

ANUGRAH

EQUITY • DERIVATIVES • COMMODITIES • CORPORATE FINANCE • IPO • MF • INSURANCE • REALTY

ANUGRAH STOCK & BROKING PVT. LTD.

Registered / Correspondence : 1st Floor, Nisarg Apartment, Above Saraswat Bank,
Office Address : Besant Road, Vile Parle (W), Mumbai - 400 056,
: Maharashtra, India.
Telephone Number : +91-22-67338900 / 904, +91-22-67804700, 67147800 / 7900
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(CDSL) : KIRAN PAREKH | +91-22-67147816 | cdslanugrah@anugrahsb.com

Client Registration Application Form

ALL THESE DOCUMENTS ARE MANDATORY AS PER THE UNIFORM DOCUMENTARY REQUIREMENTS STATED BY SEBI VIDE CIRCULAR NO. CIR/MIRSD/161/2011/ DT. 22/8/2011

17150

SR. NO. : _____

A/C. OPENING DATE : _____

CLIENT NAME : Prasad Rane

CLIENT CODE NO. : AB250.

BRANCH NAME : Krish

BRANCH CODE : FR 101.

REMISIER CODE : _____

BO ID :

1	2	0	4	0	0	0	0										
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Individual

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 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- 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)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)		PRASAD	DEEPAK	RANE
Maiden Name (if any*)				
Father / Spouse Name*		DEEPAK	SUNIL	RANE
Mother Name*		REKHA	DEEPAK	RANE
Date of Birth*		23-04-1982		
Gender*	<input checked="" type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input checked="" type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code _____)		
Residential Status*	<input checked="" type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service (<input checked="" 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 *Stick latest Photograph*
 P. Rane

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)

A- Passport Number _____ Passport Expiry Date _____

B- Voter ID Card _____

C- PAN Card **AEXPR0480R** _____

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 _____

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 _____

Simplified Measures Account - Document Type code _____

Address

Line 1* **ROOM NO. 4 SAVITA BUILDING BESIDE SHRIPATI-4**

Line 2 **MIRA - BHAYANDER MIRA ROAD**

Line 3 _____ City / Town / Village* **THANE**

District* **MAHARASHTRA** Pin / Post Code* **401 107** 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
District*

Pin / Post Code*

City / Town / Village*
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
State*

City / Town / Village*
ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)
FAX

Tel. (Res)
Email ID

Mobile 91-8490502905
rane24@gmail.com

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

Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

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

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

Passport Expiry Date

Driving Licence Expiry Date

Identification Number

Identification Number

7. REMARKS (If any)

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: 2017 Place: MUMBAI

2. P. Rane
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

I want to update my details in KRA

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

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 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 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. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end) Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3

District*

Pin / Post Code*

City / Town / Village*

State / U.T Code*

ISO 3166 Country Code*

 2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction F at the end)

Tel. (Off)

Tel. (Res)

Mobile

FAX

Email ID

3. 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.

Date : 01-01-2017

Place :

3.

P. Rane

Signature / Thumb Impression of Applicant

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 is available at the end.

F) List of two character ISO 3166 country codes is available at the end.

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 of 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 Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

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

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.

(Signature/Thumb Impression)

4.

Signature / Thumb Impression of Applicant

Date : Place :

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

 Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

FATCA & CRS Declaration - Individual

PAN AEXPRO480R Trading ABZSO DP Code

Name PRASAD D RANE

Place of Birth 23 04 1982 Country of Birth INDIA

Nationality INDIAN

Annual Income below Rs. 1 Lac Rs. 1 Lac to 5 Lac Rs. 5 Lac to 10 Lac
 Rs. 10 Lac to 25 Lac Rs. 25 Lac to 1 Crore > 1 Crore

Net Worth Amount Rs. Net Worth as on DD MM YY YY

(Net worth should not be older than 1 year)

Occupational Detail Business Private Sector Professional Government Service Public Sector
 Agriculturist Housewife Student Retired Forex Dealer Others Pl. Specify

Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP)

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

If yes please indicate the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.		<u>NA</u>	
3.			

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Anugrah Stock & Broking Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Sign here : (5) P. Rane

Date : DD MM 2017

Place : Mumbai

For Investor convenience, Anugrah Stock & Broking Pvt. Ltd. (ASBPL) collecting this mandatory information for updating across all Group of Companies of ASBPL whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest ASBPL branch or you can dispatch the hard copy to -

Anugrah Stock & Broking Pvt. Ltd.

