



CLIENT REGISTRATION KIT

NAME : _____

CLIENT CODE : _____

BO ID : _____

DATE OF OPENING OF ACCOUNT : _____

CHECKED BY : _____



ACCOUNT OPENING KIT

Name of Stock Broker / Trading Member / Clearing Member (For NSE-F&O Segment) :
HORIZON FINANCIAL CONSULTANTS PVT. LTD.

SEBI Regn. No. and Date : INZ000171033 Dt.26.03.2018

Registered Office address :

Stephen House, 4th Floor, Room No. 62, 56E, Hemanta Basu Sarani, Kolkata - 700 001
Phone : (033) 2262-4685, 4067-5333, E.mail : hfcl@horizon.net.co
Website : www.horizonfinancial.co.in, CIN : U65900WB2009PTC132843

Correspondence Office address :

19, R. N. Mukherjee Road, Main Bluilding, 2nd Floor, Kolkata - 700 001
Phone : (033) 2231-7230

Name of Clearing Member (For NSE-Currency Derivatives, BSE-F&O, BSE-Currency Derivatives and MCX-Commodity Derivatives Segments) :

SMC GLOBAL SECURITIES LTD.

SEBI Regn. No. and Date : INZ000199438 Dt.12.09.2018

Registered & Correspondence Office address :

11/6B, Shanti Chambers, Main Pusa Road, New Delhi - 110 005
Phone : (011) 2575-4391, 3011-1000 / 1333
E.mail : smc@smcindiaonline.com, Website : www.smctradeonline.com

Compliance Officer Name, Phone No. & email ID :

Mr Rajesh Kumar Agarwal, 98301-27940, comp@horizon.net.co

CEO Name, Phone No. & email ID :

Mr Anil Todi, (033) 4062-6156, hfcl@horizon.net.co

For any grievance/dispute, please contact **HORIZON FINANCIAL CONSULTANTS PVT. LTD.** at the above address or email id : query@horizon.net.co and Phone No. : (033) 4062-6156. In case not satisfied with the response, please contact the concerned exchange(s) at ignse@nse.co.in and Phone No. (022) 2659-8190 for NSE, at is@bseindia.com and Phone No. (022) 2272-8097 for BSE and at complaints@cdslindia.com and Phone No. 18002-25533 for CDSL.

You may also lodge your grievances with SEBI at <http://scores.gov.in>. For any queries, feedback or assistance, please contact SEBI Office on Toll Free Helpline at 1800 22 7575, 1800 266 7575.

Filing compliant on SCORES - Easy & Quick

- a. Register on SCORES portal
- b. Mandatory details for filing complaints on SCORES
 - i. Name, PAN, Address, Mobile Number, E-mail ID
- c. Benefits:
 - i. Effective Communication
 - ii. Speedy redressal of the grievances

Please refer SCORES website link <https://scores.gov.in/scores/Welcome.html> and the FAQs available thereon.

If the investor / client is still not satisfied with the outcome, he / she / they can initiate dispute resolution through the ODR Portal. Visit <https://smartodr.in/login> for the Online Dispute Resolution Portal.

HORIZON FINANCIAL CONSULTANTS PVT. LTD.

INDEX OF DOCUMENTS

S.NO.	NAME OF THE DOCUMENT AND ITS BRIEF SIGNIFICANCE	PAGE NOS.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES		
1.	Account Opening Form <p>A. KYC form - Document captures the basic information about the constituent and an instruction/check list.</p> <p>B. Document captures the additional information about the constituent relevant to trading account and an instruction/check list.</p>	1 - 3 4 - 10
2.	Policy on Freezing / Blocking Client Account <p>As required under various Circulars of SEBI and Exchange(s)</p>	11 - 12
3.	Most Important Terms & Conditions <p>As required under various Circulars of SEBI and Exchange(s)</p>	13
4.	Policies and Procedures <p>Document describing significant policies and procedures of the stock broker.</p>	14 - 17
5.	Tariff sheet <p>Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).</p>	18
<p>Note : Standard Mandatory Documents viz. Rights & Obligations of Stock Broker, Sub-broker and Client for trading on exchanges, Uniform Risk Disclosure Documents, and Guidance Note detailing Do's and Don'ts for trading, are available in physical/electronic mode as per your choice marked in Section G on Page 5.</p>		
VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER		
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7.	Authorisation for Electronic Contract Notes & Statement of Funds and Securities <p>The documents deals with the clauses relating to issue of Contract Notes, daily margin statement, quarterly statement in electronic format.</p>	20
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9.	Declaration in case of same Mobile No. and / or E.mail ID for different clients <p>As required under various Circulars of SEBI and Exchange(s)</p>	22
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HORIZON FINANCIAL CONSULTANTS PVT. LTD.

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Checklist for Individual A/c opening (Client Registration for Trading /Demat)

- 1) Pan Card Xerox Copy.
- 2) ID Proof Xerox Copy
- 3) Address Proof Xerox copy.
- 4) 2 Passport size photo with across signature.
- 5) Cancelled Cheque & Bank Statement / Passbook ##.
- 6) Mobile No & Email ID.
- 7) Nominee Name, Photo, address, DOB, PAN card Xerox, Relationship.
- 8) 345/- Cheque for AMC of Demat A/c. and 100/- for POA charges
- 9) IT return for F&O and Currency segment trading.

Checklist for HUF A/c opening (Client Registration for Trading /Demat)

- 1) Pan Card Xerox Copy of Karta .
- 2) Pan Card Xerox Copy of HUF .
- 3) Address Proof copy of Karta .
- 4) 4 Passport size photo with across stamp & signature.
- 5) Cancelled Cheque & Bank Statement / Passbook of HUF A/c ##.
- 6) List of Family members of HUF on the letter head of HUF (with Relationship and DOB).
- 7) Mobile No & Email ID.
- 8) 345/- Cheque for AMC of Demat A/c and 100/- for POA charges.
- 9) IT return of last 2 years / last six month bank statement.

Checklist for Corporate (Client Registration for Trading /Demat)

- 1) Company PAN
- 2) Memorandum and Articles of Association of Company.
- 3) Form 18 & Form 32 with Challan.
- 4) Auditors Report , Balance Sheet & IT return acknowledgement copy of last 2 Years, for New Company Net-worth certificate (Latest) duly signed C.A. (to be submitted every year)
- 5) Cancel Cheque & Bank Statement of Company of last 1 year ##.
- 6) Board Resolution for investment in securities market in Company Original Letterhead.
- 7) Copy of List of Directors Original Letterhead Duly Sign by Chairman.
- 8) Copy of Latest Share Holding Pattern including list of all those Holding control, either directly or indirectly duly certified by Company secretary /Whole time director.* PAN card required for >5% share holder of the company and >25% share holder required of PAN and share Holding (corporate) (To be submitted every year)
- 9) Self certified PAN,Address proof & DIN number of Whole Time Directors/ Two Directors in charge of day to day operation.
- 10) Self certified PAN & Address proof of Individual Promoters holding control – either directly or indirectly . 11) DP Details (Client Master List) if DP outside.
- 12) 2 copy Photograph of each Directors, Promoters & Authorized Signatories duly Stamp & sign of Company.
- 13) List of Authorized Signatories.
- 14) A Cheque for Rs.915/- towards AMC of Demat Account.

Note – All Proof should be on A4 size paper, clearly readable & self attested.

Should not be older than 2 months. Use only Black Ink in KYC

ID Proof – PAN, Passport, Voter ID, AADHAR etc.

Address Proof – Passport, Voter ID, AADHAR, Driving Licence, Ration Card etc.

Cheque should be in favor of “HORIZON FINANCIAL CONSULTANTS PVT. LTD.”

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.
- H) List of two character ISO 3166 country codes may be obtained from our office.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.



For office use only	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
(To be filled by financial institution)	KYC Number	<input type="text"/> (Mandatory for KYC update request)	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

 1. PERSONAL DETAILS* (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> DD — MM — YY YY YY		
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished	

 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F- Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>

**Address**

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	<input type="text"/>	Pin/Post Code* <input type="text"/>	City / Town / Village* <input type="text"/>
		State/U.T Code* <input type="text"/>	ISO 3166 Country Code* <input type="text"/>

 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

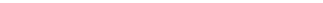
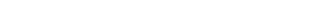
I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F- Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>
IV <input type="checkbox"/> Deemed Proof of Address - Document Type code	<input type="text"/>
V <input type="checkbox"/> Self Declaration	

Address

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	<input type="text"/>	Pin / Post Code* <input type="text"/>	City / Town / Village* <input type="text"/>
		State/U.T Code* <input type="text"/>	ISO 3166 Country Code* <input type="text"/>

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off)  — 

5. REMARKS (If any)

6. 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. Incase 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 : DD - MM - YY YY YY YY

Place: _____

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

IPV and KYC VERIFICATION CARRIED OUT BY

Date	DD	—	MM	—	YYYY
Emp. Name					
Emp. Code					
Emp. Designation					
Emp. Branch					

INSTITUTION DETAILS

Code **IN0253**

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

A Clarification / Guidelines on filling ‘Personal Details’ section

- 1 Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory : Mother’s name, Spouse’s name, Father’s name.

