PRABHAT FINANCIAL SERVICES LIMITED, 205, NAVJEEVAN COMPLEX, 29, STATION ROAD, JAIPUR-302006

Client Name:	Client Code:	
A. Income Slab - Please tick as	applicable	
Gross Annual Income Details	Below Rs. 1 Lac	Rs. 1 Lac to 5 Lac
	Rs. 5 Lac to 10 Lac	Rs. 10 Lac to 25 La
	Rs. 25 Lac to 1 Crore	>1 Crore
OR		
Net Worth (Net worth should not b	e older than 1 year) Amount Rs	As on (date)
B: CHANGE IN BANK ACCOUNT	Γ(S) DETAILS, if any	
New Bank Account detail:	Bank Name-	
Branch Address-	Bank Account Number-	
Account Type-	IFSC Code-	
	3 3 4 4 4	
Segment Name	Signature	
NSE CASH		
NSE EQUITY F&O		
NSE Currency Derivatives		
BSE CASH		
D:Change in in email - Old emai	il id New Email id	d-
E: Change in Mobile no. Old N	Mobile No New Mobile	No.
Trading Account activation after	2 Years from the date of last trade executed	=
lease fill up above details, if ap	oplicable and submit following documents	:
	oplicable and submit following documents ank Statement not older than 3 months	:
(A) PAN (B) Address Proof (C) B	•	
(A) PAN (B) Address Proof (C) B	Sank Statement not older than 3 months	
(A) PAN (B) Address Proof (C) B D) Client Master of demat Acco	Sank Statement not older than 3 months	
A) PAN (B) Address Proof (C) B D) Client Master of demat Acco	sank Statement not older than 3 months ount (E) Any other document as applicable	

RUNNING ACCOUNT AUTHORISATION

PRABHAT FINANCIAL SERVICES LIMITED

Regd. Office: 118/610-A Kaushal Puri,

KANPUR-208 012 (U.P.)

Corporate Office: 205, Navjeevan Complex,29 Station Road, JAIPUR -

302 006 (Raj.)

I/We have been / shall be dealing through you as my/our broker on the Capital Market and/ or Futures & Options Segments/Currency Derivative Segments. As my/our broker i.e. agent I/ we direct and authorize you to carry out trading/ dealings on my/our behalf as per instructions given below.

I am/ We are aware that you and I/we have the option to deliver securities/ make payments of funds to each other for settlement of dealings as per the schedule in force at the relevant time pursuant to directives / regulations/ circulars, issued by exchange/ regulatory authorities. However, I/we find it difficult to carry out repeated pay-in of funds. Further, I/we also desire to use my/our monies as margin/ collateral without which we cannot deal/trade.

Therefore I/we hereby direct and authorise you to maintain running account(s) for me/us and from time to time debit these funds from running accounts and make pay-in of funds to exchanges/ clearing corporations/other receiving party(ies) to settle my/our trades/ dealings. Similarly, where I/we have to receive funds in settlement of trades/ dealings please keep the monies with you and make credit entries for the same in running accounts of funds maintained by you. Further, subject to your discretion please treat my/our funds lying to my/our credit in running accounts as margin/collateral for my/our dealings/trading.

In the event I/we have outstanding obligations on the settlement date, may retain funds towards such obligations and may also retain the funds permissible as per Rules and Regulations of Exchange/s. While settling the account pleases send a 'statement of accounts' containing an extract from ledger for funds displaying all receipts/payment of funds. Please explain in the statement(s) being sent the retention of funds/ and the details of the pledge, if any. I agree that if I/we fail to bring any dispute arising from the statement of accounts or settlement so made to your notice within 7 working days from the date of receipt of funds statement, as the case may be in writing by delivery at your registered office then in that event the statement of accounts or settlement so made shall attain finality and I/we shall have no right to dispute any/either of these ever. Please do not carry out above stated settlement of running account in the event I/we avail margin trading facility. Further, do not carry out settlement of running account referred to above for funds given by me/us towards collaterals/margin in the form of bank guarantee (BG)/Fixed Deposit receipts (FDR).

Please further note that I shall be	entitled to	revoke this authorization at a	ny time.		
My / Our preference for actual settlement of funds and securities is at least.					
Once in a Calendar Quarter		Once in a Calendar Month			
Thanking You,					
Yours faithfully,					
Signature					
Client Name:					
Client Code:			Date:		

(Note: To be signed by person himself/herself not to be signed by his/her attorney/authorised person etc.)



PRABHAT FINANCIAL SERVICES LIMITED



Corporate Office: 205, Navjeevan Complex, 29 Station Road, Jaipur-302006 Phone: +9 1-141-4162021-22-23-24 Fax: +91-141-4162050 Mobile: 93148 84111

E-mail: pfslindia@hotmail.com Website: www.pfslindia.co.in

Member: National Stock Exchange of India Limited, Bombay Stock Exchange Limited, SEBI REGN. NO.-INZ000169433 DP: Central Depository Services (India) Limited. SEBI REGN NO. IN-DP-CDSL-216-2003

Dear Esteemed Client,

- 1. Kindly note that we are not required to have a Business Continuity / Disaster Recovery (DR) Plan / Site under the existing regulatory provisions and as per guidelines issued by the Stock Exchange/s.
- 2. We have provided you a copy of Investor Charter -- Stock Brokers & Depository Participants.
- 3. Kindly note that the stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.
- 4. Kindly note that we do Proprietary trading as Trading Member of NSEIL and BSE.
- 5. Kindly specify your Trading Preferences.

