

Client Registration Form No.



Complete Financial Solutions



The Best Financial Advisor Award

Innovative Consultants

Member NSE Code 13493 (Cash/F&O Segment)
SEBI Registration No. INZ 000293911 / INF 231349318

Client Name:

Client Code:



INNOVATIVE CONSULTANTS

Member : NSE (CM/F&O) • Member ID : 13493 • Clearing ID : M52084

DP : NSDL • DP ID IN302822

DP : CDSL • DP ID 12046700

SEBI Regn. No. : IN-DP-551 2021

Registered Office : SCO 141-142, Sector 9 C, Madhya Marg, Chandigarh 160009, India

Phone : +91 172 4243333 Fax: +91 172 4243344

E-mail : helpdesk@ifmglobal.in

Corporate Office : SCO 151-152, Sector 9 C, Madhya Marg, Chandigarh 160009, India

Phone : +91 172 4243333 Fax : +91 172 4243344

E-mail : helpdesk@ifmglobal.in

Website : www.ifmequity.com

Compliance Officer's Details

Name : Amanjot Kaur

Phone No. : +91 98151 93001

E-mail Id : amanjot@ifmglobal.in

CEO Details

Name : Iqbal Singh

Phone No. : +91 98146 02260

E-mail Id : Isingh@ifmglobal.in

Details of Clearing Member : (CM&F&O)

Name : Stock Holding Corporation Of India LTD

Address : 301, Centre point, Dr Babasaheb Ambedkar Road, Parel, Mumbai

Tel no. : 61779400

Clg. Cod : M52084

For any grievance/dispute please contact INNOVATIVE CONSULTANTS at the above address or email id- grievance@ifmglobal.in and Phone No. +91-172-4243333.

In case not satisfied with the response, please contact the concerned exchange(s) at :

Exchange Name	E-mail ID	Phone No.
National Stock Exchange of India Ltd.	ignse@nse.co.in	022-26598190, 1800-2660058

Filing of complaints on SEBI SCORES - Easy & Quick (<https://www.scores.gov.in/scores/Welcome.html>)

- Register on SCORES Portal
- Mandatory details for filing complaints on SCORES: i.e. Name, PAN, Address, Mobile Number, Email ID
- Benefits:**
 - Effective communication
 - Speedy redressal of the grievances

ANNEXURE- 1

ACCOUNT OPENING KIT

INDEX OF DOCUMENTS

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Account Opening Form	A. KYC Form - Document captures the basic information about the constituent.	1-2
		B. FATCA & CRS Declaration	3
		C. Document captures the additional information about the constituent relevant to trading account.	4-6
2.	Tariff Sheet	Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	7
3.	Rights and Obligations	Document stating the Rights & Obligations of Stock Broker/ Commodity Broker/Depository Participant/Trading Member, Authorised Person and Client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology-based trading).	Given to Client with Welcome Kit
4.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities/ commodities market.	
5.	Guidance Note	Documents detailing do's and don'ts for trading on exchange, for the education of the investors.	
6.	Policies and Procedures	Document describing significant policies and procedure of the Stock Broker / Commodity Broker.	

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

S.No.	Name of the Document	Brief Significance of the Document	Page No.
1.	Authorisation for Electronic Communication	For authorising the trading member to send Electronic Contract Notes.	8
2.	Running Account Authorisation	Helps the client to enjoy exposures linked to the credit in the trading account.	9
3.	Letter of Authority	Authorisation for smooth functioning of Trading A/c	10
4.	Declaration for Name Discrepancy in PAN Card, Bank Proof & Address Proof	Declaration	12

Note: You may also download KYC form & other formats from our website www.ifmequity.com



CLIENTS OPTION FOR RECEIVING DOCUMENTS

To,
INNOVATIVE CONSULTANTS
Corporate Office: SCO 151-152, Sector 9 C,
Madhya Marg, Chandigarh 160 009, India

Dated _____

Dear Sir/ Madam,

I hereby opt to get the document listed below in -

Electronic Form Physical Form

1. Rights and Obligations of Stock Brokers, Sub-brokers and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
2. Risk Disclosure Document for Capital Market and Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
4. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
5. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.
6. I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us. Further I confirmed that the documents for KYC submitted by me are true and correct.

