signatory**

Date .....

**Seal/Stamp of the intermediary**

www.achieversequitiesltd.com

**KNOW YOUR CLIENT (KYC) APPLICATION FORM**

**FOR NON-INDIVIDUALS**

PLEASE FILL THIS FORM IN ENGLISH IN BLOCK LETTER AND IN BLACK INK ONLY

**A. IDENTITY DETAILS**

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

**B. ADDRESS DETAILS**

<b>Address for Correspondence</b>			
City / Town / Village	Pin Code	State	Country
<b>Contact Details</b> Tel.(Office)		Tel. (Resi.)	Mobile
Fax	E-mail		
<b>Specify the proof of address submitted for correspondence address</b>			
Registered Address (if different from above):			
City / Town / Village	Pin Code	State	Country
<b>Specify the proof of address submitted for registered address</b>			

**C. OTHER DETAILS**

<b>Gross Annual Income Details (please specify) :</b> Income Range per annum : <input type="checkbox"/> 0-1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
<b>NET-WORTH</b> as on (date) ___/___/___ (Rs.) _____ (*Net worth should be older than 1 year)
<b>Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:</b> _____
<b>DIN/UID of Promoters/Partners/Karta and whole time directors:</b> _____
<b>Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:</b> Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)
<b>Any other information:</b> _____

**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.

D	D	M	M	Y	Y	Y	Y

(04)

SIGNATURE OF THE APPLICANT

**FOR OFFICE USE ONLY**

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

For **Achievers Commercial Pvt Ltd**  
**Authorised Signatory**

Date .....

Seal/Stamp of the intermediary

**DETAIL OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS**

Particulars	1st	2nd	3rd
<b>Name</b>			
<b>Designation</b>			
<b>PAN</b>			
<b>Proof of Identity submitted</b>			
<b>Proof of Address submitted</b>			
<b>DIN of whole time directors</b>			
<b>Aadhaar number of Promoters / Partners / Karta</b>			
<b>Residential Address</b>			
<b>Photograph</b>	<p>PHOTOGRAPH</p> <p>Please affix the recent passport size photograph and sign across it</p>	<p>PHOTOGRAPH</p> <p>Please affix the recent passport size photograph and sign across it</p>	<p>PHOTOGRAPH</p> <p>Please affix the recent passport size photograph and sign across it</p>
<b>Signature with Rubber Stamp</b>			

Use additional sheet, If required.

PLEASE FILL THIS FORM IN ENGLISH IN BLOCK LETTER AND IN BLACK INK ONLY

**TRADING AND DEMAT ACCOUNT RELATED ADDITIONAL DETAILS**

**FOR INDIVIDUALS & NON-INDIVIDUALS**

BANK ACCOUNT(S) DETAILS			
	Primary Bank Details for Trading & DP	Secondary Bank Details (If any for Trading a/c only)	
	First Account (Default)	Second Account	Third Account
Bank Name			
Branch Name			
Branch Address			
Bank Account No.			
Account Type <i>Saving/Current / Others - In case of NRI/NRE/NRO</i>			
MICR Number			
IFSC Code			

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

**ADDITIONAL DETAILS FOR OPENING TRADING ACCOUNT**

**FOR INDIVIDUALS & NON-INDIVIDUALS**

**A. BANK ACCOUNT DETAILS**

Bank Name and Branch Address	Bank Account No.	Account Type	MICR No.	IFSC Code

Note: Please provide a copy of cancelled cheque leaf/ pass book/ bank statement specifying name of the client, MICR Code or/ and IFSC Code of the bank

**B. DEPOSITORY ACCOUNT DETAILS**

Depository Participant Name:	Depository Name (NSDL/CDSL)	Beneficiary Name	DP ID	Beneficiary ID (BO ID)

Note: Please provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

**C. TRADING PREFERENCES**

Name of the National Commodity Exchange	Date of Consent for Trading on concerned Exchange	Signature
Multi Commodity Exchange of India Ltd (MCX)		

**D. INVEST / TRADING EXPERIENCE**

No Prior Experience
  \_\_\_\_\_ Years in Commodities  
 \_\_\_\_\_ Years in other investment related fields

**E. SALES TAX REGISTRATION DETAILS (As applicable, State wise)**

Sr. No.	Sales Tax	Name of the State	Registration Number	Validity Period Upto
1	Local Sales Tax			
2	Central Sales Tax			
3	Others (Specify)			

**F. VAT DETAILS (As applicable, State wise)**

Sales Tax	Name of the State	Registration Number	Validity Period Upto
Local Sales Tax			
Central Sales Tax			
Others (Specify)			

**G. PAST REGULATORY ACTIONS**

Please provide details of any actions / proceedings initiated / pending / taken by FMC / SEBI / Stock Exchange / Commodity Exchange / any other authority against the client or its Partners / Promoters / Whole Time Directors / Authorized Persons in charge during the last 3 years:  
 \_\_\_\_\_

**H. DEALINGS THROUGH OTHER AUTHORIZED PERSONS (APs)/ MEMBERS**

If client is dealing through any other Member, provide the following details (in case dealing with multiple Members, provide details of all in a separate sheet containing all the information as mentioned below):

Member's / AP Name: \_\_\_\_\_

Exchange: \_\_\_\_\_

Exchange Registration No.: \_\_\_\_\_

Concerned Member's Name with whom the AP is registered: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Client Code: \_\_\_\_\_

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

Website: \_\_\_\_\_

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

**I. INTRODUCER DETAILS (Optional)**

Name of the Introducer: \_\_\_\_\_  
(Surname) (Name) (Middle name)

Status of the Introducer:  Authorized Person  Existing Client  Employee  
 Others, please specify.....

Address of the Introducer: \_\_\_\_\_

Phone No. of the Introducer: \_\_\_\_\_ Signature of the Introducer: \_\_\_\_\_

Mobile No. of the Introducer: \_\_\_\_\_

**J. ADDITIONAL 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 receive the standard documents - Rights and Obligations, Risk Disclosure Document (RDD) and Guidance note - physically or electronically, (please specify) : \_\_\_\_\_

Whether you wish to avail the facility of internet trading/wireless technology (please specify): \_\_\_\_\_

Number of years of investment/ Trading experience \_\_\_\_\_

In case of non-individuals, name, designation, PAN, UID, signature, residential address and photograph of person authorized to deal in securities on behalf of company/firm/others: \_\_\_\_\_

Any other information \_\_\_\_\_

Please note that these documents are also available in certain vernacular languages on demand.

