

Please fill in ENGLISH and in BLOCK LETTERS with black ink

Application No.:

Client Signature

Signature and Stamp of the intermediary doing the IPV :

**Annexure - K**  
**PART II - ACCOUNT OPENING FORM**  
**(FOR NON-INDIVIDUALS)**

<b>Patel Wealth Advisors Pvt. Ltd. (DP ID IN304131)</b> "Oxygen", M/2/3, Gaurav Park, Opp : Pradhyuman Royal Heights, Near Neel Da Dhaba, Off Kalawad Road, Rajkot - 360005.					<b>Client - ID</b> ( To be filled by Participant)													
We request you to open a depository account in our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)										Date	D	D	M	M	Y	Y	Y	Y
<b>A) Details of Account holder(s):</b>																		
		Name						PAN										
Sole/First Holder																		
Second Holder																		
Third Holder																		
<b>B) Type of account:</b>																		
<input type="checkbox"/> Body Corporate		<input type="checkbox"/> FI		<input type="checkbox"/> FII														
<input type="checkbox"/> Qualified Foreign Investor		<input type="checkbox"/> Mutual Fund		<input type="checkbox"/> Trust														
<input type="checkbox"/> Bank		<input type="checkbox"/> CM		<input type="checkbox"/> Other (Please Specify) _____														
<b>C) For HUF, Partnership Firm, Unregistered Trust, Association of Person (AOP) etc., although the account is opened in the name of the karta, partner(s), trustee(es) etc., the name &amp; PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:</b>																		
a) Name								b) PAN										
<b>D) Income Details (please specify):</b>																		
Income Range per annum				<b>and</b>		Network												
<input type="checkbox"/> Below ₹.20 Lac						Amount (₹.) _____												
<input type="checkbox"/> ₹. 20 - 50 Lac						As on (date) <span style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</span>												
<input type="checkbox"/> ₹. 50 Lac - 1 crore						(Networth should not be older than 1 year)												
<input type="checkbox"/> Above ₹.1 crore																		
<b>E) In case of FIIs/Others (as may be applicable)</b>																		
RBI Approval Reference Number																		
RBI Approval date																		
SEBI Registration Number (for FIIs)																		
<b>F) Bank details</b>																		
1	Bank account type <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																	
2	Bank Account Number																	
3	Bank Name																	
4	Branch Address																	
			City/town/ village					PIN Code										
	State						Country											

	5)	MICR Code												
	6)	IFSC												
G)	Please tick, if applicable, for any your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:				<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)									
H)	<b>Clearing Member Details</b> (to be filled up by Clearing Members only)													
	1	Name of Stock Exchange												
	2	Name of Clearing Corporation/Clearing House												
	3	Clearing Member ID												
	4	SEBI Registration Number												
	5	Trade Name												
	6	CM-BP-ID (to be filled up by Participant)												
I)	<b>Standing Instructions</b>													
	1	We authorize you to receive credits automatically into our account.							<input type="checkbox"/> Yes <input type="checkbox"/> No					
	2	Account to be operated through Power of Attorney (PoA)							<input type="checkbox"/> Yes <input type="checkbox"/> No					
	3	<b>SMS Alert facility</b>												
		<b>Sr. No.</b>		<b>Holder</b>				<b>Yes</b>		<b>No</b>				
		1		Sole/First Holder				<input type="checkbox"/>		<input type="checkbox"/>				
		2		Second Holder				<input type="checkbox"/>		<input type="checkbox"/>				
		3		Third Holder				<input type="checkbox"/>		<input type="checkbox"/>				
	4	Mode of receiving Statement of Account [Tick any one]		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form <i>[Read Note 3 and ensure that email ID is provided in KYC Application Form]</i>										

### Declaration:

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

1 <sup>st</sup> Holder Name	2 <sup>nd</sup> Holder Name	3 <sup>rd</sup> Holder Name
1 <sup>st</sup> Holder Signature	2 <sup>nd</sup> Holder Signature	3 <sup>rd</sup> Holder Signature

<b>Mode of Operation for Sole/First Holder</b> (In case of joint holdings, all the holders must sign)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Other (please Specify)	

1. In case of additional signatures, separate annexure should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any other language not contained in the 8 Schedule of the Constitution of India must be attested by a magistrate or a Notary Public or a Special Executive magistrate.
3. 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.
4. Strike off whichever is not applicable.

Acknowledgement

**Patel Wealth Advisors Pvt. Ltd.**  
"Oxygen", M/2/3, Gaurav Park, Opp: Pradhyuman Royal Heights, Near Neel Da Dhaba, Off. Kalawad Road, Rajkot.  
Received the application from Mr/Ms \_\_\_\_\_ as the  
Sole/first holder along with \_\_\_\_\_ and \_\_\_\_\_ as the second and third holders  
respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future  
correspondence.  
Date : \_\_\_\_\_ Participant Stamp & Signature : \_\_\_\_\_

Details of Co-Parceners  
(Only for Hindu Undivided Family (HUF) separate sheet)

To,  
**PATEL WEALTH ADVISORS PVT. LTD.**  
"Oxygen", M/2/3, Gaurav Park,  
Opp. Pradhyuman Royal Heights,  
Near Neel Da Dhaba,  
Off. Kalawad Road,  
Rajkot – 360 005.  
Tel.:+91-28 –2562980-9  
Dear Sir,

**SUB. :** Details of Coparceners  
We M/s. \_\_\_\_\_ HUF, having Permanent Account Number (PAN)  
\_\_\_\_\_ Consist of \_\_\_\_\_ following members, whose details are given below.

No.	NAME OF FAMILY MEMBER	RELATION	DATE OF BIRTH	AGE	SIGNATURE

\*We the aforesaid co-parceners hereby authorize Karta (Name) \_\_\_\_\_  
to conduct trading and dealings on behalf of HUF.

**Place :** \_\_\_\_\_  
**Date :** \_\_\_\_\_ **Signature of KARTA :** \_\_\_\_\_

**NRI Declaration (Only for NRI Clients)**  
I, \_\_\_\_\_ being a Non-Resident Indian hereby  
declare that I shall abide by all laws such as FEMA, RBI Act, SEBI Act and such other regulations governing investment by Non-  
Resident Indians.  
**Signature of Applicant** \_\_\_\_\_

## Specimen Board Resolution (Voluntary)

(For Corporate Clients on the letterhead of Company)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT A MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_ HELD ON \_\_\_\_/\_\_\_\_/\_\_\_\_ AT THE REGISTERED/CORPORATE /ADMINISTRATIVE OFFICE OF THE COMPANY SITUATED AT \_\_\_\_\_ RESOLVED THAT trading/beneficiary account of the company be opened with M/s. PATEL WEALTH ADVISORS PVT. LTD. In the name and style of \_\_\_\_\_ (name of company) for trading in Cash and Derivatives segments of The National Stock Exchanges of India Ltd./BSE Ltd. Mr. \_\_\_\_\_ the Director of the company be and is hereby authorized to sign necessary documents and executive an agreement on behalf of the company, for opening the said account (s).

“RESOLVED FURTHER THAT the Authorized signatories mentioned hereunder be and are hereby singly/jointly authorize to operate and also instruct closure of the said account for and said account for and on behalf of the company”.

Sr. No.	Name	Signature	Designation

“RESOLVED FURTHER THAT the said resolution be and is hereby communicated to **M/s. PATEL WEALTH ADVISORS PVT. LTD.**  
Date :- \_\_\_\_\_ For : \_\_\_\_\_ (Name of company)  
DIRECTOR : \_\_\_\_\_

Note: The company should give such resolution on its letter head only.

## Specimen Copy of Declaration to be Given by Partnership Firm

(To be obtained on pre-printed letterhead of the firm)

THE MANAGING DIRECTOR,  
PATEL WEALTH ADVISORS PVT. LTD. RAJKOT.

Dear Sir,

We refer to the trading account opened with you in the name of \_\_\_\_\_ and declare and authorize you as under:

We recognize that a beneficiary account cannot be opened with Depository Participant in the name of the Partnership firm as per regulations. To facilitate the operation of above trading account with you and for the purpose of completing the securities transfer obligations, pursuant to the trading operations, we authorize you to recognized the beneficiary account No. \_\_\_\_\_ with Depository \_\_\_\_\_ having DP ID \_\_\_\_\_ as the designated account for operating the trading account opened with PATEL WEALTH ADVISORS PVT. LTD. in the name of firm.

We agree that the obligations 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 transfers made by us to beneficiary account as complete discharge of obligations by you in respect of traders executed in the above trading account of the firm.

Instruction: Should be signed by all partners of the firm.

## Specimen Copy of Declaration to be Given by HUF

(To be obtained on pre-printed letterhead of the HUF)

To,  
THE MANAGING DIRECTOR,  
PATEL WEALTH ADVISORS PVT. LTD. RAJKOT.

Dear Sir,

We refer to the trading account opened with you in the name of \_\_\_\_\_ And declare and authorize you as under.

We recognize that a beneficiary account cannot be opened with Depository Participant in the name of the HUF as per regulations. To facilitate the operation of above trading account with you and for the purpose of completing the securities transfer obligations, pursuant to the trading operations, we authorize you to recognize the beneficiary account No. \_\_\_\_\_ with Depository \_\_\_\_\_ having DP ID \_\_\_\_\_ as the designated account for operating the trading account opened with PATEL WEALTH ADVISORS PVT. LTD. in the name of HUF. We agree that the obligations for shares purchased and/or sold by the HUF will be handled and completed through transfer to / from the above mentioned account. We recognize and accept transfers made by you to beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of HUF.

**Instruction: Should be signed by all co-parceners of the HUF**

Details of Promoters / Partners / Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	

HUF stamp  
+  
signature of Karta

Date  /  /

PEP : Politically Exposed Person  
RPEP : Related to Politically Exposed Person