

Group Member of NSE, BSE, MCX-SX, MCX, NCDEX, DP—NSDL & CDSL

Regd. Off.: 1st Floor, Bandukwala Building, British Hotel Lane, Fort, Mumbai-400001

Corp. Off.: 48, Jaora Compound, MYH Road Indore-452001 Ph No.: 0731-4043100-500, 3045000 Fax No.: 0731-3049216 Web Site: www.swastika.co.in. E-mail: contact@swastika.co.in

Partnership Firm □

THE CLIENT REGISTRATION FORM FOR CORPORATE, FIRMS & OTHERS

(This information Is the sole property of the trading member / brokerage house and would not be disclosed to anyone unless required law or in case of express permission of clients)

To, Swastika Investmart Limited48, Jaora Compound,
MYH Road,
Indore-452001

ACCOUNT DETAILS

CLIENT TYPE

Particulars	Exchange Sebi Registrat				
Cash Segment	National Stock Exchange	INB231129736			
	Bombay Stock Exchange Limited	INB011129732			
Derivative Segment	National Stock Exchange	INF231129736			
Currency Derivative Segment	National Stock Exchange	INE231129736			
	MCX-Stock Exchange Limited	INE261129736			
	United Stock Exchange	INE271129732			
Clearing Member	Globe Capital Market Limited,				
_	710, Ansal Bhavan, 16, K.G. Marg, Cannaught Place, New Delhi-110001				

We request you to register us as your client / constituent and enable us to trade in the capital market segment (CM), Future and option segment (F&O) & Currency derivatives segment (CDS) pursuant to the agreement entered with you. We have read the rules , bye laws and regulations of the exchanges pertaining to these segments and agree to abide by them. In this regard we give the following informations:-

Pvt. Ltd. Co.

Trust

Public Ltd. Co. \square

Others (please Specify)

MODE OF TRADING	Online	☐ Off-Line					
	•						
CLIENT DETAILS		(Please fill all the	details in CA	PITAL	LETT	ERS	only)
Name of Corporate/Firm							
Registered Office Address							
			Pin Code				
Correspondence Address (if different)							
			Pin Code				
Telephone No. (!)		Telephone No.	(2)				
Fax Number		Mobile No.					
E mail ID:							

PAN No.																
Date of Incorporation /								mmenc	ement							
establishment Registration No. (With						of Bus	sines	S								
ROC, SEBI etc.)		Nature of Business														
Bank Details	1					(throug	gh wl	hich trai	rsactio	ns w	ill be	gen	erall	y be		
routed)	<u> </u>															
Type of Account	Saving	s Accou	nt	Cı	urrent	Accou	nt	Ot	hers (S	Speci	fy)					
Bank Account No.																
Bank Name																
Branch Address																
							1		1							
IFSC Code												-				
9-Digit Code Number on the MICR cheque i			nch appe	ariı	ng											
Demat Account Detai					(throug	h wh	nich tran	sactio	ns wi	ill be	gen	erall	y be	rout	ted)
Depository Participant Name						· ·					NS	SDI		CDS	L	
Address																
DP ID						Clier	nt ID									
Details Of Promoters	/Partners/V	Vhole Ti	ime Dire	ecto	or/Au	thorise	ed Pe	erson		ļ	ļ					
1. Name		,														
PAN							Da	te of Bi	th.							
Designation								alificati								
							Qu	amman	011							
Residential/ Permanent Address	5															
2. Name																
PAN							Da	te of Bi	th							
Designation							Qu	alificati	on							
Residential/ Permanent Address	3															
3. Name																-
PAN							Da	te of Bi	th			Ī				
Designation		<u> </u>	<u> </u>		1 1		Qu	alificati	on	1			L.			L
Residential/ Permanent Address	s						•									
Details of persons aut		deal in s	ecurities	s ol	n beh	alf of t	he co	ompany	/firm	othe/	rs					
1. Name																
PAN							Da	te of Bi	th							
Designation			<u> </u>		1			alificati					<u> </u>			1
Residential/ Permanent Address										1						

2. Name							
PAN		Da	ite of Birth				
Designation		Qι	alification				
Residential/ Permanent Address							
Information about Incom	ne, Investment and T	rading Experience					
Financial Details (Income Range)	Below 1 Lac 10 Lac – 25 Lac	Below 1 Lac □ 1 Lac - 5 Lac □ 5Lac - 10 Lac □ 0 Lac - 25 Lac □ 25 Lac & Above □					
Annual Income (In Rs. Lacs) (Last Three Years)	2009-10:	009-10: 2008-09: 2007-08:					
Net Worth / Value of Portfolio		Upto 10 Lacs □ 10 Lac - 50 Lac □ 50Lac - 1 Crore □ 1 Crore - 5 Crore □ 5 Crore & Above □					
Investment Trading Experience (Years)	Years in Stocks	, Years in Deriv	ratives, Years in C	urrency Derivatives			
Trading Preference			(Please Sign in the re	elevant column)			
Segment Exchange	Cash Segment	Derivative Segment	Currency Derivative	Mutual Fund			
1. NSE	Φ	Φ	Φ	Φ			
2. BSE	Φ	N.A.	N.A.				
3. MCX-SX	N.A.	Ф		N.A.			
Whether registered with	h any other Stock Br	oker					
Name of Broker: Name of the Exchange:	NSE 🗆						
Details of any Action Ta	aken						
Details of any action take constituent or its partners securities for violation of (If Yes, Please provide of	s, promoters, whole ti f securities Law, other	me directors/Director economic offence du	s, authorized person cl	harge of dealing in ars: $\mathbf{Yes} \square \mathbf{No} \square$			
Reference Introducer							
Introduced by another co	nstituent/director or e	mployee of trading m	ember / any other pers	son (please specify)			
Name of the Introducer	:						
Address:							
PAN No. (Copy Attaches	5)			(Signature)			
Details of the Employee Name :							
Designation :				(Signature)			