Whether you wish to avail of the facility of internet trading / wireless technology (please specify)  
 YES  NO


**NOMINATION FORM - TO BE FILLED IN BY INDIVIDUAL APPLYING SINGLE OR JOINTLY**




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


- [ ] I/We do not wish to nominate any one for this trading / demat account.  
 [ ] I/We nominate the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my/our death.

**REGN. No.:**

D	D	M	M	Y	Y	Y	Y




Full Name of the Nominee				Photograph of Nominee
PAN of the Nominee				
Address of Nominee				Signature of Nominee across Photograph
City	State	Country	PIN	
Phone		Fax		
Email ID			 Signature of Nominee	
Relationship with BO (if any)				
Date of Birth of Nominee :				

 (05)	 (01)	 (01)
SOLE / FIRST HOLDER SIGNATURE	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE

As the nominee is a minor as on date, to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders, I/We appoint following person to act as <b>Guardian</b> :				Photograph of Guardian (in case of minor)
Full name of Guardian of Nominee				
Address				
City	State	Country	PIN	Signature of Guardian across Photograph
Phone		Fax		
Email ID			 Signature of Guardian	
Relationship of Guardian with Nominee				

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.  
 Note : Two witnesses shall attest signature(s) / thumb impression(s)

Witness		
Name	Address	Signature with date
1.		
2.		

 (06)	 (02)	 (02)
SOLE / FIRST HOLDER SIGNATURE	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE

**DECLARATION**

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 tariff sheet and all voluntary/non-mandatory documents.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Do's and Dont's'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on Member's designated website, if any.

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

D D M M Y Y Y Y

--

PLACE

(07) 

SIGNATURE OF THE CLIENT / (ALL) AUTHORIZED SIGNATORY (ies)

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client		Client ID	
	<b>DOCUMENTS VERIFIED WITH ORIGINALS</b>	<b>CLIENT INTERVIEWED BY</b>	<b>IN-PERSON VERIFICATION DONE BY</b>
Name of the Employee/AP/SB			
Employee/AP/SB Code			
Designation			
Date			
Signature			

We undertake that we have made the client aware of tariff sheet and all the voluntary/non-mandatory documents. We have also made the client aware of 'Rights and Obligations' document (s), RDD, 'Do's and Dont's' and Guidance Note. We have given/sent him a copy of all the KYC documents. We undertake that any change in the tariff sheet an a e voluntary/non-mandatory documents would be duly intimated to the clients. 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.

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

D D M M Y Y Y Y

\_\_\_\_\_  
**SEAL / STAMP OF THE MEMBER**  
**SIGNATURE OF THE AUTHORISED SIGNATORY**



**TARIFF SHEET / BROKERAGE SLAB**

MVP BROKERAGE       Rs. 15/- Per Trade       Rs. 50/- Per Day

[ If selected attach separate sheet duly signed ]

<input type="checkbox"/> NORMAL BROKERAGE					
Exchange	SQ OFF		DELIVERY		Option (Per Lot)
	%	MIN(Rs.)	%	MIN(Rs.)	
MCX					

- **There will be minimum Contract Brokerage of Rs.20/- to be charged subject to maximum permitted by regulatory authority may change time to time.**
- **The account fees for opening of trading account is Rs.750/-** A self signed cheque should be issued by first holder only in the name of Achievers Commercial Pvt Ltd for Rs.750/- as the account opening charges only.
- **Call & Trade (MVP, Rs. 15/- per trade & Rs. 50/- per day trade) @ Rs. 20/- plus applicable taxes**
- Please note, after consent of ECN mandate there after to get physical copy of contract note client have to give request indicating the period for which client need the contract note. The charge for the same is Rs15/- per page plus Rs 25/- courier charges.

*(The above rates are exclusive of STT, Service Tax, Stamp Duty, SEBI Fee, Transaction Charges & other charges, if any, which will be separately charged as per applicable rates from time to time.)*

(08) 

**SIGNATURE OF THE CLIENT**



## ***VOLUNTARY DOCUMENTS***



To  
 ACHIEVERS COMMERCIAL PVT LTD  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata – 700008

D	D	M	M	Y	Y	Y	Y

Dear Sir / Madam

1. With reference to my/our trading account opened with you, I/we request you to maintain a running account for funds 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 Achievers Commercial Pvt 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 or securities so retained with you.
3. 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.
4. I/we hereby authorize you to pledge my / our securities deposited as margin or withheld by you as permitted in the running account and to deposit my / our funds deposited as margin to Exchanges / Clearing Corporations towards margin.
5. I/we may revoke the authorization at any time by giving a written notice.
6. I/we also agree that the actual settlement of fund and securities shall be done by us, at least once in a calendar quarter or month and the statement of account for the same will be provided to me by Achievers Commercial Pvt Ltd Such periodic settlement of running a/c may not be necessary
  - (A) for clients availing margin trading facility as per SEBI Circular, and
  - (B) For funds received from clients towards collaterals / margin in form of BG / FD receipts.
7. I/we agree that fund given towards collaterals/margins in form of bank guarantee (BG) / Fixed Deposit Receipts (FDR) may not be periodically settled.
8. I/we agree that
  - (A) in respect of derivatives market transactions, the Trading Member may retain the requisite securities / funds on settlement date to take care of any margin obligation arising in next 5 days, calculated in the manner specified by the Exchange,
9. I / we authorize you to retain an amount up to Rs.50, 000/- (consolidated amount across segments and across exchanges) for actual settlement of that respective traded quarter / month.
10. I/we agree/understand that there shall be no inter-client adjustment for the purpose of settlement of the running account.
11. 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 7 working days from the date of receipt of funds/securities or statement as the case may be.
12. For the clients having outstanding obligations on the settlement date, the Stock Broker may retain the requisite securities / funds towards such obligation and may also retain the fund expected to be required to meet margin obligation for next 5 trading days, calculated in the manner specified by the Exchanges.
13. The authorization shall be signed by the client only and not by any authorized person on his behalf or any holder of the Power of Attorney.
14. The actual settlement of funds and securities shall be done by the broker, at least once in a calendar quarter or month, depending on the preference of the client. While settling the account, the broker shall send to the client a 'statement of accounts' containing an extract from the client ledger for funds and an extract from the register of securities displaying all receipts/deliveries of funds/securities. The statement shall also explain the retention of funds/securities and the details of the pledge, if any
15. There must be a gap of maximum 90/30 days (as per the choice of client viz. Quarterly/Monthly) between two running account settlements.
16. For the purpose of settlement of funds, the mode of transfer of funds shall be by way of electronic funds transfer viz., through National Electronic Funds Transfer (NEFT), Real Time Gross Settlement (RTGS), etc.
17. The required bank details for initiating electronic fund transfers shall be obtained from new clients and shall be updated for existing clients. Only in cases where electronic payment instructions have failed or have been rejected by the bank, then the stock broker may issue a physical payment instrument.
18. Statement of accounts containing an extract from client ledger for funds & securities along with a statement explaining the retention of funds/securities shall be sent within five days from the date when the account is considered to be settled.
19. I/We further declare that this authorization will remain in force unless revoked earlier by me/us in writing.