Yours faithfully,

First / Sole Holder Signature	Second Joint Holder Signature (only for DP account)	Third Joint Holder Signature (only for DP account)

ACKNOWLEDGEMENT FROM CLIENT FOR RECEIPT OF PHYSICAL DOCUMENTS

To,
INNOVATIVE CONSULTANTS
Corporate Office: SCO 151-152, Sector 9 C,
Madhya Marg, Chandigarh 160 009, India

Dated _____

Dear Sir/ Madam,

I/We hereby acknowledge receipt of the following documents

1. Rights and Obligations of Stock Brokers, Sub-brokers and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
2. Risk Disclosure Document for Capital Market and Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
4. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
5. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.
6. I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us. Further I confirmed that the documents for KYC submitted by me are true and correct.

Yours faithfully,

First / Sole Holder Signature	Second Joint Holder Signature (only for DP account)	Third Joint Holder Signature (only for DP account)

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

Important Instructions:

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



For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

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

Name* (Same as ID proof)

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth* DD - MM - YYYY

Gender* M- Male F- Female T-Transgender

PAN* Form 60 furnished

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

- A- Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar

PHOTO*



Address

Line 1*

Line 2

Line 3

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

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

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

- A- Passport Number
- B-Voter ID Card
- C- Driving Licence
- D-NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed Proof of Address - Document Type code
- V Self Declaration

Address

Line 1*

Line 2

Line 3

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



4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

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

5. REMARKS (If any)

6. 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 of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

KYC VERIFICATION CARRIED OUT BY

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

INSTITUTION DETAILS

Name
 Code

[Employee Signature]

[Institution Stamp]



FATCA & CRS Declaration - Individual

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

Name														
Place of Birth														
Country of Birth														
Nationality														
Constitute	<input type="checkbox"/> Individual <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others (Pl. Specify) _____													

Are you a tax resident of any country other than India - Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

S.No	Country#	Tax Identification Number [%]	Identification Type <i>(TIN or other, please specify)</i>
1.			
2.			
3.			

To also include USA, where the individual is a citizen / green card holder of the USA

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

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

FATCA & CRS - TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account of any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 Days.

It is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Date:

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

Place:

--

--

Signature



ANNEXURE: 3

TRADING ACCOUNT RELATED DETAILS- INDIVIDUAL

A. BANK ACCOUNT(S) DETAILS (Through which transactions shall generally be routed)

Bank Name	Branch Address	Account Number	Account Type	MICR Number	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others - in case of NRI / NRE / NRO		

B. DEPOSITORY ACCOUNT(S) DETAILS (Through which transactions shall generally be routed)

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

C. TRADING PREFERENCES

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

Exchanges	NSE & BSE				MCX, NCDEX NSE & BSE
	Cash/Mutual Fund	F&O	Currency	Debt	Commodity Derivatives
	<input checked="" type="checkbox"/> 5a	<input checked="" type="checkbox"/> 5b	<input checked="" type="checkbox"/> 5c	<input checked="" type="checkbox"/> 5d	<input checked="" type="checkbox"/> 5e

If you do not wish to trade in any of segments / Mutual Fund, please mention here _____

ONLINE / OFFLINE PREFERENCE

Capital, F&O, Currency (NSE, BSE) Commodity (NSE, BSE, MCX, NCDEX)	<input type="checkbox"/> Offline <input type="checkbox"/> Online <input checked="" type="checkbox"/> <u>6</u>
---	---

D. FINANCIAL DETAILS & OCCUPATION DETAILS

- Gross Annual Income Details : Below ₹ 1 Lac ₹ 1 Lac to 5 Lac ₹ 5 Lac to 10 Lac
(please specify) ₹ 10 Lac to 25 Lac ₹ 25 Lac to 1 Crore > ₹ 1 Crore
- Net Worth (Net worth should not be older than 1 year) Amount Rs.....
as on (date)
- Occupation : Private Sector Public Sector Government Service Business Professional
(please tick any one and give brief details) Agriculturist Retired Housewife Student Others _____ Please Specify
- Please tick, if applicable : Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP)
- Any other information :



E. DEALING THROUGH AUTHORISED PERSON AND OTHER STOCK BROKERS

If client is dealing through the **Authorised Person**, provide the following details :

Name of the Authorised Person :
Authorised Person SEBI Regn. No. :
Authorised Person's Address :
Authorised Person's Phone/Fax No. :
Authorised Person's Website :

Whether dealing with any other stock broker / Authorised Person (In case dealing with multiple stock brokers / Authorised Person, please provide details of all)

Name of the stock broker :
Name of Authorised Person (If any) :
Client Code (UCC) :
Exchange :

Details of disputes / dues pending from / to such stock broker / Authorised Person
(Please Specify)

F. PAST ACTIONS

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

.....
.....

G. 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 avail of the facility of internet trading/ wireless technology (please specify) :

.....