TRADING PREFERENCES

Exchanges	NSE , BSE & MSEI - Signature :			MCX, NCDE BSE & NSE	
All Segments	Cash / Mutual Fund	F&O	Currency	Debt	Commodity Derivatives
<u></u> y					
If you do not wis	sh to trade in any	of segments / N	Mutual Fund, ple	ase mention he	ere
If you do not wis	sh to trade in any	of segments / N	Mutual Fund, ple	ase mention he	ere
If you do not wis	· · · · · · · · · · · · · · · · · · ·	of segments / N	Mutual Fund, ple	ase mention he	ere
	· · · · · · · · · · · · · · · · · · ·	of segments / N	Mutual Fund, ple	ase mention he	ere

REGD OFFICE :118/610-A, Kaushal Puri , Kanpur-208012 (U. P.) Mobile-9889533633,Ph.0512-2526347

HEAD OFFICE: Second Floor, J-42 Saket, New Delhi-110017 Ph.011-65653125



National Stock Exchange of India Limited

Annexure A

Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

- 1. Your trading account has a "Unique Client Code" (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
- 2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
- 3. The stock broker's Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
- 4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
- 5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
- 6. You will get a contract note from the stock broker within 24 hours of the trade.
- 7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
- 8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
- 9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
- 10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

Know Your Client (KYC) Application Form (For Non-Individuals Only)

(Attested) True copies of documents received

Application No.:

Signature Date

A. Identity Details (please see guidelines overleaf)			
1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registrati	ion: leaving one how blank between 2 words. Pla	ase do not abbreviate	the Name)
I, Name of Applicant (rease write complete name as per certificate of micorporation), registration	on, leaving the box thank between a words. The	and do not aboreviate	one manney.
2. Date of Incorporation			PHOTOGRAPH
2. Date of Incorporation			THOTOGRAFIT
			Please affix
3. Registration No. (e.g. CIN)			the recent passpo
Date of commencement of business			size photograph
	orate Partnership Trust / Ch Non-Government Organisation Others (Please specify)	arities / NGOs	Authorised Signator and sign across i
5. Permanent Account Number (PAN) (MANDATORY)	Please enclose a duly	attested copy of you	PAN Card
B. Address Details (please see guidelines overleaf)			
1. Address for Correspondence			
City / Town / Village		Postal Cod	ie
State	Country		
2. Contact Details	T. (D. 1) (D. 1) (D. 1)		
Tel. (Off.) ISDI (STD) Mobile (ISD) (STD)	Tel. (Res.) (ISD) (STD) Fax (ISD) (STD)		
E-Mail id.	1,40		
5. Proof of address to be provided by Applicant. Please submit ANY ONE *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Any other proof of address document (as listed overleaf). (Please specify)	st Bank Account Statement Register		
*Not more than 3 Months old, Validity/Expiry date of proof of address submitted		9	
C. Other Details			
1. Name, PAN, residential address and photographs of Promoters/P	artners/Karta/Trustees/whole tin	ne directors :	
	artners/Karta/Trustees/whole tin	ne directors :	
Name, PAN, residential address and photographs of Promoters/P. a) DIN of whole time directors :	artners/Karta/Trustees/whole tin	ne directors :	
	artners/Karta/Trustees/whole tin	ne directors :	V =
2. a) DIN of whole time directors :	artners/Karta/Trustees/whole tin	ne directors :	V
a) DIN of whole time directors : b) Aadhaar number of Promoters/Partners/Karta :	artners/Karta/Trustees/whole tin	ne directors :	V.
2. a) DIN of whole time directors: b) Aadhaar number of Promoters/Partners/Karta: DECLARATION 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	NAME & SIGNATURE(S)	ne directors :	V
2. a) DIN of whole time directors: b) Aadhaar number of Promoters/Partners/Karta: DECLARATION 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	NAME & SIGNATURE(S) OF AUTHORISED		
2. a) DIN of whole time directors: b) Aadhaar number of Promoters/Partners/Karta: DECLARATION 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	NAME & SIGNATURE(S)	ne directors :	
2. a) DIN of whole time directors : b) Aadhaar number of Promoters/Partners/Karta : DECLARATION 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.	NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)		
2. a) DIN of whole time directors : b) Aadhaar number of Promoters/Partners/Karta : DECLARATION 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.	NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)		Date:
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2. a) DIN of whole time directors : b) Aadhaar number of Promoters/Partners/Karta : DECLARATION 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.	NAME & SIGNATURE(S) OF AUTHORISED PERSON(S) Place:	eal/Stamp of the II	ntermediary should co
2. a) DIN of whole time directors: b) Aadhaar number of Promoters/Partners/Karta: DECLARATION //We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and //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. FOR OFFI AMC/Intermediary name OR code	NAME & SIGNATURE(S) OF AUTHORISED PERSON(S) Place:	eal/Stamp of the In	ntermediary should co

(7)

Date of financial years and

DEED OF DECLARATION OF HUF _____residing at the address __ do solemnly affirm that I am the Karta of the Hindu Undivided and following members are included in the HUF. **Details of Coparceners / Family Members:** Name of Coparceners / Sex Date of Relationship S.No. **Family Members** with Karta Code Birth 1. 2. 3. 4. 5. 6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Specimen signature for and on behalf of Karta

Name :	