Settlement Preferences       Monthly       Quarterly

Thank You  
 Yours Faithfully

\_\_\_\_\_  
 SIGNATURE OF THE CLIENT

**CONSENT LETTER FOR RECEIVING ALERTS, TRADING CALLS, RESEARCH REPORT ETC. ON MOBILE**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

Dear Sir / Madam,

I/We hereby give my/our consent to give me/us Alerts, Research Calls, Reports, News, Live Updates or any other information on my Email ID given earlier for Electronic Communication and also on my Mobile No. \_ \_ \_ \_ \_  
 \_ \_ \_ \_ .

This shall not be treated as violation of any DND or any other similar rules applicable from time to time. The number may be given to the exchange database also.

Further, I/we undertake to ACPL and confirm to use my/our own judgement in taking a view and execute trade in the identified security(s) according to my/our financial strength/capabilities and shall not hold ACPL responsible for any loss suffered by me/us on account of executing or omitting to execute any trades in pursuance of such communication and/or investment advises sent by ACPL.

I/We further declare that the above mentioned statement is true and correct.

Thanking you,  
 Yours faithfully,

[ ] SMS Research calls, News and Live Updates,  
 please tick to register for **MOBILE ALERT SMS**



**SIGNATURE OF THE CLIENT**

**AUTHORITY LETTER TO DEBIT THE DEMAT ACCOUNT OPERATING CHARGES**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

Dear Sir / Madam,

I/We have been dealing through you as my/our broker on Spot Market Segment / Commodity Futures Segment .

As my Broker, I/we authorize you to debit my/our trading account against charges raised by you on account of Depository Services provided by you or by \_\_\_\_\_ on account of Depository Services provided by them and bill raised by them in this regards. The details of Demat account(s) are as follows.

DEPOSITORY	DEPOSITORY PARTICIPANT ACCOUNT NO.	BENEFICIARY ACCOUNT NO.																
CDSL/NSDL	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
CDSL/NSDL	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
CDSL/NSDL	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

Thanking you,  
 Yours faithfully,



**SIGNATURE OF THE CLIENT**

**CONSENT LETTER FOR ELECTRONIC COMMUNICATION**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

Dear Sir / Madam,

**Sub: CONSENT LETTER FOR RECEIPT OF ECN, DAILY MARGIN STATEMENT & OTHER DIGITAL DOCUMENTS**

1. I/We hereby give my/our consent to receive Contract Notes/Trade Confirmation of the Trades executed by me/us, bills and/or Margin Statement and/or Account Statement and/or Notices and/or Circulars and/or amendments and/or such other correspondences and/ or documents in electronic form (Strike out whichever is not opted) with reference to SEBI circular no. MRD/Dop/SE/Cir-20/2005 dated September 08,2005 duly authenticated by means of a digital signature as specified in the Information Technology Act, 2000 and the Rules made there under, to my/our following email id(s):

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

Alternative Email Id : \_\_\_\_\_

- I/We hereby agree that Achievers Commercial Pvt Ltd shall fulfil their legal obligations, if the above documents are sent electronically to the above email id(s). I/We agree that ACPL will not be responsible for late /non-receipt of documents sent via electronic delivery due to change of email address / correspondence address as mentioned aforesaid. I/We also agree that ACPL shall not take cognizance of out-of-office / out-of-station auto replies. I/We shall be deemed to have received such electronic mails. I/We agree that the log reports of ACPL's dispatching software(s) shall be a conclusive proof of dispatch of such documents to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me/us on account of any non-receipt/delayed receipt for any reason whatsoever. I/We am/are also aware that copies of such documents including contract notes are also available on the official web- site of ACPL, for which I/we will be provided with a User ID and Password. In case of non receipt of documents by mail, I/We shall intimate the same to ACPL immediately in writing. In case I wish to withdraw this facility, I shall inform ACPL in writing at least one week in advance from the date of such withdrawal.
- I/We hereby agree that non-receipt of bounced mail notification by ACPL shall amount to delivery of the Contract Notes and other documents at above mentioned email id(s). In case ACPL receives bounced mail notification, ACPL is obliged to send the Physical Contract Notes and other documents within prescribed time.
- I/We shall ensure that the above mentioned email ID(s) are kept valid and any change in the said email ID(s) shall be communicated to ACPL in writing. ACPL shall verify the same and confirm to me/us about the change.

Thanking you,  
 Yours faithfully,

(12) 

**SIGNATURE OF THE CLIENT**

Access to the following Research Services, please tick to register for **EMAIL ALERTS**

Fundamental       Technical       Others

**Note:** We have created your Internet Back Office Login and Password. To access your Online Account, go to our website www. Click on link "Online Accounts" on the homepage. You will be prompted for your Login ID and password. Your Login ID is your Client Code and default password will be sent with welcome mail. Kindly ensure that you change your password during your first login.

**ELECTRONIC PAYOUT REQUEST**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

Dear Sir / Madam,

I/We furnish below the details of my Bank Account to enable the transfer of funds payable to me/us against sale of commodities/ Credit Balances in my account.

<b>Client Name as per Bank's Records</b>	
Bank Name :	
Branch Name :	
Bank A/c. No. :	
Nature of A/c. :	<input type="checkbox"/> Current A/c <input type="checkbox"/> Savings A/c <input type="checkbox"/> Others (Specify) .....
Bank's IFSC Code (RTGS / NEFT) :	
Bank's MICR Code :	

Name of Joint Account Holder (if any) : \_\_\_\_\_

I/We enclose herewith the latest bank statement as supporting document mentioning my/our name as the account holder. An original Cheque for the above account is enclosed for verification of relevant details.