Number of years of Investment/Trading Experience : 0 1-3 3-5 5-10 >10

H. GST DETAILS (As applicable, Statewise)

Legal Name			
Trade Name			
GSTIN		Registration Date	
Name of the State		State Code	
Other State GSTIN		Registration Date	
Name of the State		State Code	



I. INTRODUCER DETAILS

Name of the Introducer.....

(Name)

(Middle Name)

(Surname)

Status of the Introducer: Sub Broker Remisier Auth. Person Existing Client Others_____

Address and Ph. No. of the Introducer:.....

.....Sign. of the Introducer.....

Sub-broker's Name:

SEBI Registration number:

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

Place _____

Date _____



Signature of Client

PMLA- DECLARATION

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



 Sole / First Applicant Signature

Risk Category : Low Medium High

BROKRAGE STRUCTURE

EQUITY SEGMENT

Brokerage Slab		Slab in %	Minimum per Share
Delivery Based	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side		
Square Off	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side		

F & O SEGMENT

Brokerage Slab		Slab in %	Minimum per Share / Lot
Future	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side		
Options	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side		

CURRENCY DERIVATIVES SEGMENT

Brokerage Slab		Slab in %	Minimum Brokerage per Lot
Future	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side		
Options	<input type="checkbox"/> Each Side <input type="checkbox"/> Single Side		


COMMODITY DERIVATIVES SEGMENT

	FUTURES		OPTIONS	
	Percentage	Min. Paisa / Per Lot	Percentage	Min. Paisa / Per Lot
Square off same day				
Carry Forward				
Delivery				

Note:

1. Transaction & Clearing Charges, Stamp duty, GST, SEBI Fee, STT, CTT, and all legal levies as may applicable from time to time shall be charged separately in addition to the brokerage.
2. Late payment penalty @18% p.a. calculated on daily overdue balance shall be charged till actual realization.
3. In case an internet trading terminal is provided, connectivity charges @Rs. _____/- per month or _____% of turn over shall be charged separately.
4. Charges/ service standards are subject to revision at sole discretion of Innovative Consultants.
5. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
6. Minimum processing fees of Rs. 20/- will be charged for each day of trade.

Signature of Client





ELECTRONIC CONTRACT NOTE (ECN) DECLARATION

To,

INNOVATIVE CONSULTANTS

Corporate Office: SCO 151-152, Sector 9 C, Madhya Marg,
Chandigarh 160 009, India

Dear Sir,

I _____ a client code _____ with member M/S. **INNOVATIVE CONSULTANTS** of NSE Exchange undertakes as follows:

- I am aware that the member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the member has to provide electronic contract note for my convenience on my request only.
- Though the member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operation.
- My email id is* _____ . This has been created by me and not by someone else.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.
- I/We am/are aware that this authorization can be revoked anytime by giving a notice in writing.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

Signature of Client  _____

Date: _____ Place: _____



RUNNING ACCOUNT AUTHORISATION

Date : _____

To,

INNOVATIVE CONSULTANTS

Corporate Office : SCO 151-152, Sector 9 C, Madhya Marg,
Chandigarh 160 009, India

Sub: Running Account Authorization

I/We are dealing through you as a client in Capital Market / Future & Option Segment / Currency Segment / Commodity Segment and/or Interest Rate Future Segment & in order to facilitate ease of operations and upfront requirement or margin for trade.

I/We authorize you as under:

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) of any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you otherwise.
2. I/We request you to settlement of my fund after making necessary retention as per frequency option given below:-
 Once in a calendar Month Once in every calendar Quarter

Except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.

3. I/We confirm you that I/We shall bring to your notice any dispute arising from the statement of account or settlement so made in writing preferably within 7 working days from the date of receipt of funds/securities or statement of account or statement related to it, as the case may be at your registered office.
4. This Running account authorization would continue until it is revoked by me by giving a notice in writing.

 _____



LETTER OF AUTHORITY

To,

INNOVATIVE CONSULTANTS

Corporate Office : SCO 151-152, Sector 9 C, Madhya Marg,
Chandigarh 160 009, India

Date : _____

Sub : Letter of Authority

I/We am/are dealing in shares/securities/commodities with you in various exchange segments and in order to facilitate ease of operations. We authorize you as under :

1. Delivery of order/trade confirmation/cancellation :

I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

2. Telephonic Conversation :

I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.

3. Set off of outstanding:

I/We authorize you to set off outstanding in any of my / our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange and / or against the value of cash margin or collateral shares provided to you by me / us. I further authorise you to debit the financial charges @ 18% per annum of the outstanding debit balance, if any, in my account and not settled as per the exchange requirement.

4. Charges & Balance Maintenance :

I/We have a Trading relationship with Innovative Consultants. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

5. Authority for intimation

I/ we shall authorise you to send SMS and email to registered email/ mobile no. in respect of my Trading account.

6. Facsimile Authorisation


During the operation of my trading I may require to place order instructions through Fax/Scan, I therefore authorise you to honor the instruction and orders send through Fax/Scan copy send by me/ us.

7. I/We have been explained that I/We may not opt to give any of the above authorisation and that the above authorisations are voluntary on my/our part and that I/We can revoke this authorisation at any point of time during the operation of my/our trading account with you by giving you a notice in writing.

For and On Behalf of Constituent

Thanking you, Yours

faithfully





VOLUNTARY DOCUMENT

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

To,

INNOVATIVE CONSULTANTS

Corporate Office : SCO 151-152, Sector 9 C, Madhya Marg,
Chandigarh 160 009, India

Date : _____

I _____ s/o, w/o, d/o _____

_____, refer to my Trading Account _____

with INNOVATIVE CONSULTANTS do hereby affirm, declare and undertake that

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

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood before signing it. That this declaration, Indemnity-cum-undertaking given by me to INNOVATIVE CONSULTANTS is by my absolute free will and not by coercion, undue influence, pressure etc., and at present I am having sound health and mind.

Signature of Client:  _____



NOMINATION FORM

DATE	D	D	M	M	Y	Y	Y	Y	UCC								
DP ID									Client ID								

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

NOMINATION DETAILS




I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me/us in the said beneficiary owner account in the event of my / our death.

Nomination can be made up to three nominees in the account	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1. Name of the nominee(s) Mr./Ms.)			
2. Share of each Nominee <small>Equally [If not equally, please specify percentage]</small>	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>			
3. Relationship with the Applicant (if any)			
4. Address of Nominee(s) City / Place State / Country PIN Code			
5. Mobile/Telephone No. of Nominee(s)			
6. Email ID of nominee(s)			
7. Nominee Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

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

8.	Date of Birth {in case of minor nominee(s)}			
9.	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
10.	Address of Guardian(s) City / Place State / Country PIN Code			
11.	Mobile/Telephone No. of Guardian			
12.	Email ID of nominee(s)			
13.	Relationship of Guardian with nominee			

14.	Guardian Identification details - [Please tick any one of following and provide details of same]			
	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

Holder	Name	Signature
Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor)		
Second Holder		
Third Holder		

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

Notes:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
5. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
6. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
7. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
8. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
9. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
10. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
11. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
12. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
13. Savings bank account details shall only be considered if the account is maintained with the same participant.
14. DP ID and client ID shall be provided where demat details is required to be provided.
15. All communication shall be sent at the address of the Sole/First holder only.
16. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
17. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
18. Strike off whichever is not applicable.



DECLARATION FORM FOR OPTING OUT OF NOMINATION

To,

Innovative Consultants

Corporate Office: SCO 151-152, Sector 9 C,
Madhya Marg, Chandigarh 160 009, India

Dated _____

UCC								
DP ID								
Client ID (Only for Demat Account)								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								

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



.....
First/Sole Holder Signature



.....
Second Holder Signature



.....
Third Holder Signature



FOR OFFICE USE ONLY

Branch Code:	Group Code:
Sub Branch:	Intro Code:
Tele Verification:	
CKYC Reference No.:	KYC Reference No.:

1.	CHECKING DETAILS	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)	
b)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>	
c)	Signature Checked and Verified.	
d)	Photograph (duly signed) <input type="checkbox"/>	
e)	A copy of PAN Card (Self Attested) <input type="checkbox"/>	
f)	Address Proof (Self Attested) <input type="checkbox"/>	
g)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>	
h)	Demat Account Proof (Self Attested) <input type="checkbox"/>	
2.	Cross Checking done by TM_____ DP_____	
3.	Details Punched in Computer by TM_____ DP_____	
4.	UCC UPLOADED : <input type="checkbox"/> NSE Cash <input type="checkbox"/> NSE F&O <input type="checkbox"/> NSE CDS <input type="checkbox"/> MCX <input type="checkbox"/> BSE Cash <input type="checkbox"/> BSE F&O <input type="checkbox"/> BSE CDS <input type="checkbox"/> NCDEX	
5.	Client Instruction Book issued by	
6.	Client Account Status Report issued by	
	Signature	

FOR OFFICE USE ONLY

	NAME
PUNCHED BY	
VERIFIED BY	
REJECTED BY	
DATE & TIME	
REMARKS	



INNOVATIVE CONSULTANTS

SCO 141-142, Sector 9C, Madhay Marg, Chandigarh 160 009

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