B Clarification / Guidelines on filling ‘Current Address details’ section

- 1 In case of deemed PoA such as utility bill, etc. or self declaration, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted PoA does not have current address or address as per PoA is invalid or not in force.
- 3 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 4 In Section 2, one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- 6 List of documents for ‘Deemed Proof of Address’:

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
7	Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
8	“Equivalent e-document” means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
9	‘Digital KYC process’ has to be carried out as stipulated in the PML Rules, 2005.
10	REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository

C Clarification / Guidelines on filling ‘Contact details’ section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add ‘O’ in the beginning of Mobile number.

D Clarification / Guidelines on filling ‘Related Person details’ section

- 1 Provide KYC number of related person, if available.

E Clarification on Minor

- 1 Guardian details are optional for minors above 10 years of age for opening of bank account only
- 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

TRADING ACCOUNT RELATED DETAILS - FOR INDIVIDUALS & NON-INDIVIDUALS

BANK ACCOUNT(S) DETAILS		
	First Bank Details	Second Bank Details
Bank Name		
Branch		
Address		
Bank A/c No.		
A/c Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others-In case of NRI/NRE/NRO	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others-In case of NRI/NRE/NRO
MICR No.		
IFSC code		
DEPOSITORY ACCOUNT(S) DETAILS		
	First Demat A/c Details	Second Demat A/c Details
Depository		
Participant Name		
Depository Name	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
Beneficiary Name		
DP ID		
Beneficiary ID (BO ID)		
TRADING PREFERENCES - Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.		
Exchange	Segment	Signature
NSE, BSE	- All Segments	✓
	- Cash / Mutual Fund	✓
	- F&O	✓
	- Currency	✓
MCX	- Commodity Derivatives	✓
If you do not wish to trade in any of segments / Mutual Fund, please mention here _____		

OTHER DETAILS			
Gross Annual Income Details (please specify)			
Income Range per annum	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25 Lacs-1 crore <input type="checkbox"/> > 1 crore		
Net-worth			as on (date)
(Net worth should not be older than 1 year)		(dd/mm/yyyy)	
Occupation (Individuals) (Please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business		
	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		
	<input type="checkbox"/> Others _____		
Please tick, if applicable, for any of 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)		
PAST ACTIONS			
Details of any action / proceedings initiated / pending / taken by SEBI / Stock exchange / any other authority against the applicant / constituent or its Partners / promoters / whole time directors / authorized persons in charge of dealing in securities during the last 3 years			

DEALINGS THROUGH AUTHORISED PERSON OR OTHER STOCK BROKERS			
Whether dealing with any other stock broker / AP (in case dealing with multiple stock brokers /APs, provide details of all)			
Name of stock broker			
Name of AP, if any			AP Regn. No.
Client Code			Exchange
Details of disputes/dues pending from/to such stock broker/authorised person			

ADDITIONAL DETAILS			
Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)			
_____, Specify your Email id, if applicable :			
Whether you wish to receive the standard documents - Rights and Obligations, Risk Disclosure Document (RDD) and Guidance note - physically or electronically, (please specify) : _____			
Please note that these documents are also available in certain vernacular languages on demand.			
Whether you wish to avail of the facility of internet trading / wireless technology (please specify)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Number of years of Investment / Trading Experience			
In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others			As per Annexure
Any other information			

INTRODUCER DETAILS (optional)			
Name of the Introducer			
	(Surname)	(Name)	(Middle Name)
Status of the Introducer	<input checked="" type="checkbox"/> Authorized Person <input checked="" type="checkbox"/> Existing Client		
	<input checked="" type="checkbox"/> Others, please specify		
Address and Phone No. of the Introducer			
Signature of the Introducer			

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/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and '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 has been displayed for Information on stock broker's designated website, if any.

Place : _____

✓ _____

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

Date : _____

FORM FOR NOMINATION

I/We wish to make a nomination. [As per details given below]

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination can be made upto three nominees in the account	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
--	-------------------------------	-------------------------------	-------------------------------

Mandatory Details

1 Name of the Nominee(s) (Mr./Ms.)*			
2 Share of each Nominee Equally [If not equally, please specify percentage]	%	%	%
3 Relationship with the Applicant (if any)			

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

Non-mandatory Details

Name and Signature of Holder(s)*

1 ✓

2 ✓

3 ✓

(Sole / First Holder)

(Second Holder)

(Third Holder)

MANDATORY

	Name(s) of holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms.)		✓
Second Holder (Mr./Ms.)		✓
Third Holder (Mr./Ms.)		✓

Witness

Signature _____

Name _____

Address _____

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Notes : This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Intermediary shall provide acknowledgement of the Nomination Form to the account holder(s).

DECLARATION FOR OPTING-OUT OF NOMINATION

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

Name and Signature of Holder(s)*

1 ✓

(Sole / First Holder)

2 ✓

(Second Holder)

3 ✓

(Third Holder)

Witness

Signature _____

Name _____

Address _____

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

ANNEXURE

DETAIL OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS AND PERSONS AUTHORIZED TO DEAL IN SECURITIES ON BEHALF OF COMPANY / FIRM / OTHERS

Particulars	1st	2nd	3rd
Designation			
Name			
PAN			
DIN / UID			
Residential Address			
Photograph	Please affix your recent passport size photograph and sign across it	Please affix your recent passport size photograph and sign across it	Please affix your recent passport size photograph and sign across it
Signature	✓	✓	✓

Use additional sheets, if necessary.

FOR OFFICE USE ONLY

UCC Code allotted to the Client : _____

	Documents verified with Originals	Client Interviewed By
Name of the Employee		
Employee Code		
Designation of the employee		
Date		
Signature		

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

Signature of the Authorised Signatory

Date : _____

Seal/Stamp of the stock broker

INSTRUCTIONS / CHECK LIST

1. Additional documents in case of trading in derivatives segments - illustrative list :

Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets	Self declaration with relevant supporting documents

**In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.*

2. Copy of cancelled cheque leaf / pass book / bank statement specifying name of the constituent, MICR Code or / and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals :
 - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker / sub-broker's office.
 - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals :
 - a. Form need to be initialized by all the authorized signatories.
 - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company / firm / others and their specimen signatures.

POLICY ON FREEZING / BLOCKING CLIENT ACCOUNT

1. **Background :** SEBI vide circular no. SEBI/HO/MIRSD/POD-1/P/CIR/2024/4 dated January 12, 2024 and NSE Circular no NSE/INSP/61529 Dated April 08, 2024 regarding Framework for Trading Members to provide the facility of voluntary freezing/blocking of online access of the trading account to their clients.

It is pertinent to mention that:

- a. Freezing/blocking is only for the online access to the client's trading account, and there shall be no restrictions on the Risk Management activities of the Trading Member.
- b. The request for freezing/ blocking does not constitute request for marking the client's Unique Client Code (UCC) as inactive in the Exchange records.

2. In view of the above the company has framed the following policy governing the outline of the modus operandi. In addition to branch trading the company is extending the facility of internet trading through browser based and EXE based followed by mobile trading. Presently we will be providing the following method of communications through which the client may request for voluntary freezing/ blocking of the online access of trading account if any suspicious activity is observed in the trading account: -
 - a) Email from registered e-mail ID: A dedicated email ID stoptrade@horizon.net.co has been opened where client can send their request for freezing/ blocking from their email ID registered with us. Clients are requested to send their freezing/ blocking request without any ambiguity along with UCC. Similarly, for un-freezing/ un-blocking, clients are requested to send their request at the email ID stoptrade@horizon.net.co from their registered email ID mentioning the same. Request sent for such freezing/ blocking and un-freezing/ un-blocking may not be addressed by the company if it is not sent from client's registered email ID or sent to any other email ID of the company.
 - b) SMS from registered mobile number: A dedicated mobile number 98301-27940 has been assigned where client can send their request for freezing/ blocking from their mobile number registered with us. Clients are requested to send their freezing/ blocking request in the following manner:
 - For freezing/ blocking type: "**BLOCK**" FOLLOWED BY UCC WITHOUT SPACE Example: if your UCC is A123 then message will be "**BLOCKA123**" and send it to 98301-27940.
 - For un-freezing/ un-blocking type: "**UNBLOCK**" FOLLOWED BY UCC WITHOUT SPACE" Example: if your UCC is W114X100 then message will be "**UNBLOCKW114X100**" and send it to 98301-27940.

Request sent for such freezing/ blocking and un-freezing/ un-blocking may not be addressed by the company if it is not sent from client's registered mobile number or sent to any other mobile number of the company.

3. The company shall take the following actions on the receipt of such request through any modes of communications for freezing/blocking of the online access of the trading account from the client:
 - Verify whether request is received from the registered mobile number/e-mail ID of the client;
 - Freeze / block the online access of the client's trading account and simultaneously cancel all the pending orders, if any, of the said client.
 - Issue the acknowledgement to the registered email ID or mobile number of the client stating that the online access to the trading account has been frozen / blocked and all the pending orders in the client's trading account, if any, have been cancelled.

- Details of open positions (if any) would also be communicated to registered email ID of the client along with contract expiry information within one hour from the freezing/blocking of the trading account.
- The timelines for freezing/ blocking of the online access of the clients' trading account is as under:

Scenario	Timelines for issuing acknowledgement as well as freezing / blocking of the online access of the trading account.
Request received during the trading hours and within 15 minutes before the start of trading hour.	Within 15 minutes of receiving the request.
Request received after the trading hours and 15 minutes before the closure of trading hour.	Before the start of next trading session

4. The company shall maintain the appropriate records/logs including request received to freeze/ block the online access of trading account, confirmation given for freezing/blocking of the online access of the trading account and cancellation of pending orders, if any, and sent them to the clients for the time limit as prescribed by the Regulator.
5. **Re-enabling the client for online access of the trading account:** - The Trading Member shall re-enable the online access of trading account after carrying out necessary due diligence including validating the client request and unfreezing / unblocking the online access of the trading account.