I/We agree and understand that Achievers Commercial Pvt Ltd (ACPL) would be free to decide the mode of payment viz. either as direct credit to my/our bank account mentioned above by way of NEFT/RTGS/Fund Transfer or by way of Account Payee Cheque in my/our favor as per Cheque print name registered with you.


I/We agree that that Achievers Commercial Pvt Ltd (ACPL) shall have the sole discretion to decide on the date of commencement of the direct fund transfer facility by way of NEFT/RTGS/Fund Transfer as mentioned above.

I/We agree to communicate, without any delay any change in my/our bank account for the above-mentioned purpose. I/We agree to send a fresh request for replacement of our bank a/c subject to the above terms.

I/We agree that if any funds are moved to my/our account that are not due to us for any reasons including but not limited to an error or fraud, I/We undertake to immediately return the funds to you.

I/We solely responsible for any losses and/or delayed credit arising out of any mistake by me/ us in quoting a/c no, a/c type, a/c name, bank name, branch name, IFSC code & MICR Code or updating you for any changes therein.

Thanking You,  
 Yours faithfully,

(13) 

**SIGNATURE OF THE CLIENT**

**BANK VERIFICATION LETTER**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

THIS IS TO CERTIFY THAT Mr. / Ms. / M/s. \_\_\_\_\_ (Name of the Client)  
 is holding a Savings / Current account no. \_\_\_\_\_  
 jointly with \_\_\_\_\_ with our branch since  
 \_\_\_\_\_. We further confirm that the photograph herein bears true likeness to the identity of the above-  
 mentioned person and that the address of the person is as given below. The MICR Code of the branch is  
 \_\_\_\_\_

Photograph (Bank Stamp across photograph)	Signature of the client	Address (Bank Stamp across address)

Name & Designation of Bank Manager \_\_\_\_\_  
 Employee Code: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Attestation Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Stamp of the Bank & the Branch

**LETTER IN CASE TRADING ACCOUNT IS TO BE MAPPED WITH JOINT BANK ACCOUNT**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y


This is with reference to application for opening of trading account / the trading account code \_\_\_\_\_ opened by Mr.  
 /Ms. \_\_\_\_\_ with ACPL  
 The bank account no. \_\_\_\_\_ with \_\_\_\_\_ (name of  
 bank) proposed to be linked to the abovementioned trading account is in the joint names of  
 \_\_\_\_\_ as the first holder, \_\_\_\_\_ as second holder  
 and \_\_\_\_\_ as third holder.

We hereby confirm that we have no objection with regard to mapping the said bank account with the above mentioned  
 trading account. We also confirm that we are aware that transfer of funds shall be effected to and from the above  
 mentioned bank account and that we do not have any objection to transfer of such funds, towards transaction in the said  
 trading account

Yours Faithfully,

(14) 

**1ST HOLDER SIGNATURE**

(03) 

**2ND HOLDER SIGNATURE**

(03) 

**3RD HOLDER SIGNATURE**

*Note: Please enclose self attested signature proof of all the account holders.*



**AUTHORITY TO PLACE INSTRUCTIONS WITH ACPL ON MY/OUR BEHALF**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

I/We hereby authorize the following persons whose specimen signatures are appended hereunder to give instructions/ place orders with ACPL for buying and selling on spot market segment/commodity future segment on my/our behalf.

SL. NO	NAME	MOBILE NUMBER	SPECIMEN SIGNATURE

(15) 

**SIGNATURE OF THE CLIENT**

**AUTHORITY TO SIGN, EXECUTE AND OR / ACKNOWLEDGE ANY DOCUMENT**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

I/We hereby authorize the following persons whose specimen signatures are appended hereunder to sign, execute and / or acknowledge any document including Contract Notes, Statement of Margins and Statement of Accounts etc on my/our behalf.

SL. NO	NAME	MOBILE NUMBER	SPECIMEN SIGNATURE

(16) 

**SIGNATURE OF THE CLIENT**

**WAIVER OF DISCLAIMER CLAUSE FOR TECHNICAL CALLS**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

Dear Sir/ Madam,

Sub: Request for sending technical calls by SMS to my mobile no. \_\_\_\_\_ /  
 by email to my/our email id \_\_\_\_\_

I/We have registered as a client of Achievers Commercial Pvt Ltd with the aforesaid client code. I/We hereby request you to send me/us the technical calls through SMS on my mobile number mentioned above or by email on my designated email id. I/We have noted that incorporation of the standard disclaimer clause by ACPL will obstruct/delay the smooth transmission of the SMS message content / email and also put me/us into inconvenience. Accordingly, I/We hereby request you not to include any disclaimer clause and I/We declare that I/We will be bound by the said clause, which I/We have duly taken note of. I/We hereby agree and voluntarily waive the inclusion of the disclaimer (text mentioned overleaf) and I/We shall treat the same as part and parcel of the SMS message / email to be sent by you without such disclaimer at my/our request.

Thanking You,  
 Yours Faithfully,

(17) 

**SIGNATURE OF THE CLIENT**



**UNDERTAKING TO KEEP OPEN POSITION WITHIN PRESCRIBED LIMITS**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata – 700008.

D	D	M	M	Y	Y	Y	Y

**Sub: Undertaking to keep my/our, directly or indirectly, open position of commodity forward contracts / commodity derivatives at Multi Commodity Exchange of India Limited (MCX) within prescribed limit**

Dear Sir/ Madam,

I/We, the undersigned, have taken cognizance of circular no. MCX/338/2006 dated August 21, 2006 issued by the MCX on the 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 I/we will not exceed the position limits prescribed from time to time by MCX or Forward Markets Commission (FMC) and such position limits will be calculated in accordance with the contents of above stated circular of MCX as modified from time to time.

I/We undertake to inform you and keep you informed if I/we or any of my/our partner/director/karta/trustee or any of the partnership firm/company/HUF/ Trust in which I/we 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 MCX through you or through any other member(s) of MCX, to enable you to restrict my/our position limit as prescribed by the above referred circular of MCX 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 client on MCX only on the basis of my/our above assurances and undertaking.

I/We authorize you to liquidate my/our open position if I/we violate prescribed limits for net open position as prescribed by MCX/FMC from time to time.

I/We further undertake to bear any liability/penalty/charges levied by MCX/FMC for non-compliance of the aforesaid circular of MCX as modified from time to time.

(18) 

**SIGNATURE OF THE CLIENT**

Thanking You,  
 Yours faithfully,

**AUTHORITY FOR AUTO SQUARE OFF**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata – 700008.

D	D	M	M	Y	Y	Y	Y

**Sub: Auto Square off Letter**

Dear Sir/ Madam,

I/ We request you to grant me/us higher trade limit for executing intra-day trades.

I/We agree and undertake to square-off my open trades on the same day on or before 11.00 p.m. or such other time as may be informed to me/us through email or otherwise. In the event of my/our failure to square off all outstanding intraday trades by 11.00 p.m. or such other time as may be intimated to me/us from time to time, you are authorized to cancel all pending intraday orders and to square-off my/our open position on the same day at your discretion at market rate. If due to unavoidable situation, if my/our trade(s) is not squared-off, then I/we authorize you to square up the same on subsequent trading session at the Best Market Rate at your discretion.

Notwithstanding the above, I/we agree that if the mark to market losses on my/our intraday positions reaches the specified percentage of margin deposit, as may be intimated from time to time, the entire outstanding intraday positions of my/our future contracts may be closed /squared up by you on occurrence of such event.

If due to power failure, connectivity failure, circuit breakers, lack of market depth or any other reason, my/our open trade is not squared-off on the same day, you may square-off the same on the subsequent trading session.

I/ We agree that in all the above instances the resulting loss, if any, shall be fully borne by me/us.

(19) 

**SIGNATURE OF THE CLIENT**

Thanking You,  
 Yours faithfully,

**DISCLAIMER CLAUSE**

**VOLUNTARY**

1. Short-term trading on the basis of technical calls is a high risk and skill oriented venture and may result in huge losses also. Traders doing so are doing at their own risk. We are not responsible for any damages. For any buy/sell position, specific stop loss should be maintained.
2. Mostly it is not advisable to buy/sell a commodities if it touches the target price first and then comes within recommended range of buy/sell.
3. Try to book partial profit at the first target & hold remaining position for the second target.
4. For Short term call stop loss is maintained on closing basis.

**DISCLAIMER**

This communication is for the personal information of the authorised recipient and is provided for assistance only, and is not intended to be, and must not be taken as the basis for an investment decision or considered as an investment or financial advice nor should this communication be construed as an advice to buy or sell or as a solicitation to buy or sell the commodities if any referred to herein. The intent of this communication is not recommendatory in nature. This communication has been prepared for the general use of the clients of the Achievers Commercial Private Ltd (ACPL) and must not be copied, either in whole or in part, or distributed or redistributed to any other person in any form. If you are not the intended recipient you must not use or disclose this communication in any way. Though disseminated to all the customers simultaneously, not all customers may receive this report at the same time. ACPL will not treat recipients as customers by virtue of their receiving this report. Neither this communication nor any copy of it may be taken or transmitted into the United States (to US Persons), Canada or Japan or distributed, directly or indirectly, in the United States or Canada or distributed, or redistributed in Japan to any residents thereof. The distribution of this communication in other jurisdictions may be restricted by applicable law in the relevant jurisdictions and persons into whose possession this document comes should inform themselves about and observe any such restrictions. In preparing this communication, the investment objectives, financial situation and particular needs of the recipient have not taken into account. This communication is based upon information obtained from sources believed to be reliable, but we do not make any representation or warranty that it is accurate, complete or up to date and it should not be relied upon as such. It is may be noted that none of the research analysts or any of the employees of ACPL are associated in preparation of this communication. This communication is based upon information obtained from sources believed to be reliable, but we do not make any representation or warranty that it is accurate, complete or up to date and it should not be relied upon as such. Neither ACPL nor its directors, employees, agents, representatives or any of its affiliates shall be liable for any damages whether direct or indirect, incidental, special or consequential including lost revenue or lost profits that may arise from or in connection with the use of the information contained in this report. The recipients of this communication should rely on their own investigations. This information is subject to change without any prior notice. ACPL reserves at its absolute discretion the right to make or refrain from making modifications and alterations to this statement from time to time. Before making an investment decision on the basis of this communication, the recipient needs to consider, with or without the assistance of an adviser, whether the advice is appropriate in light of their particular investment needs, objectives and financial circumstances. There are risks involved in commodities trading. The price of commodities can and does fluctuate, and an individual security may even become valueless. International investors are reminded of the additional risks inherent in international investments, such as currency fluctuations and international commodities market or economic conditions, which may adversely affect the value of the investment.

## LETTER OF AUTHORITY

VOLUNTARY

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

Dear Sir / Madam,

I/We hereby irrevocably confirm & agree that the Achievers Commercial Private Ltd. shall be entitled to set-off and adjust the moneys and/or securities/commodities owned of Achiiivers Equities Ltd/Achievers Commercial Private Ltd or any other group company by the following persons (family/associate accounts) against moneys and/or securities/commodities owned to me/us by ACPL.

SL. NO.	NAME	RELATIONSHIP	CLIENT CODE (FOR OFFICE USE ONLY)

In order to facilitate operations I/we hereby authorize you to set off the outstanding in any of the above mentioned accounts against credits available or arising in any of the above accounts irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of any Exchange and / or against the value of cash margin or collateral shares provided to you by any member(s) of the family.

I/We agree to intimate you from time to time of any additions or deletions of clients to the said family. I/We agree that any deletion shall take effect only on completion of settlement and adjustments of balances in all the accounts of the clients belonging to the said list.

In order to facilitate operations, I/we authorize the Member to maintain a running account instead of settlement to settlement clearance of dues or delivery of securities/commodities to me/us.

Thanking you,  
 Yours faithfully,

(20)  


**SIGNATURE OF THE CLIENT**

**CLIENT APPROVAL FOR AMOUNT DEDUCTION**

**VOLUNTARY**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

D	D	M	M	Y	Y	Y	Y

NAME
ADDRESS
CONTACT No.
EMAIL
BANK NAME
BRANCH NAME
AMOUNT IN FIGURES
AMOUNT IN WORDS
MICR / IFSC CODE
CHEQUE NO.

- I/We ..... permitting you to deduct the Account opening charge amounting Rs. .... from the given margin cheque (as mentioned above), and the residual figure to be treated as margin amount.
- I/We .....permitting you to deduct the VAS plan charge amounting Rs. .... from the given margin cheque (as mentioned above), and the residual figure to be treated as margin amount.
- I/We .....permitting you to deduct the Life Time offer charge amounting Rs. .... from the given margin cheque (as mentioned above), and the residual figure to be treated as margin amount.

