

Interactive Brokers (India) Private Limited

502/A, Times Square
Andheri Kurla Road, Andheri (East) Mumbai 400059.
Tel: +91-22-61289888 Fax: +91-22-61289898
Website: www.interactivebrokers.co.in
SEBI Registration No: NSE: INB/F/E 231288037 (CM/F&O/CD)
BSE: INB/F 011288033 (CM/F&O); MCX-SX: INE 2611288034 (CD)
NSDL: IN-DP-NSDL-301-2008 DP ID – IN 303567

PHOTOGRAPH
Please affix a recent passport size photograph and sign across it

Sign across

NDML Registration No: Client ID:

U Code : KNOW YOUR CLIENT (KYC) APPLICATION FORM (INDIVIDUALS)

A. IDENTITY DETAILS (As proof of ID please enclose a duly attested copy of your PAN Card)

1. Name of Applicant (As shown on your PAN card)

2. Father's/Spouse Name

3. Gender (please ✓) Male Female 4. Marital Status (please ✓) Married Single

5. Date of birth

6. Nationality Indian Others

7. Status (please ✓) Resident Individual Non Resident Foreign National

8a. PAN (PAN card mandatory)

8b. Aadhaar, if any

B. ADDRESS DETAILS (please provide proof of address document for this)

Correspondence Residence

1. Correspondence/Residence Address

City/Town/Village Pin Code

State Country

2. Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicants)

City/Town/Village Pin Code

State Country

3. Contact Details

Tel (Home)

Tel (Mobile)

Tel (Business)

Tel (FAX optional)

Email Address

4. Proof of Identity: PAN Card Any Other (Please Specify) : _____

5. Proof of Residence/Correspondence/Permanent Address: _____

C. DECLARATION

I 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. If the above information is later found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable.

Date

 (Sign)

Signature of Applicant

FOR OFFICE USE ONLY

S.no	Particulars				
1	<input checked="" type="checkbox"/> Originals verified and Self-Attested Document copies received				
2	In-Person-Verification (IPV) details:				
a)	Name of the Person doing the IPV				
b)	Designation				
c)	Name of the Organization				
d)	Signature				
e)	Date				
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Name & Signature of the Authorized Signatory</td> <td rowspan="3" style="width: 50%; vertical-align: middle; text-align: center;">Seal/Stamp of the intermediary</td> </tr> <tr> <td>Date</td> </tr> <tr> <td> </td> </tr> </table>		Name & Signature of the Authorized Signatory	Seal/Stamp of the intermediary	Date	
Name & Signature of the Authorized Signatory	Seal/Stamp of the intermediary				
Date					

-----X-----

ADDITIONAL TRADING ACCOUNT DETAILS

Client ID : _____

A. BANK ACCOUNT(S) DETAILS

1. Bank Name
 Branch Address

 Bank A/C No.
 A/C Type (please ✓) Savings Current Other
 IFSC Number MICR Number

2. Bank Name
 Branch Address

 Bank A/C No.
 A/C Type (please ✓) Savings Current Other
 IFSC Number MICR Number

B. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name Depository Name
 Beneficiary name
 DP ID NO. BENEFICIARY ID

C. INVESTMENT/TRADING EXPERIENCE & PREFERENCES

Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by client.
 #If, in the future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker

Exchange	Segment	Years of Experience	Signature
NSE	CASH		_____ (Sign)
	F&O		_____ (Sign)
	CD		_____ (Sign)

Whether you wish to receive a Physical Contract Note Electronic Contract Note (ECN)
 Email address:
 Do you wish to use our internet trading platform/wireless technology? Yes No
 Do you wish to engage in Margin trading? Yes No

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:

D. TRADING ACCOUNTS WITH OTHER STOCKBROKERS

1. If dealing with other Stock Brokers, please provide details

Name of stock broker

Client Code

Details of disputes/dues pending from/to such stock brokers _____

2. If dealing with other Stock Brokers, please provide details

Name of stock broker

Client Code

Details of disputes/dues pending from/to such stock brokers _____

E. OCCUPATION & FINANCIAL DETAILS

1. Occupation (please any one or give brief details)
- | | | | |
|---|-----------------------------------|---|--|
| <input type="checkbox"/> Government Service | <input type="checkbox"/> Business | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Housewife | <input type="checkbox"/> Student | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist |
| | | <input type="checkbox"/> Other | <input type="checkbox"/> Retired |

Details: _____

2. Name of Employer/Establishment (if Employed)

3. Office Address

City/Town/Village Pin Code

State Country

4. Please if applicable Politically Exposed Person (PEP) Related to a PEP

5. Annual Income Details: Income Range per annum

(please < ` 1 lac ` 1- 5 lac ` 5- 10 lac ` 10-25 lac > ` 25 lac

Liquid Networth as of

(please ` 5- 10 lac ` 10-25 lac > ` 25 lac

(Networth should not be older than 1 year)

F. INTRODUCER DETAILS

- Internet based client Walk in client
 Employee of the company or an existing client

Name of the Introducer

Status of the Introducer

Address

G. NOMINATION DETAILS (Same as depository account with Interactive Brokers (India) Pvt. Ltd.)
H. 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 and understood the contents of the document on policies and procedures of the stockbroker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), '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 been displayed for Information on stockbroker's designated website.

(Sign)

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

Name of Client

Date

Place

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DEMAT ACCOUNT DETAILS

Interactive Brokers (India) Private Limited (DP ID 303567)
 502/A, Times Square
 Andheri Kurla Road, Andheri (East) Mumbai 400059.

Client-ID (To be filled by Participant)

I/We request you to open a depository account in my/our name as per the following details:

Date

A. DETAILS OF ACCOUNT HOLDER(S)

Sole/First Holder Name	<input style="width: 95%; height: 25px;" type="text"/>
PAN	<input style="width: 70%; height: 25px;" type="text"/>
Second Holder Name	<input style="width: 95%; height: 25px;" type="text"/>
PAN	<input style="width: 70%; height: 25px;" type="text"/>
Third Holder Name	<input style="width: 95%; height: 25px;" type="text"/>
PAN	<input style="width: 70%; height: 25px;" type="text"/>

B. HUF/ASSOCIATION OF PERSONS/PARTNERSHIP FIRM/UNREGISTERED TRUST

For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

Name	<input style="width: 95%; height: 25px;" type="text"/>
PAN	<input style="width: 70%; height: 25px;" type="text"/>

C. TYPE OF ACCOUNT (please ✓)

<input checked="" type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non Repatriable
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Promoter
<input type="checkbox"/> Margin	<input type="checkbox"/> Others (Please Specify) _____	

D. IN CASE OF NRI's/FOREIGN NATIONALS

<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
RBI Approval date	RBI Approval Reference Number

E. BANK DETAILS

Bank Name	<input style="width: 95%; height: 25px;" type="text"/>		
Branch Address	<input style="width: 95%; height: 25px;" type="text"/>		
Bank A/C No.	<input style="width: 95%; height: 25px;" type="text"/>		
A/C Type (please ✓)	<input checked="" type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> Others (Please Specify) _____
IFSC Number	<input style="width: 70%; height: 25px;" type="text"/>	MICR Number	<input style="width: 70%; height: 25px;" type="text"/>

F. STANDING INSTRUCTIONS

1. I/We authorize you to receive credits automatically into my/our account (please ✓) Yes No
2. Account to be operated through Power of Attorney (PoA) (please ✓) Yes No

3. Mode of receiving statement of account: Physical Form Electronic Form*
 (Read note 4 and ensure that email ID is provided in KYC application form)

4. SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]

Holder		Mobile Number
Sole/First Holder	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Second Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Third Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

G. Guardian Details (where sole holder is a minor):

[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian Name

PAN

Relationship of guardian with minor

H. NOMINATION OPTION

- (please ✓) I/We wish to make a nomination. [As per details given below] I/We do not wish to make a nomination. [Strike through the nomination details below]
- (please ✓) I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below]

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person in whom all rights and amount payable in respect of securities held in the Depository by me/us in the said beneficiary owner account shall vest in the event of my/our death.

NOMINEE 1	ENTITY ID#
1. Name of the Nominee (Mr./Ms.)	<input type="text"/> <input type="text"/>
2. Share of Nominee	<input type="text"/> Equally <input type="text"/> <input type="text"/> Not Equally (specify %) <input type="text"/> %
3. Relation with the Applicant	<input type="text"/>
4. Date of Birth	<input type="text"/>
5. Address of Nominee	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City/town/village	<input type="text"/> Pin Code <input type="text"/>
State	<input type="text"/> Country <input type="text"/>
6. Contact Details of Nominee	Tel (Home/Mobile) <input type="text"/>
7. Email Address	<input type="text"/>

8. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)

	(a) Photograph & Signature	Photograph of Nominee		Signature of Nominee
	<input type="checkbox"/>	(Signature of Nominee across photograph)		X Signature of Nominee
	(b) <input type="checkbox"/> PAN number of nominee		<input type="text"/>	
	(c) <input type="checkbox"/> Aadhaar number of nominee		<input type="text"/>	
	(d) <input type="checkbox"/> Savings bank account number of nominee		<input type="text"/>	
	(e) <input type="checkbox"/> Copy of any proof of identity document (<i>accompanied by original for verification or duly attested by any entity authorized for attesting the document</i>)		<input type="text"/>	
	(f) <input type="checkbox"/> Demat account details of nominee		DP ID	<input type="text"/>
			CLIENT ID	<input type="text"/>

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

8. Date of Birth (in case of minor)

9. Name of the Guardian
 (Mr./Ms.)(in case of a minor nominee)

10. Relation with the Guardian

11. Address of Guardian

City/town/village Pin Code

State Country

12. Contact Details of Guardian Tel (Home/Mobile)

13. Email Address

14. Guardian Identification details (please tick any one from (a) to (f) and provide details of the same)

	(a) Photograph & Signature	Photograph of Guardian	Signature of Guardian				
	<input type="checkbox"/>	(Signature of Guardian across photograph)	X Signature of Guardian				
	(b) <input type="checkbox"/> PAN number of Guardian		<input style="width: 100%;" type="text"/>				
	(c) <input type="checkbox"/> Aadhaar number of Guardian		<input style="width: 100%;" type="text"/>				
	(d) <input type="checkbox"/> Savings bank account number of Guardian		<input style="width: 100%;" type="text"/>				
	(e) <input type="checkbox"/> Copy of any proof of identity document (<i>accompanied by original for verification or duly attested by any entity authorized for attesting the document</i>)						
	(f) <input type="checkbox"/> Demat account details of Guardian		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DP ID</td> <td style="width: 50%;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>CLIENT ID</td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	DP ID	<input style="width: 100%;" type="text"/>	CLIENT ID	<input style="width: 100%;" type="text"/>
DP ID	<input style="width: 100%;" type="text"/>						
CLIENT ID	<input style="width: 100%;" type="text"/>						

NOMINEE 2	ENTITY ID#
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1. Name of the Nominee (Mr./Ms.)	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
2. Share of Nominee	<input style="width: 50%;" type="text"/> %
3. Relation with the Applicant	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
4. Date of Birth	<input style="width: 100%;" type="text"/>
5. Address of Nominee	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
City/town/village	<input style="width: 70%;" type="text"/> Pin Code <input style="width: 20%;" type="text"/>
State	<input style="width: 30%;" type="text"/> Country <input style="width: 60%;" type="text"/>
6. Contact Details of Nominee	Tel (Home/Mobile) <input style="width: 80%;" type="text"/>
7. Email Address	<input style="width: 100%;" type="text"/>

8. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)

	(a) Photograph & Signature	Photograph of Nominee		Signature of Nominee					
	<input type="checkbox"/>	(Signature of Nominee across photograph)		X Signature of Nominee					
	(b) <input type="checkbox"/> PAN number of nominee		<input type="text"/>						
	(c) <input type="checkbox"/> Aadhaar number of nominee		<input type="text"/>						
	(d) <input type="checkbox"/> Savings bank account number of nominee		<input type="text"/>						
	(e) <input type="checkbox"/> Copy of any proof of identity document (<i>accompanied by original for verification or duly attested by any entity authorized for attesting the document</i>)								
	(f) <input type="checkbox"/> Demat account details of nominee		<table border="1"> <tr> <td>DP ID</td> <td><input type="text"/></td> </tr> <tr> <td>CLIENT ID</td> <td><input type="text"/></td> </tr> </table>		DP ID	<input type="text"/>	CLIENT ID	<input type="text"/>	
DP ID	<input type="text"/>								
CLIENT ID	<input type="text"/>								

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

8. Date of Birth (in case of minor)

9. Name of the Guardian
 (Mr./Ms.)(in case of a minor nominee)

10. Relation with the Guardian

11. Address of Guardian

City/town/village Pin Code

State Country

12. Contact Details of Guardian Tel (Home/Mobile)

13. Email Address

14. Guardian Identification details (please tick any one from (a) to (f) and provide details of the same)

	(a) Photograph & Signature	Photograph of Guardian		Signature of Guardian					
	<input type="checkbox"/>	(Signature of Guardian across photograph)		X Signature of Guardian					
	(b) <input type="checkbox"/> PAN number of Guardian		<input type="text"/>						
	(c) <input type="checkbox"/> Aadhaar number of Guardian		<input type="text"/>						
	(d) <input type="checkbox"/> Savings bank account number of Guardian		<input type="text"/>						
	(e) <input type="checkbox"/> Copy of any proof of identity document (<i>accompanied by original for verification or duly attested by any entity authorized for attesting the document</i>)		<input type="text"/>						
	(f) <input type="checkbox"/> Demat account details of Guardian		<table border="1"> <tr> <td>DP ID</td> <td><input type="text"/></td> </tr> <tr> <td>CLIENT ID</td> <td><input type="text"/></td> </tr> </table>		DP ID	<input type="text"/>	CLIENT ID	<input type="text"/>	
DP ID	<input type="text"/>								
CLIENT ID	<input type="text"/>								

NOMINEE 3
ENTITY ID#

1.	Name of the Nominee (Mr./Ms.)	<input type="text"/>
		<input type="text"/>
2.	Share of Nominee	<input type="text"/> %
3.	Relation with the Applicant	<input type="text"/>
		<input type="text"/>
4.	Date of Birth	<input type="text"/>
5.	Address of Nominee	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
	City/town/village	<input type="text"/>
	Pin Code	<input type="text"/>
	State	<input type="text"/>
	Country	<input type="text"/>
6.	Contact Details of Nominee	Tel (Home/Mobile) <input type="text"/>
7.	Email Address	<input type="text"/>

8. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)

	(a) Photograph & Signature	Photograph of Nominee		Signature of Nominee					
	<input type="checkbox"/>	(Signature of Nominee across photograph)		X Signature of Nominee					
	(b) <input type="checkbox"/> PAN number of nominee		<input type="text"/>						
	(c) <input type="checkbox"/> Aadhaar number of nominee		<input type="text"/>						
	(d) <input type="checkbox"/> Savings bank account number of nominee		<input type="text"/>						
	(e) <input type="checkbox"/> Copy of any proof of identity document (<i>accompanied by original for verification or duly attested by any entity authorized for attesting the document</i>)		<input type="text"/>						
	(f) <input type="checkbox"/> Demat account details of nominee		<table border="1"> <tr> <td>DP ID</td> <td><input type="text"/></td> </tr> <tr> <td>CLIENT ID</td> <td><input type="text"/></td> </tr> </table>		DP ID	<input type="text"/>	CLIENT ID	<input type="text"/>	
DP ID	<input type="text"/>								
CLIENT ID	<input type="text"/>								

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

8. Date of Birth (in case of a Minor)

9. Name of the Guardian (Mr./Ms.)(in case of a minor nominee)

10. Relation with the Guardian

11. Address of Guardian

City/town/village Pin Code

State Country

12. Contact Details of Guardian Tel (Home/Mobile)

13. Email Address

14. Guardian Identification details (please tick any one from (a) to (f) and provide details of the same)

	(a) <input type="checkbox"/> Photograph & Signature	Photograph of Guardian		Signature of Guardian					
	<input type="checkbox"/>	(Signature of Guardian across photograph)		X Signature of Guardian					
	(b) <input type="checkbox"/> PAN number of Guardian		<input type="text"/>						
	(c) <input type="checkbox"/> Aadhaar number of Guardian		<input type="text"/>						
	(d) <input type="checkbox"/> Savings bank account number of Guardian		<input type="text"/>						
	(e) <input type="checkbox"/> Copy of any proof of identity document (<i>accompanied by original for verification or duly attested by any entity authorized for attesting the document</i>)								
	(f) <input type="checkbox"/> Demat account details of Guardian		<table border="1"> <tr> <td>DP ID</td> <td><input type="text"/></td> </tr> <tr> <td>CLIENT ID</td> <td><input type="text"/></td> </tr> </table>			DP ID	<input type="text"/>	CLIENT ID	<input type="text"/>
DP ID	<input type="text"/>								
CLIENT ID	<input type="text"/>								

Name(s) of holder(s)		Signature(s) of holder
Sole/ First Holder (Mr./Ms.)		X
Second Holder (Mr./Ms.)		X
Third Holder (Mr./Ms.)		X
Signature of Witness for Nomination		
Name of witness	Address of witness	Signature of witness
		X
		Date
		.

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read and understood and I/we agree to abide by and to be bound by the rules in force for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and I/we undertake to inform you of any changes to this information immediately. In case any of the above information is found to be false, untrue, misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. In the case of a non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations.

Name(s) of Holder(s)

Sole/First Holder/Guardian (in case of sole holder is minor) (Mr./Ms.)

Date

_____(Sign)

Second Holder (Mr./Ms.)

Date

_____(Sign)

Date

_____(Sign)

Notes:

1. All communication shall be sent to the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other languages 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.
3. Instructions related to nomination, are as below:
 - I. 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, 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.
 - II. 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.
 - III. The Nominee 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.
 - IV. 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.
 - V. Transfer of securities in favour of a Nominee shall be a valid discharge by the depository and the Participant against the legal heir.
 - VI. 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, 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.

VII. 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.

VIII. 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.

IX. 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.

X. 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.

XI. Savings bank account details shall only be considered if the account is maintained with the same participant.

XII. DP ID and client ID shall be provided where demat details is required to be provided.

XIII. Any odd lot after division shall be transferred to the first nominee mentioned in the Form.

4. 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.

5. Strike off whichever is not applicable.

=====

Declaration for receipt of Account Opening Kit

With reference to my / our application for opening a trading and depository account, I/we acknowledge the receipt of copy of the following documents in the below described forms.

Name of the Document/Disclosure		Document format (Electronic/Physical)
Rights & Obligations of stock broker, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/ wireless technology based trading)		Electronic Form – made available in the Online application
Uniform Risk Disclosure Documents (for all segments/ exchanges)		Electronic Form – made available in the Online application
Guidance Note detailing Do's and Don'ts for trading on stock exchanges		Electronic Form – made available in the Online application
Rights and Obligations of beneficial owner and depository participant as prescribed by SEBI and depositories		Physical Copy received with the account opening form
Name		Signature(s) of Account Holder(s)
Sole/First Holder		X
Second Holder		
Third Holder		
Date :		

Acknowledgement

Interactive Brokers (India) Private Limited (DP ID 303567) 502/A, Times Square, Andheri Kurla Road, Andheri (East) Mumbai 400059.

Received the application from Mr/Ms _____ as the sole/first holder along with _____ and _____ as the second and third holder respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

--

Date

	_____ (Sign)
--	-----------------

Participant
Stamp

Participant Signature

-----X-----