✓

Signature of the Client

Most Important Terms and Conditions (MITC)

As required by SEBI Circular No. SEBI/HO/MIRSD/MIRSD-PoD-1/P/CIR/2023/180 dt.13.11.2023
(For non-custodial settled trading accounts)

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

Signature of the Client

POLICIES AND PROCEDURES

A) Refusal of Orders for penny stocks :

Penny stocks are thinly traded shares of small companies which are traded infrequently. It may be difficult to buy/sell Penny stocks. Penny stocks include the equity securities with no active trading market.

For Dealing in penny stock following procedures is being followed :

1. Authorization of the Senior Officer is to be taken if any client wants to invest in penny stocks.
2. The valid reason of the client to trade in penny stock is taken.
3. The financial position, background of the client is reviewed.

The order of a client shall be refused by the Member when it appears that

1. If the dealing amounts to manipulation of the price of the security.
2. If the dealing creates false or misleading appearance of trading in the securities market.
3. If the dealing in the security is not intended to effect transfer of beneficial ownership but intended to operate only as a device to inflate, depress or cause fluctuations in the price of the penny stock for wrongful gain or avoidance of loss.

B) Setting up client's exposure limits :

At the time of entering into agreement with the clients and branches we require them to agree to abide by the exposure limits set by us from time to time subject to the availability of funds in their accounts & margins given by them in form of cash, FDRs, BGs, shares etc also. Client exposure is set on the basis of financial soundness (such as high, medium or low net worth client) and turnover position of the client.

C) Applicable Brokerage Rate :

The brokerage rate that would be applicable on the client shall be decided mutually between **Horizon Financial Consultants Pvt. Ltd.** and client. Such brokerage rate might increase/decrease during the course of time. Any such change would be intimated to the clients before implementing the same. However, the brokerage rate in any case would not exceed maximum brokerage rate of the transaction value as prescribed under SEBI/Exchange regulations.

D) Imposition of Penalty / Delayed Payment :

As per the laws of Exchange /SEBI, the client must make the payment of securities/funds he/ she sold/purchased before the Pay-In date. If the client fails to make the Payment before the said period, **Horizon Financial Consultants Pvt. Ltd.** may impose penalty or delayed payment charges not exceeding 2% per month for not making payment of their pay-in obligation on time as per the exchange requirement or net ledger debit balance as applicable.

No interest / delayed payment charges will be payable by the Trading Member on the credit balance lying in the margin account or ledger balance of the Client.

E) The right to sell client's securities or close client's positions, without giving notice to the client, on account of non-payment of client's dues :

- a) Even after regular reminders, if client fails to make the payment of the margin money or pay-in amount, then we would square off his/her/their position and before taking such action in this direction, we telephonically/vide e.mail explain all the details to the client about our proposed action in this regard.
- b) Principally, company follows the practice of giving reasonable opportunity of being heard and gives a verbal show cause notice to such clients. Thereafter, if company finds after giving reasonable time that the client has failed to pay the money due from him, we square off their position. However, in exceptional cases, like in case of those

clients with whom company has a long term bonding and there is reassurance from the concerned client that they will make the payment in due course of time, in such circumstances, company may consider allowing them to continue with their positions. Further, this shall be limited to the extent of settlement / margin obligations.

F) Shortages in obligations arising out of internal netting of trades :

Subject to the rules, regulation and bye-laws of the relevant stock exchange/ SEBI, if the seller of the security, in case of internal netting of trades has failed to deliver the security in the scheduled settlement number in the designated settlement account of the member, the seller has to deliver the security in the designated Auction settlement for scheduled settlement.

However, if the client fails to deliver the shares, then the seller will be debited with the highest prevailing price in the NSE from the first day of the relevant trading period till the auction day or 2% above the closing price on auction day for the particular security, whichever is higher, along with charges and the buyer will get the credit for the same.

G) Conditions under which a client neither may nor be allowed to take further position or the broker may close the existing position of a client :

A client is not allowed to take further position or the existing position of a client is closed on the following conditions:

1. If the ledger of a client shows continuous debit balances.
2. If the client defaults in meeting funds / securities obligation, it will lead to compulsory close out of the position.
3. If the client fails to submit any information / document as are mandatory or relevant, the client may not be allowed to take further position.
4. If the exchange is not allowing any further position in that scrip.
5. If broker's limit of taking exposure in that particular scrip comes to an end.

H) Temporarily suspending or closing a client's account at the client's request :

- a) The account of the client shall be suspended/ closed on receipt of written request from the client specifying the reasons to close the account. If the reasons given are justified then the account of that client is suspended after effecting the settlement of the account.
- b) The Trading Member can withhold the pay out of Client and suspend his trading amount due to his surveillance action or judicial or/and regulatory order/action requiring client suspension.

I) Deregistration of a client :

A client shall be deregistered upon fulfillment of the following conditions after effecting full and final settlement of account with respect to funds and securities :

- a) On receipt of the specific request from the client to deregister himself and to close his accounts.
- b) If the action of the Client are *prima facie* illegal / improper or such as to manipulate the price of any securities or disturb the normal / proper functioning of the market, either alone or in conjunction with others.
- c) If there is any commencement of a legal process against the Client under any law in force;
- d) On the death/lunacy or other disability of the Client;
- e) If a receiver, administrator or liquidator has been appointed or allowed to be appointed of all or any part of the undertaking of the Client;
- f) If the Client has voluntarily or compulsorily become the subject of proceedings under any bankruptcy or insolvency law or being a company, goes into liquidation or has a receiver appointed in respect of its assets or refers itself to the Board for Industrial and Financial Reconstruction or under any other law providing protection as a relief undertaking;

- g) If the Client being a partnership firm, has any steps taken by the Client and/ or its partners for dissolution of the partnership;
- h) If the Client have taken or suffered to be taken any action for its reorganization, liquidation or dissolution;
- i) If the Client has made any material misrepresentation of facts, including (without limitation) in relation to the Security;
- j) If there is reasonable apprehension that the Client is unable to pay its debts or the Client has admitted its inability to pay its debts, as they become payable;
- k) If the Client suffers any adverse material change in his / her / its financial position or defaults in any other agreement with the Trading Member;
- l) If the Client is in breach of any term, condition or covenant of this Agreement;
- m) If any covenant or warranty of the Client is incorrect or untrue in any material respect;

However notwithstanding any termination of the agreement, all transactions made under / pursuant to this agreement shall be subject to all the terms and conditions of this agreement and parties to this agreement submit to exclusive jurisdiction of courts of law at the place of execution of this agreement by Trading Member.

J) Inactive accounts :

The account of a client who do not trade and remain inactive for 12 (twelve) months shall be declared “inactive account” and will be temporarily suspended.

The Member reserves the right to ask for any documents in support of current address, bank account, demat account, financial status, etc before reactivating such inactive accounts.

K) Policies & Procedures :

“As per the SEBI circular no. CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated 20.06.2019 on Handling of Client’s Securities, **Horizon Financial Consultants Pvt. Ltd.** shall transfer the securities purchased by the client to client’s demat account within 1 working day of the pay out if clear payment is received from the client and if the client fails to make the payment in full then **Horizon Financial Consultants Pvt. Ltd.** shall transfer the securities to the “client unpaid securities account (CUSA)”. The securities kept in the CUSA shall either be transferred to the demat account of the client upon fulfillment of its funds pay- in obligation or in case of the payment is not received by the client it shall be disposed off in the market by **Horizon Financial Consultants Pvt. Ltd.** within 5 trading days after the date of pay out without any notice to the client to the extent of debit balance of the client and/or as per **Horizon Financial Consultants Pvt. Ltd.** Risk Management policy and balance securities shall be transferred to the respective client’s demat account.”

L) Running Account Authorization

“Please note that, running account authorisation for funds and securities earlier provided by you to us at the time of account opening is now restricted to funds only and not for securities as per the recent SEBI’s circular - CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated 20.06.2019. So, w.e.f. 01.10.2019 as per the said circular, the revised running account authorisation clause will be read as follows: “Funds shall not be paid immediately until/unless specifically demanded by client and member is free to use the same for the future settlement/margin obligations etc of the client”.

M) Voluntary Clauses

I/We are aware and agree that as per the SEBI circular no. CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated 20.06.2019 that **Horizon Financial Consultants Pvt. Ltd.** shall transfer the securities bought by me/us received in pay-out, to my/our demat account within 1 working day if clear payment is received from the client and if I/We fail to make the payment in full then **Horizon Financial Consultants Pvt. Ltd.** shall transfer the securities to the “client unpaid securities account (CUSA)”. I/We further agree and confirm that, the securities kept in the CUSA shall either be

transferred to my/our demat account upon fulfilment of my/our funds pay-in obligation or it shall be disposed of in the market by **Horizon Financial Consultants Pvt. Ltd.** within 5 trading days after the date of pay out without any notice to the client to the extent of debit balance of the client and/or as per **Horizon Financial Consultants Pvt. Ltd.** Risk Management policy and balance securities shall be transferred to the respective client's demat account. Any profit/loss occurred on such sale transactions of unpaid securities, will be borne by me/us and transferred to/ adjusted in my/our ledger. If any such stock will remain in CUSA due to my/our default, **Horizon Financial Consultants Pvt. Ltd.** may charge a fine/penalty as levied by the exchange/depositories to me and I/We shall not object the same.