[PLEASE TICK THE RELEVANT BOXES & STRIKE OFF WHICHEVER IS NOT APPLICABLE]

(21) 

**SIGNATURE OF THE CLIENT**

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



## FORMATS









AN ISO 9001:2008 CERTIFIED COMPANY

Achievers Commercial Private Limited

Registered Office :

32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008.

Tel. : +91 33 2445 6442, 6606 3000 | Fax : +91 33 6606 3041

Email : info@achieversequitiesltd.com

www.achieversequitiesltd.com

## CTCL INFORMATION SHEET

Dear Sir,

I/We request you to provide us with the Ids, based on the information filed below

A. Name of the Client:

B. Exchange and Segment [MCX]

C. Product using [ ] MCX DIET ODIN

Sr. No.	Particulars	Information
1	CTCL Address where the terminal shall be placed: (Compulsory mention the Pin code of the place along with state)	
2	Telephone No.: S T D -	
3	E-mail Id:	
4	Name as per PAN Card:	
5	Father's Name as per PAN Card:	
6	Date of Birth as per PAN Card: D D / M M / Y Y Y Y	
7	Residential address:	

Charges Applicable (Internet Base) are as Under

Commodity (MCX + NSEL) - Rs.250/- monthly (Diet Odin)

Signature for Acceptance

Please Mention below the Name and Code number of the Clients which Shall tentatively trade on this Id

Trading Code	Name & Address	Signature

\*\*All charges adjustable from Monthly Ledger and subject to change as applicable from Trading software vendor\*\*

**Confirmation Under The Foreign Account Tax Compliance Act (FATCA) For Determining Us Person Status**

[Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata – 700008.

D	D	M	M	Y	Y	Y	Y

APPLICANT INFORMATION	
Unique Client Code	Name

**FATCA DECLARATION FOR INDIVIDUAL CLIENTS**

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

**FOR INDIVIDUAL INVESTORS (Individual / Nri / Huf / On Behalf Of Minor / Proprietorship Firm)**

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

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

Spouse Name: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Tax Identification Number (TIN) allotted by Tax resident country: \_\_\_\_\_  
 TIN Issuing country: \_\_\_\_\_  
 Foreign Address: \_\_\_\_\_

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

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

Date: 

D	D	M	M	Y	Y	Y	Y

(22) 

Place:

**SIGNATURE OF THE CLIENT**



**Confirmation Under The Foreign Account Tax Compliance Act  
 (FATCA) For NON – Individual Accounts**

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata – 700008.

D	D	M	M	Y	Y	Y	Y

**APPLICANT INFORMATION**

Unique Client Code  Name

1. Country of Incorporation:

2. Nature of Business:

3. Services Provided:

4. Country of tax residence (other than India)  
 Please fill below table only if applicable ELSE select Not Applicable

Country of Residence for Tax Purpose (other than India)	Tax Identification No. (US TIN) or equivalent (Other)

5. Whether "Specified US Person" – Yes  No

**[Please fill up EITHER section 7 OR section 8, depending on your entity type. Please note that if both the sections 7 or 8 are left blank, the declaration would be rejected]**

6. Please fill up this section if entity is Non US Financial Institution (FFI):

- a. Registered Deemed Compliant FFI  
(Reporting Model 1 FFI)
- b. Participating FFI

Please provide GIIN (mandatory): \_\_\_\_\_

If GIIN is not available, please select:

- a. If GIIN is not available, please select:
- b. Deemed compliant FFI (Other than above mentioned categories)
- c. Exempt Beneficial Owner
- d. Non-Participating Foreign Financial Institution

7. Please fill up this section if entity is Non Financial Entity:

- a. Active NFFE
- b. Passive NFFE
- c. Direct Reporting NFFE

GIIN (mandatory if 'c' is selected): \_\_\_\_\_

8. Please fill below If applicable:

- Our company is a Listed Company listed on recognized stock exchange
- Our company is a subsidiary of the Listed Company
- Our company is controlled by a Listed Company

Details of Listed Company (if 2nd or 3rd option selected above):

- a. Name of Company: \_\_\_\_\_
- b. Stock Exchange on which listed: \_\_\_\_\_

**DECLARATION**

1. I / We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief correct and complete. In case of any change in the above given status on a future date, I/we undertake to inform I - Sec the same within 30 days.
2. I / We agree that if we are a Specified U.S. Person or tax resident of a reportable foreign jurisdiction (other than U.S.) or an entity with US Persons / foreign tax residents as UBO requiring reporting under FATCA/CRS or any other laws, our account details, as required under Inter Governmental Agreement (IGA)/ Multilateral Competent Authority Agreement (MCAA) signed by Indian Government, would be reported by I-Sec to the relevant tax authority.
3. I / We hereby confirm that details as provided above can be shared by I-Sec with the concerned Asset Management Companies (AMCs) or such other product providers, to whom FATCA/CRS norms are applicable, in whose schemes/ products we may invest/transact in future through I-Sec.

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

Designation: \_\_\_\_\_

(23) 

**SIGNATURE OF THE CLIENT**

For more details about FATCA, please refer US IRS website on - <http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>

If you are not sure about your entity's FATCA status, you are requested to contact your tax advisor

## DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP (UBO)

[Mandatory for all entities except listed company or subsidiary of / controlled by a listed company AND UBO holding is more than 25% (corporate) / 15% (entities other than corporate)]

To,

Name of Customer: \_\_\_\_\_

We hereby declare that there are no natural person/s who ultimately hold 25 % (a) or more of shares directly or indirectly; or exercise control/ influence, whether directly or indirectly through voting rights/ agreement/arrangement. Hence, there are no Controlling Persons including US or Foreign Citizens / Residents holding 25% (a) or more shares.

**OR**

We hereby declare that besides the persons mentioned in the below table there are no other natural person/s who ultimately hold 25 % (a) or more of shares directly or indirectly; or exercise control/ influence, whether directly or indirectly through voting rights/ agreement/ arrangement.

(You can take multiple copies of this page if details of more than 2 persons are to be mentioned)

Name						
Father's Name						
Gender	Male	Female		Male	Female	
Address with City, State, Postal Code & Country						
Date of Birth						
Country of Birth						
Nationality						
US Person (Y/N)						
Country of Tax Residency						
TIN or Equivalent No.						
Occupation Type	Service	Business	Others	Service	Business	Others
Share Holdings (%)*						
PAN						
ID Proof document submitted (PAN mandatory for Residents/NRIs)	PAN	Passport		PAN	Passport	
	Aadhaar	Others		Aadhaar	Others	
PAN of Guardian (Applicable only if UBO is minor and not having PAN - PAN card copy required)						
Relationship with Entity (Multiple Multiple be selected if multiple relationships)						
Address Proof document submitted						
UBO Code (Please refer below point no. 2 for UBO Code)						

(24)

**SIGNATURE OF THE CLIENT**

## DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP (UBO)

Notes: \* Nature of Beneficial Owner.

1. a. Shareholding > 25% (In case where juridical person is company) & > 15% (In case juridical person is Firm/ unincorporated association/ body of individuals/trust)
- b. Management Control.

If (a) Indicate the extent of shareholding.

For (b) mention the capacity in which engaged with the corporate.

@ The said natural person may act alone or together, or through one or more juridical person Promoter and controls are terms as defined under Companies' Act and SEBI regulations

2. UBO code for controlling person type.

UBO Code	Description
C01	CP of legal person-ownership
C02	CP of legal person-other means
C03	CP of legal person-senior managing official
C04	CP of legal arrangement-trust-settlor
C05	CP of legal arrangement-trust-trustee
C06	CP of legal arrangement-trust-protector
C07	CP of legal arrangement-trust-beneficiary
C08	CP of legal arrangement-trust-other
C09	CP of legal arrangement- other- settlor equivalent
C10	CP of legal arrangement- other- trustee equivalent
C11	CP of legal arrangement- other- protector equivalent
C12	CP of legal arrangement- other- beneficiary equivalent
C13	CP of legal arrangement- other- other equivalent
C14	Unknown

### Definitions:

The following definitions and content are based on relevant extracts taken from applicable laws and provided only for reference purposes and do not constitute tax advice. The applicable laws including these definitions are subject to change from time to time and local laws may define the meaning of certain terms differently. Clients should consider updated /local laws and seek appropriate external tax advice, where necessary.

1. **Specified U.S. Person:** The term "Specified U.S. Person" means a U.S. Person, other than:
  - I. A corporation the stock of which is regularly traded on one or more established securities markets
  - II. Any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i)
  - III. The United States or any wholly owned agency or instrumentality thereof
  - IV. Any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing
  - V. Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code
  - VI. Any bank as defined in section 581 of the U.S. Internal Revenue Code
  - VII. Any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
  - VIII. Any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64)
  - IX. Any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code
  - X. Any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code
  - XI. A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State
  - XII. A broker as defined in section 6045(c) of the U.S. Internal Revenue Code or
  - XIII. Any tax-exempt trust under a plan that is described in section 403(b) or section 457(b) of the U.S. Internal Revenue Code.

## DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP (UBO)

- 2. U.S. Person:** The term “U.S. Person” means a U.S. citizen or resident individual, a partnership or corporation organized in the United States or under the laws of the United States or any State thereof, a trust if (i) a court within the United States 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 an estate of a decedent that is a citizen or resident of the United States. This paragraph shall be interpreted in accordance with the U.S. Internal Revenue Code.
- 3. Financial Institution (FI):** The term “Financial Institution” means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company. [Note: A FFI (Foreign Financial Institution) thus would be a Non U.S. FI]
- 4. Investment entity:**
  - A.** An entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:
    - 1.** Trading in money market instruments (checks, bills, certificates of deposit, derivatives, etc.); foreign currency; foreign exchange, interest rate, and index instruments; transferable securities; or commodity futures
    - 2.** individual or collective portfolio management or
    - 3.** otherwise investing, administering, or managing funds, money, or financial assets on behalf of other persons
  - B.** An entity whose gross income is primarily attributable to investing, reinvesting, or trading and the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described in paragraph (A) or
  - C.** An entity that functions or holds itself out as a collective investment vehicle, mutual fund, exchange traded fund, private equity fund, hedge fund, venture capital fund, leveraged buyout fund, or any similar investment vehicle established with an investment strategy of investing, reinvesting, or trading in financial assets.
- 5. GIIN:** GIIN means a Global Intermediary Identification Number assigned to a participating FFI, registered deemed-compliant FFI, or a reporting Model 1 FFI for purposes of identifying such entity to withholding agents. All GIINs will appear on the IRS FFI list.
- 6. Registered Deemed Compliant FFI:** – An FFI that registers with the IRS to declare its status. Includes certain local banks, non-reporting members of participating FFI groups, qualified collective investment vehicles, restricted funds, and FFIs that comply with FATCA requirements under an agreement between the U.S. and a foreign government including a reporting Model 1 FFI that complies with a Model 1 IGA.
- 7. Reporting Model 1 FFI:** An FFI with respect to which a foreign government or agency thereof agrees to obtain and exchange information pursuant to a Model 1 IGA, other than an FFI that is treated as a nonparticipating FFI under the Model 1 IGA.
- 8. Participating FFI:** A participating FFI is a FFI, including a reporting Model 2 FI that has agreed to comply with the terms of an FFI agreement. The term participating FI also includes a Qualified Intermediary (QI) branch of a U.S. financial institution, unless such branch is a reporting Model 1 FFI.
- 9. Deemed-compliant FFI:** An FFI that is:
  - 1.** a registered deemed-compliant FFI
  - 2.** a certified deemed-compliant FFI
  - 3.** an owner-documented FFI or
  - 4.** a QI branch of a U.S. financial institution that is a reporting Model 1 FFI.
- 10. Exempt Beneficial Owner:** The term exempt beneficial owner means a beneficial owner of a payment made to persons like Government Entities, Government of a U.S. territory, Central Banks, International Organizations, certain Retirement Funds, etc. or that is otherwise treated as an exempt beneficial owner pursuant to a Model 1 IGA or Model 2 IGA.
- 11. Nonparticipating FFI:** An FFI other than a participating FFI, a deemed-compliant FFI, or an exempt beneficial owner.
- 12. Passive NFFE:** A “Passive NFFE” means any NFFE that is not (i) an Active NFFE, or (ii) a withholding foreign partnership or withholding foreign trust.
- 13. Active NFFE:** An “Active NFFE” means any NFFE that meets any of the following criteria:
  - a.** Less than 50 percent of the NFFE’s gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income
  - b.** The stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market.
  - c.** The entity is a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of these entities or



## DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP (UBO)

- d. Substantially all of the activities of the entity consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution:
- Provided** that an entity shall not qualify for this status if it functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes or
- e. The entity is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a financial institution, provided that the entity shall not qualify for this exception after the date that is twenty four months after the date of the initial organization of the entity or
- f. The entity was not a financial institution in the past five years, and is in the process of liquidating its assets or is reorganizing with intent to continue or recommence operations in a business other than that of a financial institution or
- g. The entity primarily engages in financing and hedging transactions with, or for, related entities which are not financial institutions, and does not provide financing or hedging services to any entity which is not a related entity, provided that the group of any such related entities is primarily engaged in a business other than that of a financial institution or
- h. The entity fulfils all of the following requirements, namely:-
- It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare
  - It is exempt from income-tax in India
  - It has no shareholders or members who have a proprietary or beneficial interest in its income or assets
  - The applicable laws of the entity's country or territory of residence or the entity's formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the entity has purchased and
  - The applicable laws of the entity's country or territory of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets must be distributed to a Governmental entity or other non-profit organization, or escheat to the Government of the entity's country or territory of residence or any political subdivision thereof.
- 14. Direct Reporting NFFE:** A new category of Passive NFFE – a Direct Reporting NFFE that would be treated as an Exempt Beneficial Owner. It will be required to elect to, and report directly to the IRS certain information about its direct or indirect substantial U.S. owners. The NFFE will also be required to register with the IRS to obtain its GIIN.
- 15. Controlling person** means the natural person who exercises control over an entity and includes a beneficial owner as determined under sub-rule (3) of rule 9 of the Prevention of Money-laundering (Maintenance of Records) Rules, 2005.
- 16. Owner-documented FFI:** An FFI that:
- Is an FFI solely because it is an investment entity
  - is not owned by or in an expanded affiliated group with any FFI that is a depository institution, custodial institution, or specified insurance company
  - Does not maintain a financial account for any nonparticipating FFI
  - Provides the designated withholding agent with all of the required documentation and agrees to notify the withholding agent if there is a change in circumstances and
  - The designated withholding agent agrees to report to the IRS (or to the relevant foreign government or agency thereof) all of the information with respect to any specified U.S. persons.



**ACKNOWLEDGEMENT**

From,

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

D	D	M	M	Y	Y	Y	Y

To

**ACHIEVERS COMMERCIAL PRIVATE LTD**  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008

Dear Sir / Madam,

**Ref. : Acknowledgement for the receipt of documents**


This is to acknowledge the receipt of a copy of the following documents viz.,

- Instruction / Checklist
- Uniform Risk Disclosure Document
- Rights & Obligations of Members, Authorised Person & Clients
- Do's & Donts for the Investors


I/We have ( Physically  Electronically) received read and understood the above documents.

Thanking You,


Yours Faithfully,

(25) 

**SOLE/1ST HOLDER SIGNATURE**

(04) 

**2ND HOLDER SIGNATURE**

(04) 

**3RD HOLDER SIGNATURE**

**A-35**

**ACKNOWLEDGEMENT RECEIPT**

From  
 32/A, Diamond Harbour Road, Sakherbazar, Kolkata - 700008  
**ACHIEVERS COMMERCIAL PRIVATE LTD**

D	D	M	M	Y	Y	Y	Y

Received the application from Mr. / Ms. \_\_\_\_\_ as the sole / first holder alongwith \_\_\_\_\_ and \_\_\_\_\_ as the second and third holder respectively for opening a account. Your Unique Client Code will be intimated to you shortly. Please quote the Unique Client Code allotted to you in all your future correspondence.

<b>EMPLOYEE NAME</b>	<b>EMPLOYEE CODE</b>	<b>SIGNATURE OF THE AUTHORISED SIGNATORY</b>





**ACKNOWLEDGEMENT**

From,  
\_\_\_\_\_  
\_\_\_\_\_

D	D	M	M	Y	Y	Y	Y

To,  
**ACHIEVERS COMMERCIAL PRIVATE LTD**  
32/A, Diamond Harbour Road, Sakherbazar, Kolkata – 700008.

Dear Sir / Madam,

**Ref. : Acknowledgement for the receipt of documents**

This is to acknowledge the receipt of a copy of the following documents viz.,

1. A Copy of KNOW YOUR CLIENT (KYC) application form (duly executed)
2. Tariff Sheet
3. A copy of others documents in Voluntary Section executed by me as an Client

Thanking You

Yours Faithfully,

(26) \_\_\_\_\_

**SOLE / 1ST HOLDER SIGNATURE**

(05) \_\_\_\_\_

**2ND HOLDER SIGNATURE**

(05) \_\_\_\_\_

**3RD HOLDER SIGNATURE**

**A-37**

**VERNACULAR DECLARATION**

I, Mr./Mrs./Ms. \_\_\_\_\_ (Interpreter) have explained the terms & conditions of this account opening form in \_\_\_\_\_ (Language) to following the applicant(s):

1. \_\_\_\_\_ (name)
2. \_\_\_\_\_ (name)
3. \_\_\_\_\_ (name)

each of whom have confirmed to me that he/she fully understands the terms & conditions along with other charges of this account opening & ongoing operations and has/have duly put his/her signature(s) to this declaration.

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

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

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

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

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

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

Interpreter: \_\_\_\_\_

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

Witness (1) on behalf of Applicant(s): \_\_\_\_\_

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

Witness (2) \_\_\_\_\_

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

Dated :.....

Place :.....

Seal and Employee





AN ISO 9001:2008 CERTIFIED COMPANY

CIN : U74999WB2006PTC109903

**PAYMENT DETAILS**

**PAYMENT DETAILS (Account opening Amount)**

Amount \_\_\_\_\_ Cheque No. \_\_\_\_\_ Date \_\_\_\_\_ Drawn on \_\_\_\_\_

**PAYMENT DETAILS (Balance Amount)**

Amount \_\_\_\_\_ Cheque No. \_\_\_\_\_ Date \_\_\_\_\_ Drawn on \_\_\_\_\_

**FOR OFFICE USE ONLY**

**FORM CHECKED BY**

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**AUTHORISED & APPROVED BY**

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**BACK OFFICE CODE FED BY**

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**BACK OFFICE CODE CHECKED BY**

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Dealer Name :

Dealer Code :

# Follow Us On



For Feedback and Queries Raise a Ticket To  
[support@achiieversecuritiesltd.com](mailto:support@achiieversecuritiesltd.com)

## **ACHIEVERS COMMERCIAL PRIVATE LTD**

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