Registered / Correspondence Office : 1st Floor, Nisarg Apartment, Above Saraswat Bank, Besant Road, Vile Parle (W), Mumbai - 400 056, Maharashtra, India.

* For Detail Terms & Conditions please visit www.anugrahsb.com

TRADING & DEMAT ACCOUNT RELATED DETAILS

A. BANK ACCOUNT(S) DETAILS (*default for trading & demat)

Bank Name	Branch Address	Bank Account No.	Account Type SB/CA/ NRI/NRE/NRO	MICR Number	IFSC Code
* HDFC Bank	MIRA ROAD	045910000	SB	4002400	HDFC
	BRANCH,	12982		47	0000358

- (i) Photocopy of the cancelled cheque having the name of the account holder
(ii) Photocopy of the Bank Pass Book / Statement having name and address of the Client
(iii) Letter from the Bank.
(iv) In case of option (ii), (iii) and (iv) above, MICR code of the branch should be mentioned on the document.

B. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name	Depository Name (NSDL/CDSL)	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
* ANUGRAH STOCK & BROKING PVT. LTD.	CDSL	Prasanna	12040000	00
		Rane.		

C. TRADING PREFERENCE

Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

EXCHANGE	SEGMENT	SIGNATURE
NATIONAL STOCK EXCHANGE OF INDIA LTD. (NSE)	Cash	6 <input checked="" type="checkbox"/> P. Rane
	Future & Options	7 <input checked="" type="checkbox"/> P. Rane
	Currency Derivatives	8 <input checked="" type="checkbox"/> P. Rane
	MFSS	9 <input checked="" type="checkbox"/> P. Rane
BSE LIMITED (BSE)	Cash	10 <input checked="" type="checkbox"/> P. Rane
	Future & Options	11 <input checked="" type="checkbox"/> P. Rane

If, In future, the client wants to trade on any new segment / exchange, separate authorization / letter should be taken from the client by the stock broker.

D. PAST ACTIONS

Details of any action / proceedings initiated / pending / taken by SEBI / Stock Exchange / any other authority against the applicant / constituent or its partners / promoters / whole time directors / authorised persons in charge of dealing in securities during last three years.

(Please Specify)

E. DEALING THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

1. If Client is dealing through the sub-broker, provided the following details :

Name of the Sub-Broker

Sub-broker SEBI Registration No.

Sub-Broker's Regd. Off. Add.

Sub-Broker's Phone/Fax No.

Sub-Broker's Website

2. Whether dealing with any other stock broker / sub broker (In case dealing with multiple stock brokers / sub- brokers, please provide details of all)

Name of the stock broker

Name of Sub-Broker (If any)

Client Code (UCC)

Exchange

Details of disputes / dues pending from / to such stock broker / sub-broker

(Please Specify)

F. Other Details (please see guidelines overleaf)

1. Gross Annual Income Details (Please tick (✓)) Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac > 25 Lacs

OR

Net-worth in ₹ , (*Net worth should not be older than 1 year) _____ as on (date) ____/____/____

2. Occupation (Please tick (✓) any one and give brief details):

Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify)

3. Please tick, if applicable: Politically Exposed Person Related to a Politically Exposed Person

For definition of PEP please refer guideline overleaf

4. Any other information:

G. ADDITIONAL DETAILS

1. Whether you wish to receive : E - Contract Note (ECN) or Physical Contract Note
2. Whether you wish to receive : E - Statement of Account or Physical Statement of Account
3. Whether you wish to receive : E - Transaction Cum Holding Statment or Physical Statement of Account

E-mail id : name24@gmail.com

2. Whether you wish to avail of the facility of internet trading / wireless technology : Yes No

3. Trading Experience / Number of Years of Investment

No Prior Investment Experience ____ Years in Equities ____ Years in Derivatives

____ Years in other Investment related fields

4. Any other information :

H. DETAIL OF INTRODUCER (OPTIONAL)

Introduced by : Existing Client Sub-Broker Remisier Authorised Person Others (Please specify)

Name of Introducer : KRISHNA MORE

Registration No. 00000000 UCC: Employee Code :

PAN NO. : AXPSM0094K

Address : FLAT NO. 22 KRISHNA NAGAR B.M. ROAD DAHISA
RE City : MUMBAI

Pin : 400068 State : MAHARASHTRA Country : INDIA

Phone : 9425097840

Signature of the Introducer : ←

I. NOMINATION FORM (FOR DEMAT & TRADING)

Nomination Registration No.	Dated

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 Demat / Trading account. OR

I/We nominate the following persons who is / are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event my/our death.


Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:	Shilpa		
Middle Name:			
*Last Name	Rane		
*Address:	Same as above		
*City			
*State			
*Pin			
*Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			
*Relationship with the BO:	wife		
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor)			
*First Name:			
Middle Name:			
*Last Name			

*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
*Residual Securities (please tick any one nominee, if tick not marked the default will be first nominee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

* Marked is Mandatory field

(For Individual)

Details of the First Witness	
Name of Witness	Prakash Rane
Address of Witness	AB/310, sector-6, charkop Kandivali west, Mumbai-67
Signature of Witness	(W1) 

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First / Sole Holder	Second Holder	Third Holder
Name	Prasad Rane		
Specimen Signature 	12. 		

(Signatures should be preferably in black ink)

(Please tear here)

Application No.:

Acknowledgment Receipt

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole/ First Holder	Prasad Rane
Name of the Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

J. DECLARATION

1. 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.
2. I 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 further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Place : Mumbai

Date : 13/11/2017

13. P. Rane

Signature of Client / (all) Authorized Signatory(ies)

K. BROKERAGE SLAB (Subject to Change with Prior Notice)

Brokerage Slab	Equity		FNO Derivative		FNO Options (Per Lot)		CDX Derivative		CDX Options (Per Lot)	
	1st Side	2nd Side	1st Side	2nd Side	1st Side	2nd Side	1st Side	2nd Side	1st Side	2nd Side
Trading % (Same Day)	0.50	—	0.50	—	100	—	0.50	—	100	—
Trading Minimum Paisa	0.50	—	0.50	—	---		0.50	—	---	
Delivery %	0.50	0.50	---		--- N.A. ---		---		---	
Delivery Minimum Paisa	0.50	0.50	---		---		---		---	

14. (A) P. Rane

Signature of Client / (all) Authorized Signatory(ies)

L. FOR OFFICE USE ONLY

UCC allotted to the client: AB250

Details of the Employee/Sub Broker/AP	Documents Verified with Originals	Client Interviewed By	In-Person Verification Done By
Name of Employee			
Designation of Employee			
Date			
Signature			

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

Signature :

Signature of the authorised signatory

Date :

05/09/2017



TARIFF SHEET

DEPOSITORY AND OTHER RELATED CHARGES :

SCHEME	CHARGES	Tick
ONE TIME LIFE TIME	1000/-	<input checked="" type="checkbox"/>
ONE TIME LIFE TIME (NRI)	2500/-	<input type="checkbox"/>
REGULAR PER ANNUM	360/-	<input type="checkbox"/>
OFF MARKET CHARGES (Per Instruction)	25/-	<input type="checkbox"/>
ON MARKET CHARGES (Per Instruction)	50/-	<input type="checkbox"/>
PLEDGE & UNPLEDGE CHARGES	25/-	<input type="checkbox"/>
DEMAT OF PHYSICAL SHARES (Per Script Rs. 5/- per certificate or minimum Rs.100/-) & Courier Charges Rs. 50/-	150/-	<input type="checkbox"/>
REMAT OF DEMAT SHARES (Per Script Rs. 5/- per certificate or minimum Rs. 100/-) & Courier Charges Rs. 50/-	150/-	<input type="checkbox"/>
PHYSICAL CONTRACT NOTE CHARGES (Per contract)	} Only for ECN Clients or Duplicate copies of contract notes or Statements	<input type="checkbox"/>
PHYSICAL LEDGER STATEMENT CHARGES (Per Statement)		<input type="checkbox"/>
PHYSICAL DEMAT HOLDING & TRANSACTION CHARGES (Per Statement)		<input type="checkbox"/>
EXTRA CLIENT MASTER CHARGES (Per Client Master Copy)		<input type="checkbox"/>

* All the above charges will attract applicable Service Tax.

TRADING ACCOUNT & OTHER RELATED CHARGES :

01. In case of cheque return under any circumstances will be charges @ Rs. 250/- per cheque and will be debited in the ledger.
02. Securities Transaction Tax, Stamp Duty, Service Tax, Transaction Charges & taxes as per Government Policies.

Signature of Client 15. P. Rane