Client acceptance of policies and procedures stated herein above :-

I/We have fully understood the same and do hereby sign the same and agree not to call into question the validity, enforceability and applicability of any provision/clauses this document any circumstances whatsoever. These Policies and Procedures may be amended/ changed unilaterally by the broker, provided the change is informed to me/us with through any one or more means or methods. I/We agree never to challenge the same on any ground including delayed receipt / non receipt or any other reasons whatsoever. These Policies and procedures shall always be read along with the agreement and shall be compulsorily referred to while deciding any dispute /difference or claim between me/us and stock broker before any court of law/judicial/ adjudication authority.

Signature of the Client

TARIFF SHEET
BROKERAGE STRUCTURE

SEGMENT	DELIVERY (%)	MINIMUM (paisa)	SQUARE OFF (%)	MINIMUM (paisa)	RISK CATEGORY
NSE Cash					
NSE Future					
NSE Options					
NSE CDS					
BSE Cash					
BSE Future					
BSE Options					
MCX Future					
MCX Options					

Brokerage or Delivery handling charges of Rs.20/- (whichever is higher) shall apply on the transaction value.

(Other charges like STT, CTT, Service Tax, Stamp Charges, Transaction Charges if any shall be levied as per the rate stipulated by the concerned Authority)

✓ _____
 Signature of the Client

Disclosure of Proprietary trading pursuance to SEBI Circular No. : SEBI/MRD/SE/Cir-42/2003 dated 19th Nov., 2003, NSE Circular No. : NSE/INVG/PRE/2003/16 dated 25th Nov., 2003 and BSE Notice No. 20031125-7 dated 25 November, 2003 :

We, **HORIZON FINANCIAL CONSULTANTS PVT. LTD.**, are also engaged in Proprietary trading apart from Client based business.

AUTHORITY LETTER FOR RUNNING ACCOUNT OF FUNDS

Date : _____

To

Horizon Financial Consultants Pvt. Ltd.
19, R. N. Mukherjee Road
Main Building, 2nd Floor
Kolkata - 700 001

Dear Sir,

1. With reference to my/our trading account opened with you, I/we request you to maintain a running account for funds on my/our behalf without settling the account on settlement of each transaction. As required by SEBI circular my/ our funds at EOD shall be upstream to CC/CM on daily basis. Further, any request made for release of funds shall be proceed within same day if request is made by 3.30 P.M. and on the next trading day if request is received after 3.30 P.M.
2. I/we understand and agree that no interest will be payable to me/us on the funds so retained with you.
3. I/we may be trading in derivatives segment & cash segment of various Exchanges and hence have various accounts with you. In this regard I/we hereby authorize **Horizon Financial Consultants Pvt. Ltd.** to act at its discretion of adjusting any credit balance under my/ our various accounts against the debit in any account across segments/ Exchange, without taking any further instruction from me/us.
4. Excess margins deposited towards one exchange / segment may be adjusted, on a running basis towards margin requirement / debit balance in same / other exchange / segment, where I/we have the client account.
5. I/we authorize you to set off a part or whole of the margin deposited by me/us against any of my / our dues, by appropriating relevant amount of fund or by sale of securities which form part of margin.
6. I / we hereby authorize you to deposit my / our funds deposited as margin to exchange / Clearing Corporation.
7. I/we may revoke the authorisation at any time by giving a written notice.
8. I/we also agree that the actual settlement of fund shall be done by us, at least once in a quarter or month, as preference given below and the statement of account for the same will be provided to me by **Horizon Financial Consultants Pvt. Ltd.**
9. I/we agree that fund given towards collaterals/margins in form of bank guarantee (BG) / Fixed Deposit Receipts (FDR) may not be periodically settled.
10. I/we agree that (a) in respect of derivatives market transactions, the Trading member may retain funds calculated in the manner specified below:
 - i) Entire pay-in obligation of funds outstanding at the end of day on date of settlement, across all segments.
 - ii) Member may retain 50% of end of the day (EOD) margin requirement as cash margin, excluding the margin on consolidated crystallized obligation/ MTM.
 - iii) Apart from 50% cash margin mentioned in point ii above, member may also retain 225% of EOD margin (which includes additional 125% margin) reduced by 50% cash margin and the value of securities (after applying appropriate haircut) accepted as collateral from the clients by way of 'margin pledge' created in the Depository system for the purpose of margin and value of commodities (after applying appropriate haircut). The margin liability shall include the end of the day margin requirement in all the segments across exchanges excluding the margin on consolidated crystallized obligation/ MTM. The margin liability may also include the margin collected by the Member from their clients as per the risk management policy and informed to the clients.
11. I/we agree/understand that there shall be no inter-client adjustment for the purpose of settlement of the running account.
12. I/we shall bring any dispute arising from the statement of account or settlement so made to the Notice of the Trading Member preferably **within 30 working** days from the date of receipt of funds statement as the case may be.

PREFERENCE OF CLIENT FOR SETTLEMENT OF RUNNING ACCOUNT (FUNDS & SECURITIES)

Settlement Preferences	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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Thanking you,

Yours truly,

✓ _____

Signature of the Client

VOLUNTARY

MANDATE TO ISSUE DOCUMENTS IN ELECTRONIC FORMAT

Date : _____

To

Horizon Financial Consultants Pvt. Ltd. (HFCPL)

19, R. N. Mukherjee Road
Main Building, 2nd Floor
Kolkata - 700 001

Dear Sir,

Ref. : Mandate to issue Contract Notes, Daily Margin Statement, Quarterly Statement of Account and any other document in electronic format.

I/We hereby agree and consent to accept the contract notes for transaction carried on by me/us with you and the quarterly statements of funds and securities, (hereinafter referred to as "quarterly statement"), daily margin statement and any other documents in terms of the agreement entered into between us, in electronic form on my/our email ID given here-in-under. My/our non-verification or not accessing the contract notes, daily margin statement and quarterly statement on regular basis shall not be a reason for disputing the contract notes, daily margin statement and quarterly statements at any time. This instruction to issue digital contract notes, daily margin statement and quarterly statements is applicable with immediate effect.

I/We agree that any change in my/our e-mail ID will be communicated to you through a physical letter.

I/We am also aware that copies of the contract notes are also available on the website <http://www.horizonfinancial.co.in> for which I/we will be provided the user ID and password. I/We also agree that non-receipt of bounce mail notification by you shall amount to delivery at my/our email account. I/We also agree not to hold you responsible for late/non-receipt of contract notes sent in electronic form and any other communication for any reason including but not limited to failure of email services, loss of connectivity, email in transit etc. I/We agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me/us and such dispatch shall not be disputed by me/us on account of any non-receipt/delayed receipt for any reason whatsoever. In case of non-receipt of mails the same shall be intimated to HFCPL immediately in writing.

Thanking you,

Yours truly,

✓ _____
Signature of the Client

Email Id _____

Client Code _____

DECLARATION/LETTER OF UNDERSTANDING

Date : _____

To

Horizon Financial Consultants Pvt. Ltd. (HFCPL)

19, R. N. Mukherjee Road
Main Building, 2nd Floor
Kolkata - 700 001

Dear Sir,

1. I/We agree not to hold HFCPL liable or responsible for delay or default in performance of your obligations due to contingencies beyond your control such as fire, flood, civil commotion, earthquake, riots, war strikes, failure of systems, failure of internal links, government/regulatory actions or any other contingencies beyond your control.
2. I/We am/are agreeable for inter-settlement transfer of securities towards settlements.
3. All fines/penalties and charges levied upon HFCPL due to my acts/deeds or transactions may be recovered by HFCPL from my account.
4. Any queries related to my/our contract note shall be brought to the notice of HFCPL within 7 days of the receipt of the contract note.
5. I/We hereby authorize HFCPL not to provide me Order Confirmation/ Modification/ Cancellation slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We hereby request HFCPL to kindly accept my/our verbal orders/instructions over phone and execute the same. I/We understand the risk associated with placement of verbal orders and accept the same. In case I wish to withdraw this consent I shall inform HFCPL in writing and get the same acknowledged by HFCPL at least one week in advance from the date of withdrawal.
6. I/We will be extending all co-operation to HFCPL in their endeavour towards Anti Money Laundering. HFCPL may initiate any enquiry against me/us and/or my/our transactions any time without any legal implication whatsoever against them.
7. I/We understand that information about me/us and my/our transactions may be reported by HFCPL to FIU/concerned authorities without any intimation to me/us and have no objection to the same.
8. I/We undertake that if I/we fail to deliver any one or more securities to the pool account of HFCPL in respect of the securities sold by me/us before the pay-in date notified by the Exchange from time to time, such undischarged obligation in relation to delivering any one or more securities shall be deemed to have been closed out at the auction price or close-out price, as may be debited to HFCPL in respect of the security for the respective settlement, otherwise the close out price on the date of pay-out in respect of the relevant securities, declared by the Exchange. The loss, if any, on account of the close out shall be borne by me/us.
9. I agree to HFCPL tape-recording the conversation between me and HFCPL officers in its absolute discretion, whether personally or over the telephone. Such recordings may be relied upon by HFCPL as and when required.
10. I hereby authorize HFCPL to debit my account with depository services charges, bank charges on account of dishonor of cheques, stop payment instruction charges, demand draft/ pay order/PGP charges, NEFT/RTGS charges, call and trade charges, SMS charges, settlement/ professional charges (for as may be applicable to NRIs), research service/message fee, trading platform charges, application money and processing charges for mutual funds, initial public offerings/follow on public offerings, rights issue, fixed deposit(s), money market instruments etc. generally various investment avenues / products, processing fees/charges towards contract note/statement of account etc. and any other such or similar fees / charges as may become applicable from time to time.

Thanking you,

Yours truly,

✓ _____
Signature of the Client

Dated : _____

To

Horizon Financial Consultants Pvt. Ltd.

DP ID : 12074700

19, R. N. Mukherjee Road, Main Building, 2nd Floor
Kolkata - 700 001

DECLARATION IN CASE OF SAME MOBILE NUMBER AND / OR E.MAIL ID FOR DIFFERENT CLIENTS

[Please tick (✓) wherever applicable]

DP ID	12074700	Client ID		Date
Name of account Holder				
<input type="checkbox"/> Mobile Number				
<input type="checkbox"/> Email ID				
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).				
Signature of account holder		✓		
Name of account Holder				

DP ID	12074700	Client ID		Date
Name of account Holder				
<input type="checkbox"/> Mobile Number				
<input type="checkbox"/> Email ID				
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).				
Signature of account holder		✓		
Name of account Holder				

DP ID	12074700	Client ID		Date
Name of account Holder				
<input type="checkbox"/> Mobile Number				
<input type="checkbox"/> Email ID				
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).				
Signature of account holder		✓		
Name of account Holder				

DECLARATION FOR MOBILE NUMBER

Date : _____

To

Horizon Financial Consultants Pvt. Ltd. (HFCPL)

19, R. N. Mukherjee Road

Main Building, 2nd Floor

Kolkata - 700 001

Dear Sir,

I, _____ do hereby declare that my Mobile Number is _____. Further, I authorize HFCPL that the same may be used for giving me any information/alert/sms/call.

Or

We, _____ do hereby declare that Mr. _____ having mobile number _____. is authorized on our behalf to receive information/alert/sms/call on our behalf.

I/We undertake to HFCPL and confirm to use my/our own judgement in taking a call and execute trade in the identified securities according to my/our financial strength/capabilities and shall not hold HFCPL responsible for any loss suffered by me/us on account of executing or omitting to execute any trades in pursuance of the SMS alerts and/or investment advises sent by HFCPL. I/We further declare that the above mentioned statement is true and correct.

Thanking you,

Yours truly,

✓ _____
Signature of the Client

MANDATE TO ISSUE OF WEIGHTED AVERAGE CONTRACT NOTE

Date : _____

To

Horizon Financial Consultants Pvt. Ltd.

19, R. N. Mukherjee Road

Main Building, 2nd Floor

Kolkata - 700 001

Dear Sir,

I/we do, hereby, authorise you to issue me/us weighted average Contract Notes for transactions carried out by me/us with you instead of detailed Contract Notes.

Thanking you,

Yours truly,

✓ _____
Signature of the Client

CONSENT LETTER FOR EMAIL AND MOBILE ALERT FACILITIES

Dated : _____

To
Horizon Financial Consultants Pvt. Ltd.
19, R. N. Mukherjee Road
Main Building, 2nd Floor
Kolkata - 700 001

Sir,

This is with reference to my/our trading account opened with you; I/we request you arrange facility of receiving email and/or mobile alert facility issued by Exchange in compliance with regulation and guidelines issued by concern authorities from time to time.

Email Facility	Service Required - YES <input type="checkbox"/> NO <input type="checkbox"/>
Email ID	
Owned by - Name	
- PAN Number*	
Relationship with Client	
Signature of the Client	✓
SMS Facility	Service Required - YES <input type="checkbox"/> NO <input type="checkbox"/>
Mobile Number	
Owned by - Name	
- PAN Number*	
Relationship with Client	
Signature of the Client	✓

* Please specify the Name and PAN detail in case email id and/or Mobile Number is other than that of the client.

In this regards we state the following :

1. This is to further confirm that it will be my/our responsibility that my/our Email ID and/or Mobile Number are active and the relevant Inbox is not full. Further, the trading member will not be held liable for the mails and / or SMS alert not received.
2. I/we undertake that any change in my/our Email ID and/or Mobile Number shall be communicated to you in writing through a physical letter.
3. I/we agree that this authority shall be valid, until it is revoked by me/us at any time by giving a written notice to **Horizon Financial Consultants Pvt. Ltd.**

✓ _____
Signature of Client

Appendix A - Electronic Contract Note [ECN] - DECLARATION (VOLUNTARY)

To

Horizon Financial Consultants Pvt. Ltd.

Member : MCX

19, R. N. Mukherjee Road
Main Building, 2nd Floor
Kolkata - 700 001

Dear Sir,

I, _____, a client with **Horizon Financial Consultants Pvt. Ltd.**, Member of **Multi Commodity Exchange of India Ltd.** undertake as follows:

- I am aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the Member has to provide electronic contract note for my convenience on my request only.
- Though the Member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
- My email id is* _____. This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other language known to me.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same. *(The email id must be written in own handwriting of the client.)

Client Name : _____

Unique Client Code : _____ PAN : _____

Address : _____

Signature of the client : _____

Date : _____ Place : _____

Verification of the client signature done by :

Name of the designated officer of **Horizon Financial Consultants Pvt. Ltd.** _____

For Horizon Financial Consultants Pvt. Ltd.

Authorised Signatory Signature

Date : _____

To
Horizon Financial Consultants Pvt. Ltd.
19, R. N. Mukherjee Road, Main Building
2nd Floor, Kolkata - 700 001

Dear Sir,

Subject : My/Our request for trading in commodity forward contracts/
commodity derivatives on MCX as your client

I/We, the undersigned, have taken cognizance of MCX circular no. MCX/338/2006 dated August 21, 2006 on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits prescribed from time to time by MCX or SEBI and such position limits will be calculated in accordance with the contents of above stated circulars of MCX as modified from time to time.

I/We undertake to inform you and keep you informed if I/any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUFs/ Trusts in which I or any of above such person is a partner/director/karta/trustee, takes or holds any position in any commodity forward contract/commodity derivative on MCX through you or through any other member(s) of MCX, to enable you to restrict our position limit as prescribed by the above referred circulars of MCX as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me/us as your clients on MCX only on the basis of our above assurances and undertaking.

Thanking You,

Yours faithfully,

Signature of Client

Date : _____

To
Horizon Financial Consultants Pvt. Ltd.
19, R. N. Mukherjee Road, Main Building
2nd Floor, Kolkata - 700 001

Dear Sir,

Sub : Registration for Commodity Options

I/We, Mr. _____ Client Code _____ intend to trade in Commodity options subject to regulatory requirement of the exchange and SEBI from time to time.

I/We further confirm having read and understood the contents of additional Risk Disclosure Documents. I/We have also been informed that the standard set of documents has been displayed for information on Member's designated website, if any.

We confirm that you have agreed to enter orders in commodity options for me/us as your client on MCX only on the basis of our above undertaking.

Thanking You,

Yours faithfully,

Signature of Client

Voluntary information provided by the client in relation to the Prevention of Money Laundering Act, 2002

Name of the Client : _____

If Business / Profession : Nature of business : _____

Industry : _____

Details of my/our Relatives, having account with Horizon Financial Consultants Pvt. Ltd. :

Name	Relationship	UCC (Client Code)
1.		
2.		

Details of the Corporate / Partnership Firm / Trust etc. where I/We am/are affiliated

Name	Entity Type	Nature of Business	Relationship	UCC (Client Code)
1.				
2.				

I/We hereby submit and agree to submit every year any one of the following documents to Horizon Financial Consultants Pvt. Ltd., before the due date as prescribed by Horizon Financial Consultants Pvt. Ltd. :

I/We confirm that I/We will immediately inform Horizon Financial Consultants Pvt. Ltd. in case I/We am/are convicted under any grounds or any action is taken against me/us by any authority(ies).

I/We intend to invest in the stock market with : Own Funds Borrowed Funds
(If Borrowed Funds, then please specify below Sources of funds :)

Sources of Borrowed Funds (if any)	Amount (₹)

(Certified / Opinion Report from the Banker / Financial Institution confirming that there has been no default in the client's account is to be attached, which I/We agree to attach herewith.)

I/We hereby declare that I/We am/are beneficial owner of the Trading / On-line account opened with Horizon Financial Consultants Pvt. Ltd., and that I/We am/are investing my/our own funds with Horizon Financial Consultants Pvt. Ltd.

✓ _____
Client Signature

Client's Name

FOR OFFICE USE ONLY

Risk categorisation of client as per PMLA, 2002 : High Risk Medium Risk Low Risk

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP

(Mandatory For Non-Individuals)

Investor Name _____ PAN _____

Part I - LISTED COMPANY / ITS SUBSIDIARY COMPANY [If applicable, Part II Not Applicable]

We hereby declare that the Applicant/ Owner of the controlling interest in the applicant

is a Company listed on a Stock Exchange
 is a majority-owned subsidiary of a Company listed on a Stock Exchange

Name of the holding/ parent company (with % share) _____

Name of such Listed Company (if not the Applicant itself) _____

Stock Exchange where listed _____ Security ISIN _____

Part II - OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

Name & Address of the Ultimate Beneficial Owner [UBO]	PAN or any other identification proof where PAN not applicable	Country of tax residency	% of beneficial interest in the Applicant	Whether Politically Exposed?	UBO Code (see instruction next page)
(1)					
(2)					
(3)					

If UBO is already KYC compliant, KYC complied proof to be enclosed. Else PAN or any other valid identity proof and address proof must be attached (self certified by the UBO and certified by the Applicant)

Part III - DECLARATION

We understand that Horizon Financial Consultants Pvt. Ltd. is relying on this information for the purpose of determining the beneficial ownership of the account. We certify that the information we provided on this form is true and complete to the best of our knowledge and belief. We agree to submit a new form within 30 days if any information or certification on this form gets changed.	 Authorised Signatory [with seal]
	Date : _____ Place : _____

In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit.

GENERAL INFORMATION & INSTRUCTIONS

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 ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such 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.

Ultimate Beneficiary Owner [UBO]:

A. 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.

B. For Investors which is a trust:

The identity of the settler 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.

C. 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.

UBO Code Description

- UBO-1 : Controlling ownership interest of more than 25% of shares or capital or profits of the Applicant, where the Applicant is a company
- UBO-2 : Controlling ownership interest of more than 15% of the capital or profits of the Applicant, where the Applicant is a partnership
- UBO-3 : Controlling ownership interest of more than 15% of the property or capital or profits of the Applicant, where the Applicant is an unincorporated association or body of individuals
- UBO-4 : Natural person exercising control over the Applicant through other means i.e., 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 could be identified as above]
- UBO-6 : The settler(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.

FATCA/CRS DECLARATION FORM - FOR INDIVIDUAL

Applicant Name _____

PART I - Please fill in the country for each of the following :

1. Country of :
 - a) Birth _____
 - b) Citizenship _____
 - c) Residence for Tax Purposes _____
2. US Person* : Yes No

PART II - Please note :

- a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to **Part III** for signature.
- b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent** as issued in the specific country in the table below :

i) TIN _____	Country of Issue _____
ii) TIN _____	Country of Issue _____
iii) TIN _____	Country of Issue _____
- a. In case any of the parameters in **Part I** indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in **Part IV**.
- b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate

Please also fill **Part IV** Self-Certification.

PART III - Customer Declaration (Applicable for all customers)

- (i) Under penalty of perjury, I/we certify that :
 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**
 2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**
- (ii) I/We understand that Horizon Financial Consultants Pvt. Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. Horizon Financial Consultants Pvt. Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities Horizon Financial Consultants Pvt. Ltd. may also be required to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature : ✓ _____

Name : _____ Date (DD/MM/YYYY) : _____

PART IV - Self-Certification :

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Signature

Document Proof submitted (Please tick document being submitted)

- Passport
- Election Id Card
- PAN Card
- Driving License
- UIDAI Letter
- NREGA Job Card
- Govt. Issued ID Card

*** U.S. Person** means,

- (a) an individual, being a citizen or resident of the United States of America;
- (b) a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- (c) a trust if,-
 - (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and
 - (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust; or
- (d) an estate of a decedent who was a citizen or resident of the United States of America;

**** Functional Equivalent of TIN**

Many countries do not issue TIN to their taxpayers. However, such countries issue some other high integrity number with an equivalent level of identification (a functional equivalent). Examples of such numbers are-

- Social Security Number
- National Insurance Number
- Citizen Or Personal Identification Code Or Number
- Resident Registration Number

FATCA/CRS DECLARATION FORM - FOR NON-INDIVIDUAL

Applicant Name _____

PART I

A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange:

Yes No

If "No", then proceed to point B. If "yes" please specify name of stock exchange, if you are listed company _____ and proceed to sign the declaration.

B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India : Yes No

If "yes", then please fill of FATCA/ CRS Self certification Form. If "No", proceed to point C.

C. Is the account holder an Indian Financial Institution : Yes No

If "yes", please provide your GIIN, if any _____. If "No", proceed to point D.

D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen : Yes No

If "yes", (then please fill FATCA/ CRS self-certification form)). If "No", proceed to sign the declaration.

CUSTOMER DECLARATION

() Under penalty of perjury, I/we certify that :

1. The applicant is:

- (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S.,
- (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

- (i) I/We understand that Horizon Financial Consultants Pvt. Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. Horizon Financial Consultants Pvt. Ltd. is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (ii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iii) I/We agree that as may be required by domestic regulators/tax authorities Horizon Financial Consultants Pvt. Ltd. may also be required to report, reportable details to CBDT or close or suspend my account.
- (iv) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity _____

Signature 1 ✓ _____ Signature 2 ✓ _____

Signature 3 ✓ _____ (As per MOP)

Date : _____

PART II

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards(CRS)

Section 1 : Entity information

Name of Entity_____

Customer id (if existing)_____ Entity Constitution Type_____

Entity Identification type : Tax Identification Number (TIN) US GIIN Company Identification Number
 Global Entity Identification Number (EIN) Other

Entity Identification No._____

Entity Identification issuing country_____ Country of Residence for tax purpose_____

Section 2 : Classification of Non-Financial entities

I/We (on behalf of the entity) certify that the entity is:

a) An entity incorporated and taxable in US (Specified US person) : Yes No

If "Yes", please provide your U.S. Taxpayer Identification Number (TIN)_____

b) An entity incorporated and taxable outside of India (other than US) : Yes No

If "Yes", please provide your TIN or its functional equivalent_____

Provide your TIN issuing country_____

c) *Please provide the following additional details if you are not a Specified US Person :*

FATCA / CRS classification for Non-financial entities (NFFE)

Active NFFE Passive NFFE without any controlling Person

Passive NFFE with Controlling Person(s) : US Others

Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus
Horizon Financial Consultants Pvt. Ltd. is not required to do the reporting)

Please provide GIIN number:_____

Section 3 : Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is :

a. An entity is a U.S. financial institution : Yes No

If "Yes", (i) Please provide your Taxpayer Identification Number (TIN)_____

(ii) Please provide GIIN, if any_____

If "No", please tick one of the following boxes below :

FATCA classification

Please provide the Global Intermediary Identification number (GIIN) or other information where

Reporting Foreign Financial Institution in a Model 1
Inter-Governmental Agreement ("IGA") Jurisdiction _____

Reporting Foreign Financial Institution in a Model 2
IGA Jurisdiction _____

Participating FFI in a Non-IGA Jurisdiction _____

Non-reporting FI _____

Non-Participating FI _____

Owner-Documented FI with specified US owners _____

Section 4 : Controlling person declaration

If you are classified as “**Passive NFFE with Controlling Person(s)**” or “**Owner documented FFI**” or “**Specified US person**”, please provide the following details:

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5 : Declaration

- (i) Under penalty of perjury, I/we certify that :
 - 1. The number shown on this form is the correct taxpayer identification number of the applicant, and
 - 2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America (“U.S.”) or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
 - 3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- (ii) I/We understand that Horizon Financial Consultants Pvt. Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. Horizon Financial Consultants Pvt. Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.
- (iv) I/ We agree as may be required by Regulatory authorities, Horizon Financial Consultants Pvt. Ltd. shall be required to comply to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

I/We hereby confirm that details provided are accurate, correct and complete



Authorized Signatories and Company Seal (if applicable)

Name _____ Date (DD/MM/YYYY) _____

**ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT
(FOR INDIVIDUALS)**



HORIZON FINANCIAL CONSULTANTS PVT. LTD.

(Depository Participant of Central Depository Services (I) Ltd.)

Regd. Off. : Stephen House, 4th Floor, Room No. 62, 56E, Hemanta Basu Sarani
Kolkata - 700 001, Phone : (033) 4067-5333, 2262-4685, E.mail : hfcl@horizon.net.co

Website : www.horizonfinancial.co.in, CIN : U65900WB2009PTC132843

Correspondence Off. : 19, R. N. Mukherjee Road, Main Bluilding, 2nd Floor
Kolkata - 700 001, Phone : (033) 2231-7230

SEBI Regn. No. : IN-DP-CDSL-659-2012 ♦ DP ID : 12074700

(To be filled by the Depository Participant)

Application No.	Date <input type="text"/>
DP Internal Reference No.	<input type="text"/>
DP ID 1 2 0 7 4 7 0 0	Client ID <input type="text"/>

(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 the following details: -

Holders Details									
Sole/ First Holder's Name	<input type="text"/>	PAN <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"/>	UID <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"/>	UCC <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Holder's Name	<input type="text"/>	PAN <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"/>	UID <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Holder's Name	<input type="text"/>	PAN <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"/>	UID <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name* <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"/>
Exchange Name & ID <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"/>
<p>* 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.</p>									
Type of Account (Please tick whichever is applicable)									
Status	Sub-Status								
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual-Director							
	<input type="checkbox"/> Individual Director's Relative	<input type="checkbox"/> Individual HUF / AOP							
	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Minor							
	<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Others (Specify) _____							
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non - Repatriable							
	<input type="checkbox"/> NRI Repatriable Promoter	<input type="checkbox"/> NRI Non - Repatriable Promoter							
	<input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> Others (Specify) _____							
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (Specify) _____								

Details of Guardian (in case the account holder is minor)											
Guardian's Name	PAN										
Relationship with the applicant											
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 in Physical)									
Mode of receiving the standard document - Rights and Obligations of Beneficial Owner and Depository											
Participant (Tick any one)		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form									
I / We wish to receive dividend / interest directly in to my bank account as 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]											
Bank Code (9 digit MICR Code)											
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"/> Upto ₹ 1 Lac <input type="checkbox"/> ₹ 1 Lac to ₹ 5 Lac <input type="checkbox"/> ₹ 5 Lac to ₹ 10 Lac									
		<input type="checkbox"/> ₹ 10 Lac to ₹ 25 Lac <input type="checkbox"/> More than 25 Lacs									
Net-worth as on (Date)		D	D	M	M	Y	Y	Y	₹		
(Net worth should not be older than 1 year)											
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 _____									

Please tick, if applicable		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
Any other information		
For Joint Accounts, communication to be sent to		<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders
Mode of Operations for Joint Accounts		<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the holder or survivor(s)
If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.		
I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.		
Stock Exchange Name/ID		
Clearing Member Name		
Clearing Member ID (Optional)		
Easi	To register for easi , please visit our website www.cdsindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	
Note : One witness shall attest signature(s) / thumb impression(s)		
Details of the Witness		
Name of witness		
Address of witness		
Signature of witness		

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

	Name	Signatures
First / Sole Holder or Guardian (in case of Minor)		✓
Second Holder		✓
Third Holder		✓

(Signatures should be preferably in black ink).

FORM FOR NOMINATION

I/We wish to make a nomination. [As per details given below]

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination can be made upto three nominees in the account	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
---	------------------------	------------------------	------------------------

Mandatory Details

1 Name of the Nominee(s) (Mr./Ms.)*			
2 Share of each Nominee Equally [If not equally, please specify percentage]	%	%	%
	Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3 Relationship with the Applicant (if any)			

Non-mandatory Details

4 Address of Nominee(s) / Guardian in case of Minor City / Place State & Country PIN Code			
5 Mobile / Telephone No. of Nominee(s) / Guardian in case of Minor			
6 Email ID of Nominee(s) / Guardian in case of Minor			
7 Nominee / Guardian (in case of Minor) Identification Details [Please tick any one of following and provide details of same]			
<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

Name and Signature of Holder(s)*

1 ✓

(Sole / First Holder)

2 ✓

(Second Holder)

3 ✓

(Third Holder)

	Name(s) of holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms.)		✓
Second Holder (Mr./Ms.)		✓
Third Holder (Mr./Ms.)		✓
Witness		
Signature		
Name		
Address		

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Notes : This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Intermediary shall provide acknowledgement of the Nomination Form to the account holder(s).

DECLARATION FOR OPTING-OUT OF NOMINATION

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

Name and Signature of Holder(s)*

1 ✓

(Sole / First Holder)

2 ✓

(Second Holder)

3 ✓

(Third Holder)

Witness

Signature

Name

Address

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

INSTRUCTIONS TO 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 languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer 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 account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

**ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT
(FOR NON-INDIVIDUALS)**



HORIZON FINANCIAL CONSULTANTS PVT. LTD.

(Depository Participant of Central Depository Services (I) Ltd.)

Regd. Off. : Stephen House, 4th Floor, Room No. 62, 56E, Hemanta Basu Sarani
Kolkata - 700 001, Phone : (033) 4067-5333, 2262-4685, E.mail : hfcl@horizon.net.co

Website : www.horizonfinancial.co.in, CIN : U65900WB2009PTC132843

Correspondence Off. : 19, R. N. Mukherjee Road, Main Bluilding, 2nd Floor
Kolkata - 700 001, Phone : (033) 2231-7230

SEBI Regn. No. : IN-DP-CDSL-659-2012 ♦ DP ID : 12074700

(To be filled by the Depository Participant)

Application No.	Date <input type="text"/>
DP Internal Reference No.	
DP ID 1 2 0 7 4 7 0 0	Client ID <input type="text"/>

(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 the following details: -

Holders Details					
Sole/ First Holder's Name	PAN <input type="text"/>				
Search Name	UCC <input type="text"/> <input type="text"/>				
Second Holder's Name	PAN <input type="text"/>				
	UID <input type="text"/>				
Third Holder's Name	PAN <input type="text"/>				
	UID <input type="text"/>				
Name*					
Exchange ID*					
<p>* 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.</p>					
Type of Account (Please tick whichever is applicable)					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Status</td> <td style="width: 50%;">Sub-Status</td> </tr> <tr> <td><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"/> Other (Specify)</td> <td>To be filled by the DP</td> </tr> </table>		Status	Sub-Status	<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"/> Other (Specify)	To be filled by the DP
Status	Sub-Status				
<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"/> Other (Specify)	To be filled by the DP				
SEBI Regn. No. (If Applicable)	SEBI Regn. Date <input type="text"/>				
RBI Regn. No. (If Applicable)	RBI Approval Date <input type="text"/>				
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____				
<p>I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')</p>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<p>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')</p>					
<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				
<p>I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____</p>					
<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 in Physical)		
Mode of receiving the standard document - Rights and Obligations of Beneficial Owner and Depository		
Participant (Tick any one)	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form	
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]		
Bank Code (9 digit MICR Code)		
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"/> Upto ₹ 1 Lac <input type="checkbox"/> ₹ 1 Lac to ₹ 5 Lac <input type="checkbox"/> ₹ 5 Lac to ₹ 10 Lac	
	<input type="checkbox"/> ₹ 10 Lac to ₹ 25 Lac <input type="checkbox"/> ₹ 25 Lac to ₹ 1 Crore <input type="checkbox"/> More than ₹ 1 Crore	
Net-worth as on (Date)	D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> ₹	
(Net worth should not be older than 1 year)		
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees /		<input type="checkbox"/>
Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically		
Exposed Person (RPEP). Please provide details as per Annexure 2.2 A.		
Any other information		
SMS Alert Facility	MOBILE NO. +91 _____	
Refer to Terms & Conditions given as Annexure - 2.4	[(Mandatory , if you are giving POA / DDPI] (if POA / DDPI is not granted & you do not wish to avail of this facility, cancel this option).	

Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	
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.	
Stock Exchange Name/ID	
Clearing Member Name	
Clearing Member ID (Optional)	
Easi	To register for easi , please visit our website www.cdsindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the 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 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.

	Name	Designation	Signature
Sole / First Authorised Signatory			✓
Second Authorised Signatory			✓
Third Authorised Signatory			✓

(In case of more authorised signatories, please add annexure)

(Signatures should be preferably in black ink).

FOR OFFICE USE :

INTRODUCED BY _____

REFERRED BY _____

FOR NON-INDIVIDUALS
Details of Politically Exposed Persons (PEP) / Related to Politically Exposed Persons (RPEP)

Name of Holder		PAN of the Holder	
Sr. No.	Name of the Authorised Signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors etc.)	
		<input type="checkbox"/> PEP	<input type="checkbox"/> PEP
		<input type="checkbox"/> RPEP	<input type="checkbox"/> RPEP
		<input type="checkbox"/> PEP	<input type="checkbox"/> PEP
		<input type="checkbox"/> RPEP	<input type="checkbox"/> RPEP
		<input type="checkbox"/> PEP	<input type="checkbox"/> PEP
		<input type="checkbox"/> RPEP	<input type="checkbox"/> RPEP
		<input type="checkbox"/> PEP	<input type="checkbox"/> PEP
		<input type="checkbox"/> RPEP	<input type="checkbox"/> RPEP
		<input type="checkbox"/> PEP	<input type="checkbox"/> PEP
		<input type="checkbox"/> RPEP	<input type="checkbox"/> RPEP
		<input type="checkbox"/> PEP	<input type="checkbox"/> PEP
		<input type="checkbox"/> RPEP	<input type="checkbox"/> RPEP
		<input type="checkbox"/> PEP	<input type="checkbox"/> PEP
		<input type="checkbox"/> RPEP	<input type="checkbox"/> RPEP

Name & Signature of the Authorised Signatory(ies)✓

Date : _____

Common Registration Form for availing SMS Alert and /or TRUST facility

To

Horizon Financial Consultants Pvt. Ltd.

19, R. N. Mukherjee Road
Main Building, 2nd Floor
Kolkata - 700 001

Dear Sir/Madam,

I/We wish to avail the following facility/ies provided by the depository on my/our mobile number as provided below, subject to the terms and conditions as specified by CDSL :

a. SMART-SMS alert facility

b. TRUST- TRansaction using Secured Texting facility

(please note that SMS alert facility is mandatory if TRUST facility is opted for)

BOID

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

(Please write your 8 digit DPID)

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

(Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent +91

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

(Please write only the mobile number without prefixing country code or zero)

(Existing users registered for SMS alerts:- Please note that if the mobile number for TRUST is different than the registered mobile number for SMS alert, the new mobile number will be updated for SMS alert also.)