and we undertake to	inform you of any cha	l above are true and con anges therein immediat misrepresenting we are	ely. In case any of the	e above information is
Seal & Signature				
Passport Size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)
Date:		Place:		<u> </u>

Declaration

F C	Documents Required for Account opening	
	porate Body	Enclosed
Sr. No.	Particular	Yes/No
1	PAN Card of Company, Directors And Authorised Signatory	
2	Proof of Bank account of the company	
3	Proof of Demat account of the company	
4	Address proof of the company&Authorised.Signatories	
5	MOA/AOA	
6	Copy of Latest Income Tax Return	
7	Financial Statement for Last three years (If Newly Incorporated then net worth certificate duly certified by the CA id required)	
8	Latest Shareholding pattern of the company on their letter head mentioning Name of the shareholder, Address, No of share held, paid up value etc.	
9	Copy of the Board resolution approving participation in equity/derivative trading and names of the authorized person for dealing.	
10	List of Present directors with DIN on the letter head of the company.	
11	Photograph of Authorized Signatory and whole time Director on KYC Form	
For Par	tnership Firm	
1	PAN Card of Partnership Firm and all the Partners	
2	Proof of Bank account of the Partnership Firm	
3	Proof of Demat account in the name of all partners as Joint holders	
4	Address proof of the Partnership Firm and Partners	
5	Copy of the Partnership Deed	
6	Details of all partners (include Name, Address, Sharing details etc on the letterhead of the partnership firm)	
7	Copy of Latest Income Tax Return	
8	Financial Statement for Last three years (If Newly established firm then net worth certificate duly certified by the CA id required)	
9	Declaration for considering Demat Account in the joint name of the partners as per below given format)	

EXTRACT OF TH	HE MINUTES OF THE MEETING (OF THE BOARD OF DIRECTORS
OF	HELD ON	, THE DAY
OF, 2009 I	HELD AT ITS REGISTERED OFFIC	E IN INDORE - 452001
Company, it wou mode. It was also with M/s Swastik India Ltd. and Bo given by the perso	formed the Board that in order to ald be desirable to invest the same is proposed that for this purpose, a track a Investmart Ltd which is a member ombay Stock Exchange Ltd and to autons authorized by the Company in the following resolution in this regard	n the Capital market or any other ding account and demat be opened r of the National Stock Exchange of othorise it to honor the instructions his behalf. The Board discussed the
and demat account Exchange of India	AT the consent of the Board be and is nt with M/s Swastika Investmart Lt Ltd. and Bombay Stock Exchange I and Options segment, or any other s	d , a member of the National Stock Ltd, and to deal on Capital Market
	LVED THAT M/s Swastika Investmans, oral or written, given on behalf coignatories;	5
Sr. No.	Name	Designation
1. 2. 3.		
	ed to sell, purchase, transfer, endo ough with Swastika Investmart Ltd. o	_
Company be and and submit such a writings deeds as	DLVED THAT Mris hereby authorized singly and is happlications, undertakings agreemer may be deemed necessary or expedient to this resolution.	nereby authorized, to sign, executents and other requisite documents,
CERTIFIED TRUE For.	E COPY	
Director (1) Name	Director (2)	Director (3)

(On the letter Haed of Partnership Firm) DECLARATION TO BE GIVEN BY THE PARTNERS ON THE LETTER HEAD OF THE FIRM

Date:
To, Swastika Investmart Limited, 48, Joara Compound, MYH Road, Indore-452001
Dear Sir,
We refer to the trading account being opened or opened with you in the name of M/s Client Code and declare and authorise you as under.
I recognize that a beneficiary account cannot be opened with a depository participant in the name of a partnership firm as per regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the share transfer obligations pursuant to the trading operation, we authorise you to recognize the beneficiary account no with depository participant opened as a joint account in the name of all partners or any of the
partner of the firm.
We agree that the obligation for shares purchased and/or sold by the firm will be handled and completed through transfer to/from the above mentioned account. we recognize and accept transfer made by you to the beneficiary account as complete discharge of obligation by you in respect of trades executed in the above trading account of the firm.
We hereby authorize to Mr./Ms, partner in to execute / sign and submit such documents, agreement, deeds etc. as may be necessary to enter into the agreement and engage in business and to sell, purchase, transfer, endorse, negotiate and do other
things that may be necessary to engage in business on behalf of the partnership and sign the authority letter for adjustment of balances in family account.
Further we are undersigned as to partner of the firm and as jointly / solely responsible for the liabilities thereof. We shall advise you in writing of any change that take place in the constitution of the firm and we will be liable to you for all the losses, damages etc may incur in the course of dealing with you and undertake to personally discharge such liabilities
Signature along with the stamp of the firm Name: Client code: