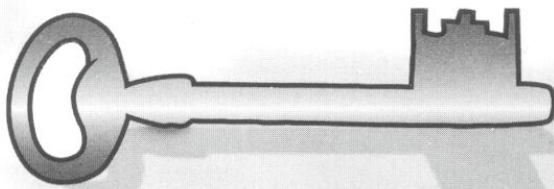


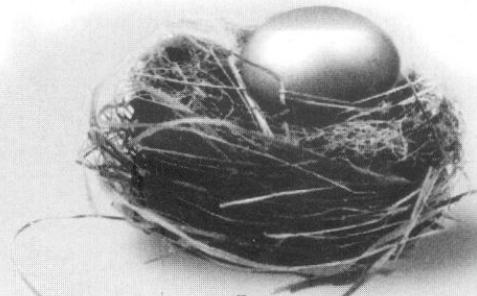


fast CAPITAL MARKETS LIMITED

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Ph. : + 91 33 4056 4545 / 46, Fax. : +91 33 4056 4547
Email : dp@fasttrade.co.in • CIN : U51109WB1994PLC063844
www.fasttrade.co.in



Inspiring Trust



Creating Value

CDSL

DEMAT ACCOUNT OPENING FORM

B.O. Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Holder's Name	<input type="text"/>																		
Individual	<input type="checkbox"/>	Joint A/c	<input type="checkbox"/>	HUF	<input type="checkbox"/>	NRI	<input type="checkbox"/>	Foreign National	<input type="checkbox"/>										
Corporate	<input type="checkbox"/>	CM	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Others	<input type="text"/>												

Instructions for the Applicants/BOs for account opening

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th schedule of the constitution of India. Thumb impressions and signatures other than the above mentioned a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal must attest languages.
2. Signatures should be preferably in black ink.
3. Details of the Names, address, and Tel Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the application form.
5. In case of applications under a Power of Attorney, the relevant power of Attorney or the certified 1 copy thereof, must be lodged along with the application.
6. All correspondence/queries shall be addressed to the first/sole applicant.
7. Strike off which is not applicable.

Document Check List

Individual (All documents should be self attested)

Photo 3 Cpoies

1. Copy of PAN card of the individual (mandatory)

2. Proof of Identity : (Any one)

- a) Passport
- b) Voter ID Card
- c) Driving License
- d) PAN Card with Photograph
- e) Aadhar

3. Proof of Address : (Any one)

- A) Passport
- b) Voter ID Card
- c) Driving License
- d) Ration Card
- e) Bank Passbook (not more than 2 months old)
- f) Computer generated Bank Statement duly attested by concerned bank with stamp & signature of bank official.
- g) Original Bank Statement (not more than 2 months old) self attested by BO along with cancelled cheque.
- h) Electricity bill date not more than 2 months old
- I) Residence telephone with bill date not more than 2months old
- j) Leave & License Agreement.
- K) Aadhar

Note : If correspondence address is different from permanent address, photocopy of both the address should be submitted.

4. Proof of Bank details : (Any one)

- a) Photocopy of the Bank Statement having name and address of the BO not more than 3 months old.
- b) Photocopy of the Passbook having name and address of the BO not more than 3 months old.
- c) Cancelled cheques having the name & account number of the BO (mandatory)

HUF (All documents should be self attested by Karta under the HUF stamp)

1. All documents, as mentioned above for individual required for Karta
2. PAN Card & Bank Passbook in indicating the existence of HUF entity.

MINOR (All documents should be attested by Guardian)

1. PAN Card of the Minor
2. Birth Certificate of the Minor
3. Proof of address & identity document of the Guardian, as specified above.
4. One passport size photograph of the minor and the guardian with their signature across the photograph. Guadian shoul sign across the photograph of the minor

NRI (All documents as mentioned above for individual)

1. Proof of foreign address and Indian address (if any)
2. Copy of Passport.
- 3.NRE & NRO A/c details is required.
4. POA duly notarized
5. Copy of PAN Card
6. All the documents as mentioned above for individual investors.
7. FEMA Declaration

Document Check List**Corporate**

1. Copy of Pan card of the corporate entity.
2. Certified true copy of Board Resolution as per annexure B
3. Memorandum & Article of Association & Certificate of incorporation of the Corporate.
4. In case of change of Directors, copy of form 32 is required duly certified by Managing Director.

5. Proof of Bank details : (Any one)

- a) Photocopy of the Bank Statement having name and address of the BO not more than 2 months old.
- b) Photocopy of the Passbook having name and address of the BO not more than 2 months old.
- c) Original cancelled cheque having the name & account number of the BO (mandatory)

6. Names of the authorized signatory (ies), designation, photograph and their specimen signatures duly verified by Managing Director / Company Secretary.

7. Proof of Address : (Any one)

- a) Documents registered with registering authority.
- b) Bank Statement / Passbook with the seal and signature of the respective bank not more than 2 months old.
- c) Original Bank statement and original cheque leaf duly signed by the authorized signatories not more than 2 months old.
- d) Agreement for sale or leave and license agreement.
- e) Latest acknowledged copy of Income Tax Return.

8. PAN card, address proof and KYC form of all signatories / directors.

Clearing Member

- 1) Certified true copy of certificate of Registration with SEBI & all other documents of Corporate Investor.

Societies

- 1) Registration Certificate of society.
- 2) Bye Law Regulation of the society.

Trust

- 1) Trust Deed & Rules
- 2) Certificate of Registration of Trust.

FIs

1. True copy of certificate of Registration with SEBI certified by managing Director/Company Secretary & all other documents of Corporate Investor.

OCBs

1. RBI Registration Certificate.
2. Declaration from the OCB that it meets with the guidelines issued by the RBI/Ministry of Finance
3. Certificate from overseas auditor in form OAC-1 & all other documents of Corporate Investor.

Mutual Funds

1. SEBI Registration certificate

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



fast CAPITAL MARKETS LTD.
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4 Bishop Lefroy Road, 4th Floor, Kolkata 700 020
Ph. : + 91 33 4056 4545 / 46, Fax. : +91 33 4056 4547
info@fasttrade.co.in | www.fasttrade.co.in

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. Identity Details (Please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document)

Name

Father's / Spouse Name

2. Gender Male Female B. Marital Status Single Married C. Date of Birth / /

3. Nationality Indian Other _____

4. Status Please tick (✓) Resident Individual Non Resident Foreign National (Passport Copy Mandatory for NRLs & Foreign Nationals)

5. PAN Please enclose duly attested copy of your PAN Card
Unique Identification Number (UID) Aadhaar, if any : _____

6. Proof of Identity submitted for PAN exempt cases Please tick (✓)
 UID (Aadhaar) Passport Voter ID Driving Licence Others _____

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

B. Address details (Please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village Pin Code

State Country

2. Contact Details

Tel. (Off.)	(ISD)	(STD)				Tel. (Res.)	(ISD)	(STD)			
Mobile	(ISD)	(STD)				Fax.	(ISD)	(STD)			
E-Mail Id. <input type="text"/>											

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement / Passbook
 *Latest Telephone Bill (Only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
 * Not more than 3 months old. Validity/Expiry date of proof of address submitted / /

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village Pin Code

State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement / Passbook
 *Latest Telephone Bill (Only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
 * Not more than 3 months old. Validity/Expiry date of proof of address submitted / /

C. 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

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 : _____

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that i/we may be held liable for it.

Place :

Date :

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done on / /

FAST CAPITAL MARKETS LIMITED

SEAL/STAMP OF THE INTERMEDIARY

STAFF NAME

DESIGNATION

FAST CAPITAL MARKETS LIMITED

SIGNATURE

DATE & PLACE

SEAL/STAMP OF THE INTERMEDIARY

STAFF NAME

DESIGNATION

FAST CAPITAL MARKETS LIMITED

SIGNATURE

DATE & PLACE

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received
Main Intermediary

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, 1 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) Maiden Name (If any*)

Father / Spouse Name* Mother Name*

Date of Birth* DD - MM - YYYY

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others (ISO 3166 Country Code)

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service (Private Sector Public Sector Government Sector)
 O-Others (Professional Self Employed Retired Housewife Student)
 B-Business X- Not Categorised

PHOTO

Signature / Thumb Impression

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(Pol)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

A- Passport Number Passport Expiry Date DD - MM - YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY

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 please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* 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 City / Town / Village*

District* Pin / Post Code* 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 City / Town / Village*

State* 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.) - Tel. (Res) - Mobile -

FAX - Email ID

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

Name* Prefix First Name Middle Name Last 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 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

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 : -- Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name


Code

[Institution Stamp]

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) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	


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Name & Signature of the Authorised Signatory (ies) _____ Date [] [] / [] [] / [] [] [] [] [] []
 PEP : Politically Exposed Person
 RPEP : Related to Politically Exposed Person

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT



fast CAPITAL MARKETS LTD

Regd. Office : Suite # 10, Calcutta Mansion, 4 Bishop Lefroy Road, 4th Floor, Kolkata 700020, WB, INDIA

Tel.: + 91 33 4056 4545 / 4546 (Hunting) • Fax. : +91 033 4056 4547 • URL : www.fasttra

Email : dp@fasttrade.co.in • post your grievances at : grievances@fasttrade.co.in

SEBI Regn. No. : IN-DP-CDSL-495-2008 • DP ID : 12059400



(To be filled by the Depository Participant)

Applicant No.		DP Internal Ref. No.		Date																	
DP ID	1	2	0	5	9	4	0	0	Client ID												

(To be filled by the applicant in **BLOCK LETTERS** IN English)

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

Holders Details

Sole / First Holder's Name		Search Name																		
		PAN																		
		UID																		
Second Holder's Name		PAN																		
		UID																		
Third Holder's Name		PAN																		
		UID																		

Name*

* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned above.

Details of Guardian (in case the account holder is Minor)

Guardian's Name	PAN
Relationship with the applicant	

Type of Account (Please tick whichever is applicable)

Status	Sub-Status
<input type="checkbox"/> Individual <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Others (Specify) _____	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin trading A/C (MANTRA) <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> NRI Repatirable <input type="checkbox"/> NRI Repatirable Promoter <input type="checkbox"/> NRI-Depository Receipts <input type="checkbox"/> NRI Non Repatirable Promoter <input type="checkbox"/> NRI Non - Repatirable <input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National = Depository Receipts <input type="checkbox"/> Others (Specify) _____

SEBI REGISTRATION No. (if Applicable)		SEBI Registration Date																			
RBI REGISTRATION No. (if Applicable)		RBI Approval date																			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____																				

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my / our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be Physical)	

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member Id		Trading member ID	
I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time.]	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Bank Details [Dividend Bank Details]

MICR Code (9 digit)									
IFS Code (11 character)									
Account number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN Code			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
 - (ii) Photocopy of the Bank Statement having name and address of the BO
 - (iii) Photocopy of the Passbook having name and address of the BO, (or)
 - (iv) Letter from the Bank
- in case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details Gross Annual Income Details	Income Range per annum :
	<input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Up to Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs. 25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than 1,00,00,000
	Net worth as on (Date) _____ Rs. _____ <i>[Net worth should not be older than 1 year]</i>
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____
Any other information :	

SMS Alert Facility Refer to Terms & Condition	MOBILE NO. +91 <input style="width: 100px;" type="text"/> [Mandatory, if you are giving Power of Attorney (POA)] <input style="float: right;" type="checkbox"/> (if POA is not granted & you do not wish to avail of this facility, cancel this option). The mobile No. is registered in the name of E-mail ID									
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Stock Exchange Name/ID</th> <th style="width: 33%;">Clearing Member Name</th> <th style="width: 34%;">Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)								
<i>Easi</i>	To register for <i>easi</i> , please visit our website www.cdslindia.com <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online. <input style="float: right;" type="checkbox"/>									

NOMINATION DETAIL

Nominee Registration No.	Dated

Dear Sir / Madam,

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 account.**

I/We **nominate** the following person/s who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details														
DP ID	1	2	0	5	9	4	0	0	Client ID					
Name of the Sole / First Holder														
Name of Second Holder														
Name of Third Holder														

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name :
Middle Name :
*Last Name :
*Address :			
*City :			
*State :			
*Pin :			
*Country :			
Telephone No. :			
Fax No. :			
PAN No. :			
UID :			
Email ID :			
*Relationship with the BO :			
Date of birth			
Name of the Guardian			
*First Name :
Middle Name :
*Last Name :
*Address of the Guardian			
*City :			
*State :			
*Country :			
*Pin :			
Age			
Telephone :			
Fax No. :			
Email ID :			
*Relationship of the Guardian with the Nominee :			
*Percentage of allocation of securities :			

In case of Nominee is Minor

*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee] :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Note : Residual securities in case 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.		
Photographs			
Witness Details			
Name of the Witness			
Address of the witness			
Signature of the witness			

★ Marked are mandatory

This nomination shall supersede any prior nomination may by me / us and also any testamentary document executed by me/us. 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 changer(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.

ACKNOWLEDGEMENT FOR THE RECEIPT OF DOCUMENTS

To, Date :
FAST CAPITAL MARKETS LIMITED
SUITE # 10, 'CALCUTTA MANSION', 4, BISHOP LEFROY ROAD, 4TH FLOOR, KOLKATA-700020

Dear Sir/Madam,

Ref. : Acknowledgement for the receipt of documents viz.,

- Copy of Demat Account Opening form. Duly executed
- Copy of Central KYC Registration form duly executed
- Copy of POA duly executed
- Copy Right & obligation (Separately Part-B)
- Terms and conditions (separately Part B)
- Any other _____

- Copy of Client Registration form (KYC) duly executed
- Copy of Nomination form duly executed
- Copy of Tarriff Sheet.
- Instructions to the applicants (BOS) for account opening (Separately Part B)
- Terms and conditions for availing TRUST (Separately Part B)

Thanking You,
Yours faithfully

Signature _____
1st Holder / Authorised Signatory 2nd Holder / Authorised Signatory 3rd Holder / Authorised Signatory

===== (Please Tear Here) =====

Application No. : _____ Acknowledgement Receipt Date :

We hereby acknowledge the receipt of the Account Opening Application Form

Name of the Sole / Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant seal and Signature

Details of Politically Exposed Persons (PEP) / Related to Politically Exposed Person (RPEP)

Sr. No.	Name of the Authorized signatories / Promoters / Partners / Karta/ Trustees / Whole Time Directors/ Holders	Relation with the holder (i.e promoters, whole time directors etc.	Please tick the relevant option
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

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

	First/Sole Holder/ Authorized Signatory	Second Holder/ Authorized Signatory	Third Holder/ Authorized Signatory
Name			
Designation			
Signature			

Place :

Date :

--	--	--	--	--	--	--	--	--	--

(Incase of more Authorised Signatories please add annexure)



fast CAPITAL MARKETS LIMITED

SUITE # 10, "CALCUTTA MANSION", 4 BISHOP LEFROY ROAD, 4TH FLOOR, KOLKATA 700020, INDIA
 Ph. : + 91 33 4056 4545 / 46, Fax. : +91 33 4056 4547
 Email : dp@fasttrade.co.in
 www.fasttrade.co.in

DPID 12059400		Amount in Rs.	
S.No.	Activity	<input type="checkbox"/> BSDA	<input type="checkbox"/> NORMAL
1.	Account Opening Charges	NIL	NIL
2.	Annual Maintenance Charges-Individual	NIL/ Rs.100/- /Rs.300/-**	Rs. 300/-
3.	Annual Maintenance Charges-Corporate	N.A	Rs 300/-as AMC charges and Rs 500/-payble to CDSL as their Charges
4.	BO A/c with Facsimile instruction	Rs. 200/- per A/c for Non Judicial stamp Paper	Rs. 200/- per A/c for Non Judicial stamp Paper
5.	Custody Charges	NIL	NIL
6.	Demat Rejection Charges	Rs 100/- per DRF	Rs 100/- per DRF
7.	Dematerialization	Rs. 5/- per certificate + courier charges of Rs. 100/-	Rs. 5/- per certificate + courier charges of Rs. 100/-
8.	Failed Instruction	Rs 10/- per ISIN	Rs 10/- per ISIN
9.	Late Transaction Charges	Rs 20/- per ISIN for same day pay in	Rs 20/- per ISIN for same day pay in
10.	Pledge Creation	Rs 25/- per ISIN	Rs 25/- per ISIN
11.	Pledge Creation Confirmation	NIL	NIL
12.	Unpledge Creation	Rs 25/- per ISIN	Rs 25/- per ISIN
13.	Unpledge Creation Confirmation	NIL	NIL
14.	Pledge Invocation	Rs 25/- per ISIN	Rs 25/- per ISIN
15.	Rematerialization	Rs 25/- per every 100 shares or part thereof Courier Charges of Rs. 50/-	Rs 25/- per every 100 shares or part thereof Courier Charges of Rs. 50/-
16.	Transaction(Credit)	NIL	NIL
17.	Transaction(Debit)	Rs. 20/- per ISIN	Rs. 15/- per ISIN
18.	Intersettlement Charges	NIL	Rs. 10/- per ISIN
19.	Transaction Statement	Once a month is free Rs. 15/- will be charged thereafter per statement (Applicable only for individual client with no other Dp Account)	Once a month is free Rs. 15/- will be charged thereafter per statement

Note

** No AMC will be levied if holding value is up to Rs.50000/-(Fifty Thousand only)
 AMC of Rs. 100/- will be levied if holding value is between Rs.50001/-(Fifty Thousand One only)to Rs.200000/-(Two lakh only)
 AMC of Rs. 300/- will be levied if holding value is exceeds Rs. 200000/-(Two Lakh Only)
 (AMC slab once changed will not be reversed)

- **GST Tax and other levies would be extra as applicable**
- Any service not covered above will be charges separately.
- Charges are subject to revision at the company's sole discretion and also due to charges in the tariff rates of CDSL.
- FAST reserves the right to change the rates from time to time by giving one month prior notice.
- The company will not be responsible for any claims in case of instructions received late i.e on the same day for PAY-IN
- Interest at 18% will be charged per annum for the non-payment of the bill(rounded off to the nearest rupee)

Authorisation:

- I/We hereby authorize you to debit and/or withdraw the money from my/our trading account opened with you to pay my/our dues in the above Depository Account.
- I/We have given this authorization to you voluntary for the purpose of smooth operation of my/our accounts.

[I have read and understand the regulatory guideline issued by SEBI for basic service Demat A/c (BSDA) and declare that I am not interested to opt for BSDA facility]

Signature

1st Holder / Authorised Signatory

2nd Holder / Authorised Signatory

3rd Holder / Authorised Signatory



fast CAPITAL MARKETS LTD.

Regd. Office : Suite # 10, Calcutta Mansion,

4 Bishop Lefroy Road, 4th Floor, Kolkata 700 020, WB INDIA

Tel. : (033) 4056 4545 / 46

Fax : (033) 3051-4547

URL : www.fasttrade.co.in

Email : dp@fasttrade.co.in

Post your grievances at : grivances@fasttrade.co.in

DPID No. 12059400



CONSENT LETTER FOR DIGITAL COMMUNICATION

VOLUNTARY

To,
FAST CAPITAL MARKETS LTD.
4, Bishop Lefroy Road, Suite # 10
4th Floor, Kolkata - 700 020

Client Name :

DP ID - 12059400

Client ID -

Dear Sir / Madam,

I/We am/ are having a Depository Account with **Fast Capital Markets Ltd.** (hereinafter referred to as "FCML") and my / our DP ID is 12059400_____ and have entered into agreement dated _____ with you at the time of opening of the aforesaid BO account. With reference to CDSL circular No - CDSL/A, L&C/ DP/1597 dated May 27, 2009, I/We confirm having opted to receive the statement of accounts pertaining to the above mentioned BO account in electronic mode in lieu of physical copy of the statement of account.

I/We confirm that the dispatch of statement of account to me/us at the following email address shall constitute full and absolute discharge of your obligation under the above agreement to provide me/us with statement of my/our BO account. But, I/We reserve my/our right to receive the physical copy of statement of accounts despite receiving the same in electronic mode, if such a demand is made in writing on you.

I/We would request you that henceforth i.e. from onwards you are requested to send my/our statements through email on my/our

Email ID

I/we confirm that any change in the aforesaid email address or any other instructions with regard to dispatch/service of my/ our statement of account on me/us shall not be binding upon you unless you are intimated in writing by me/us acknowledged delivery.

Yours faithfully,

Signature

1st Holder / Authorised Signatory

2nd Holder / Authorised Signatory

3rd Holder / Authorised Signatory

Delivery Instructions Slip (DIS) facility

Yes, I / We wish to received DIS Booklet at the time of account opening

No, however, the DIS booklet should be issued to me / us immediately on my / written request.

Signature

1st Holder / Authorised Signatory

2nd Holder / Authorised Signatory

3rd Holder / Authorised Signatory

Place : _____

Date :

FATCA/CRS - Self Declaration

1st Holder / Authorised Signatory

Name :

Is your Country of Tax residency other then INDIA- (if yes pl provide details :) Yes <input type="checkbox"/> No : <input type="checkbox"/>	
Mention Country /ies of citizenship (All countries to be mentioned in case of more than one citizenship)	
Mention Country /ies of Tax Residency (All countries to be mentioned in case of more than one tax residency)	
Tax Identification Number (TIN) (PAN or its equivalent in case of foreign country)	

SIGNATURE OF THE CLIENT

FATCA/CRS - Self Declaration

2nd Holder / Authorised Signatory

Name :

Is your Country of Tax residency other then INDIA- (if yes pl provide details :) Yes <input type="checkbox"/> No : <input type="checkbox"/>	
Mention Country /ies of citizenship (All countries to be mentioned in case of more than one citizenship)	
Mention Country /ies of Tax Residency (All countries to be mentioned in case of more than one tax residency)	
Tax Identification Number (TIN) (PAN or its equivalent in case of foreign country)	

SIGNATURE OF THE CLIENT

FATCA/CRS - Self Declaration

3rd Holder / Authorised Signatory

Name :

Is your Country of Tax residency other then INDIA- (if yes pl provide details :) Yes <input type="checkbox"/> No : <input type="checkbox"/>	
Mention Country /ies of citizenship (All countries to be mentioned in case of more than one citizenship)	
Mention Country /ies of Tax Residency (All countries to be mentioned in case of more than one tax residency)	
Tax Identification Number (TIN) (PAN or its equivalent in case of foreign country)	

SIGNATURE OF THE CLIENT

HUF AUTHORITY LETTER

FAST CAPITAL MARKETS LIMITED

Suite # 10, "Calcutta Mansion", 4 Bishop Lefroy Road,
4th Floor, Kolkata - 700 020 WB INDIA

SEBI Registration No. : IN-DP-CDSL-495-2008 ● DP ID No. : 12059400

Dear Sir,

We the present adult co-parceners of _____

a Hindu Undivided Family having its office at _____

_____ (herein after referred to as "the HUF") have or desire to have the beneficiary account with **Fast Capital Markets Ltd.** We the undersigned hereby declare

a) that we are the present adult Co-parceners of the HUF

b) that we are entitled to deal in Securities held by the HUF

c) that we have full and unrestricted authority to act on behalf or, bind, the Trust and all the present as well as future members, both adult and minor, howsoever constituted from time to time.

We hereby authorize _____ (name of the karta) to open a Beneficiary Account on behalf of the HUF with the Depository participant **Fast Capital Markets Ltd.** for dematerialisation/rematerialisation of securities held in the name of HUF. He is further authorized, to sign, execute and submit such publications, undertakings and other requisite documents, writings and deeds as may be deemed necessary to expedient to open account and give effect to this purpose. The said Depository Participant is hereby authorized to honour all instructions oral or written, given on behalf of the HUF by hand. However, any member of the HUF can issue cheques in favour of **Fast Capital Markets Ltd.** even through their signatures may not be available on the records of **Fast Capital Markets Ltd.** solely / exclusively for the account for the HUF maintained with them.

We hereby undertake to inform the DP of the death or birth of a co-parcener or any change occurring at any time in the membership of our joint family during the currency of the account.

We further confirm that the business of the said joint family is carried on mainly by the said karta as also by the other signatories here to in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the DP from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

Name and Signature of the Karta and all the major Co-parceners of the HUF

Sr No.	Co-parceners's Name	Sex	Date of Birth	Relation with Karta	Signature of Co-parcener

Date

Karta's Signature with Stamp

POWER OF ATTORNEY

(Execution of this POA is not Mandatory)

This Power of attorney is executed on this.....day of.....20..... between:

I, _____
S/o _____ residing at _____

OR

We _____ a partnership firm duly registered under the provisions of the Indian Partnership Act, 1932 and having its place of business at

OR

We _____ a company incorporated under the Companies Act, 1956 and having its registered office at _____

(Here in after referred to as client(s)) of One Part

AND

Fast Capital Markets Ltd., a Company duly incorporated under the Companies Act, 1956 and having its Registered Office at Suite # 10, "Calcutta Mansion", 4 Bishop Lefroy Road, 4th Floor, Kolkata - 700 020 WB of the Other Part, RECITALS do hereby solemnly and sincerely affirm on oath, agree and abide as follows:

WHEREAS **FAST CAPITAL MARKETS LTD.** is providing various securities related services which inter alia includes but not limited to transaction in connection with purchase or sale of securities, scrips, stocks, units of mutual fund etc. **FAST CAPITAL MARKETS LTD.** is a member of Bombay Stock Exchange Ltd vide SEBI Registration No. INB011294734 (BSE-Equity Segment) & INF011294734 (BSE-Futures & Options Segment) and also a member of National Stock Exchange of India Limited vide SEBI registration No INB231294738 (NSE- Equities Segment) & INF231294738 (NSE - Futures and Options Segment).

WHEREAS I / We hold a Beneficiary account No. 12059400_____ (BO-ID) with Central Depository Services (India) Ltd. ("CDSL") through **Fast Capital Markets Ltd.** ("Depository Participant"), having DP ID – 12059400 and trading Code (UCC)_____ with **FAST CAPITAL MARKETS LTD.** (Member National Stock Exchange, Bombay Stock Exchange, MCX stock Exchange).

NOW THESE PRESENTS WITNESSES THAT due to exigency and paucity of time I / We do hereby jointly and severally nominate, constitute and appoint **FAST CAPITAL MARKETS LTD.** acting through their respective director(s), employees or such other person as may be authorized by them by way of Resolution, whether passed in a meeting of the Board of Directors or any Committee formed by the Board, for the aforesaid and various other purposes, as my / our true and lawful attorney to do, execute and perform severally the following acts, deeds, matters and things:

1. Issuing instructions to transfer securities from the above mentioned Beneficiary Account for meeting Margin requirement for my / our trades and/or to fulfill my / our obligations to deliver security sold by me / us through **FAST CAPITAL MARKETS LTD.**, and to pledge securities with the Exchange / Clearing Corporation / Clearing House / Clearing Member for the limited purpose of meeting my / our margin requirements in connection with the trades executed by me / us through **FAST CAPITAL MARKETS LTD.** through any of their respective demat accounts as shown below:

Demat A/c No	Purpose	Segment
1100001100017345	NSE Early Pay-in A/c	C M
1205940000000524	NSE CDSL Pool A/c	C M
IN302105/10438910 (CM BP ID : IN564789)	NSE NSDL Pool A/c	C M
1205940000000294	NSE Margin A/c	C M
1205940000000275	NSE Margin A/c	F & O
1100001000020841	BSE Early Pay in A/c	C M
1205940000010809	BSE CDSL Pool A/c	C M
1205940000010792	BSE CDSL CM Principal A/c	C M
IN302105/10513458 (CM BP ID : IN661116)	BSE NSDL Pool A/c	C M
1205940000010828	BSE Margin A/c	C M
1205940000011534	BSE Margin A/c	F & O
1205940000015661	MCX - SXMargin A/c	Currency

Signature

2. To instruct the Depository Participant to debit securities and / or to transfer securities from the aforementioned Beneficiary account with Fast Capital Markets Ltd. for the purpose of delivering the same to the Clearing House of the recognised Stock Exchange towards any segment in respect of the securities sold by me / us through them.
3. To do all such acts, deeds, things as may be required to ensure that all deliveries of securities arising out of transactions undertaken by me / us under the Agreement are duly and properly completed.
4. To charge / debit my / our account(s) towards charges / fees / amounts / margin etc, payable to **FAST CAPITAL MARKETS LTD.** by virtue of my / our using any of the facilities / services provided by **FAST CAPITAL MARKETS LTD.**
5. To do all such other acts or deeds which **FAST CAPITAL MARKETS LTD.** in its sole discretion considers necessary in this connection in order to complete the transaction(s).
6. **FAST CAPITAL MARKETS LTD.** shall return to me / us the securities that may have been received by it erroneously or those securities that it was not entitled to receive from me / us.
7. That the present Power of Attorney shall continue until I / we have given to **FAST CAPITAL MARKETS LTD.** in writing to the contrary upon the satisfaction of all amounts / dues payable by me / us to **FAST CAPITAL MARKETS LTD.** towards the aforementioned purposes. However I / We understand that the powers and authorities conferred by this Power of Attorney shall be revocable at any time without notice.
8. I/We hereby authorize **FAST CAPITAL MARKETS LTD.** to send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/Email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

I / We, myself / ourselves, my / our heirs, executors and administrators do hereby agree to ratify, confirm and validate all and whatsoever my said Attorney shall do or purport to do or cause to be done by virtue of these presents.

I / We agree to indemnify and keep indemnified and hold harmless, **FAST CAPITAL MARKETS LTD.** from any and all reasonable costs, liabilities and expenses resulting directly or indirectly from all lawful actions in accordance with properly issued instructions where required.

This Power of Attorney is in accordance with the SEBI Circular No CIR/MRD/DMS/13/2010 dated 23rd April, 2010.

This Power of Attorney shall be subject to the jurisdiction of the Courts in Kolkata.

SIGNED AND DELIVERED on this _____ day of _____ 20 _____

Signature of the clients :

In case of HUF, signature of Co-personers

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

In presence of

Name of the Witness _____

Name of the Witness _____

Address : _____

Address : _____

Witness Signature _____

Witness Signature _____

We Accept
For **Fast Capital Markets Ltd.**

(Authorised Signatory / Directors)
Address: 'Calcutta Mansion'
4 Bishop Lefroy Road
4th Floor, Suite # 10
Kolkata – 700 020.

Place :

Date :

Declaration for Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-individual Applicant/Investor) To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

1 Applicant/Investor details:

Investor Name: _____ Investor PAN: _____

2 Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

(i) I/ We hereby declare that Our company is a Listed Company listed on recognized stock exchange in India a subsidiary of the Listed Company controlled by a Listed Company
 (ii) Details of Listed Company[^]: Stock Exchange on which listed _____ Security ISIN _____
[^]The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

3 Category [Please ✓]:

Unlisted Company Partnership Firm LLP Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust/ Trust created by a Will Others _____ [please specify]

S.No.	Name of UBO [Mandatory]	1. Place & Country of Birth		PAN / Taxpayer Identification Number / Equivalent ID Number	PEP	Percentage of beneficial interest	Controlling person type Code (Refer Instruction 5)	Date of Birth [dd-mm-yyyy]	Address & Contact details [Include City, Pincode, State, Country]	Gender [Male, Female, Others]	Father's Name	1. Nationality		2. Occupation		
		1.	2.									1.	2.	1.	2.	1.
1		1.			YES <input type="checkbox"/>								1.			
		2.			NO <input type="checkbox"/>								2.			
2		1.			YES <input type="checkbox"/>								1.			
		2.			NO <input type="checkbox"/>								2.			
3		1.			YES <input type="checkbox"/>								1.			
		2.			NO <input type="checkbox"/>								2.			
4		1.			YES <input type="checkbox"/>								1.			
		2.			NO <input type="checkbox"/>								2.			
5		1.			YES <input type="checkbox"/>								1.			
		2.			NO <input type="checkbox"/>								2.			

Attached Document should be self certified by the UBO and Certified by the Applicant / Investor.

4 Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.
 I/ We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instruction and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form are true, correct, and complete.

Date:
 Place:

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Instructions on Controlling persons / Ultimate beneficial owner

5. Controlling Person Type [UBO] Codes: Please mention the Code as per able below

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOS. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

1. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

2. For Investors which is a trust:

The identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

3. Exemption in case of listed companies / foreign investors:

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

4. Controlling Person Type [UBO] Codes: Please mention the Code as per able below

UBO Code	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company
UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals
UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]
UBO-5	Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]
UBO-6	The settlor(s) of the trust
UBO-7	Trustee(s) of the Trust
UBO-8	The Protector(s) of the Trust [if applicable].
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s)
UBO-10	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.



fast CAPITAL MARKETS LIMITED

Providing solutions for trading in

- ▶ NSE - Capital Market & F&O
- ▶ NSE - Currency Derivatives
- ▶ BSE - Capital Market & F&O
- ▶ BSE - Currency Derivatives
- ▶ BSE - Commodity Futures
- ▶ MSEIL - Currency Derivatives
- ▶ Screen Based Trading in Mutual Fund
- ▶ CDSL - Depository Services
- ▶ IPO and Related Services
- ▶ Mutual Fund and Related Services

fast COMMODITY MARKETS LIMITED

Providing solutions for trading in

- ▶ MCX - Commodity Futures

In addition we offer the add-ons at NO EXTRA COST

- ▶ Internet Trading
- ▶ SMS Alerts on Trading
- ▶ Weekly Research Report
- ▶ Online access to our Back-Office
- ▶ Research Report on Demand.

A ONE STOP SOLUTION TO ALL YOUR INVESTMENT NEEDS