The mobile number is registered in the name of:

(Name) _____

Email ID: _____

(Please write only ONE valid email ID on which communication; if any, is to be sent)

I/ We consent to CDSL providing to the service provider such information pertaining to account/ transactions in my/our account as is necessary for the purpose of availing the said facility.

I/We have read and understood the terms and conditions prescribed by CDSL for the said facility/ies and agree to abide by them and any amendments thereto made by the depository from time to time.

I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

✓ _____ ✓ _____ ✓ _____
Signatures Sole / First Holder Second holder Third Holder

Place : _____

Date : _____

OPTION FORM FOR ISSUE OF DIS BOOKLET

DP ID	1	2	0	7	4	7	0	0		Date	D	D	M	M	Y	Y	Y	Y
										Client ID								
First Holder Name																		
Second Holder Name																		
Third Holder Name																		

To
Horizon Financial Consultants Pvt. Ltd.
19, R. N. Mukherjee Road
Main Bluilding, 2nd Floor
Kolkata - 700 001

Dear Sir / Madam,

I / We hereby state that : [Select one of the options given below]

OPTION 1 :

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I / we have issued a DDPI / registered for eDIS / executed PMS agreement in favour of / with _____ (name of the DDPI holder / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such DDPI holder / Clearing Member / by PMS manager for executing delivery instructions through eDIS.

Yours faithfully

Name	First / Sole Holder	Second Joint Holder	Third Joint Holder
Signature	✓	✓	✓

OR

OPTION 2 :

I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a DDPI / registered for eDIS / executed PMS agreement in favour of / with _____ (name of DDPI holder / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such DDPI holder / Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

Name	First / Sole Holder	Second Joint Holder	Third Joint Holder
Signature	✓	✓	✓

AUTHORITY LETTER

To
Horizon Financial Consultants Pvt. Ltd. (HFCPL)
19, R. N. Mukherjee Road
Main Bluilding, 2nd Floor
Kolkata - 700 001

Sub : Authority to debit the Demat Account Charges

Beneficiary Client ID	
Trading Account Code	

Dear Sir,

This is to inform **Horizon Financial Consultants Pvt. Ltd.** that,

1. I/We have a beneficiary account with **Horizon Financial Consultants Pvt. Ltd.** (DP) with client ID as mentioned above.
2. Further I/we have a trading account with **HFCPL** (trading code mentioned above) for investment and trading purpose.
3. I/We find it extremely inconvenient to give cheques against your depository bills.

With respect to the above mentioned subject and consideration, I/we hereby authorize you to debit the trading account maintained with **HFCPL** for the debit charges payable to **HFCPL**, as Depository Participant for providing depository services. Any such debited to my/our account shall be binding on me/us.

Thanking You

Yours faithfully,

Name of the client :

Address : _____

AUTHORISATION FOR PROVIDING DP TRANSACTION STATEMENT BY EMAIL OR ON WEBSITE

Date : _____

To

Horizon Financial Consultants Pvt. Ltd.

19, R. N. Mukherjee Road
Main Building, 2nd Floor
Kolkata - 700 001

Dear Sir,

You are requested to provide me/us holding/transaction statement including statement of account in the following manner :

1. I/we understand that, I/we have the option to receive transaction statement by email or on website. In pursuance of the same, I/we hereby opt for receipt of transaction statement (including but not limited to statement of account holding statement or any other communication) through email or on website.
2. I/we is/are aware that I/we will not receive the transaction statement in paper form.
3. I/we will take all the necessary means to ensure confidentiality and secrecy of the login name and password of the internet/email account.
4. I/we, is/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised, in which case I/we shall not hold you responsible in any manner.
5. I/we shall immediately inform the DP about change in email address if any, in case transaction statements are send by email.
6. I/we/you shall have the right to terminate this service by giving a 10 days written notice in advance.

Thanking You,

Yours faithfully,

✓ _____

Signature of the Client

DECLARATION IN CASE OF SAME MOBILE NUMBER AND / OR E.MAIL ID FOR DIFFERENT CLIENTS

[Please tick (✓) wherever applicable]

DP ID	Client ID	Date
Name of Account Holder		
<input type="checkbox"/> Mobile Number		
<input type="checkbox"/> Email ID		
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).		
Signature of account holder	✓	
Name of account holder		



HORIZON FINANCIAL CONSULTANTS PVT. LTD.

(Depository Participant of Central Depository Services (I) Ltd.)

Regd. Off. : Stephen House, 4th Floor, Room No. 62

56-E, Hemanta Basu Sarani, Kolkata – 700 001

Correspondence Off. : 19, R. N. Mukherjee Road, Main Building, 2nd Floor

Kolkata – 700 001, Phone : (033) 4067-5333, E.mail : dp@horizon.net.co

Website : www.horizonfinancial.co.in, CIN : U65900WB2009PTC132843

SEBI Regn. No. : IN-DP-CDSL-659-2012 ♦ DP ID : 12074700



SCHEDULE OF CHARGES FOR BENEFICIARY ACCOUNT

Sl. No.	Activity	Charges
1.	Account Opening	NIL
2.	Account Maintenance Charges	<input type="checkbox"/> ₹ 300 p.a. for Individuals <input type="checkbox"/> ₹ 999 p.a. for Life time charges <input type="checkbox"/> ₹ 800 p.a. for Non-Individuals <input type="checkbox"/> ₹ 500 per month for CM Accounts plus 500 per month for Settlement Charges <input type="checkbox"/> For BSDA Clients - Nil for holding value upto ₹ 4 lakhs and ₹ 100 p.a. from ₹ 4,00,001 to ₹ 10,00,000
3.	Dematerialisation	₹ 5 per Certificate (Minimum ₹ 50 per Demat request) plus ₹ 30 Courier charges
4.	Rematerialisation	₹ 12 for every 100 securities of part thereof plus ₹ 30 Courier charges
5.	Transaction (Market & Off Market) Buy Sell	NIL <input type="checkbox"/> ₹ 15 per ISIN or 0.0075% of value of transaction, whichever is higher for regular accounts <input type="checkbox"/> ₹ 25 per ISIN or 0.0075% of value of transaction, whichever is higher for Life Time Members <input type="checkbox"/> ₹ 15 per ISIN or 0.0075% of value of transaction, whichever is higher for BSDA accounts
6.	Pledge / Lending / Borrowing Charges	Normal Pledge - ₹ 30 per ISIN or 0.0075% of value of transaction, whichever is higher Margin Pledge - ₹ 15 per ISIN, Unpledge - ₹ 15 per ISIN Margin Re-pledge - ₹ 5 per ISIN, Re-pledge Release - ₹ 5 Invocation of Pledge & Re-pledge - ₹ 15

- ❖ Bills will be payable monthly with 13% interest p.a. or part thereof for delayed payment.
- ❖ Dematerialisation Rejection Charges ₹ 20.
- ❖ Cheque dishonor charges ₹ 50.
- ❖ Valuation of Securities will be as per price on day of transaction.
- ❖ The charges are subject to revision at the DP's sole discretion.
- ❖ Same day instructions will be received solely at client's risk.
- ❖ Despatch of statement will be monthly.
- ❖ The above charges are exclusive of GST which is chargeable as applicable.
- ❖ Charges quoted above are for the services listed above. Any services not quoted above will be charged separately.

Sole (First) Holder' Signature

Second Holder' Signature

Third Holder' Signature

**REQUEST FOR NON-CONVERSION OF REGULAR DEMAT ACCOUNT
INTO BASIC SERVICES DEMAT ACCOUNT (BSDA)**

From :

Date : _____

To
Horizon Financial Consultants Pvt. Ltd.
DP ID : 12074700
19, R. N. Mukherjee Road
Main Bluilding, 2nd Floor
Kolkata - 700 001

Dear Sir,

With reference to my/our application for opening a Demat Account with you as per the following details,

	Name	PAN
Sole/First Holder	_____	_____
Second Holder	_____	_____
Third Holder	_____	_____

Please note that I/We have read and understood the SEBI Guidelines for facility for a BSDA. I/We hereby declare that I/we am/are do not wish to open a Depository Account as a BSDA holder and undertake to comply with the requirements specified by SEBI or any such Authority for such facility from time to time. Further, at any point of time in future, even if my/our account do meet the eligibility of a BSDA, my/our aforesaid Account should always be a Regular Account & never be converted into BSDA Account.

Thanking you,

Yours truly,

✓ _____
Signature of the Client

Client ID _____

Dated : _____

From :

To

Horizon Financial Consultants Pvt. Ltd.

DP ID : 12074700

19, R. N. Mukherjee Road
Main Bluilding, 2nd Floor
Kolkata - 700 001

Ref. : Acknowledgement for the receipt of documents

Dear Sir,

This is to acknowledge and declare that

- I/We have received a photocopy of the KYC (Voluntary and Mandatory portion), duly executed with you, to my/our satisfaction including my / our Unique Client Code (Trading Code).
- I/We have (Physically Electronically) received, read and understood the Rights & Obligations, Risk Disclosure Documents, Guidance Note, "Rights and Obligations of Beneficial Owner and Depository Participant" as prescribed by SEBI and Depositories and also AML Literature.
- I/We have received, read and understood the Policies and Procedures.
- I/We have received a copy on Voluntary freezing/Blocking of Trading Accounts
- I/We have received a copy of Most Important Terms and Conditions (MITC)
- I/We have received Copy of Demat Debit and Pledge Instruction.
- I/We have received Client Master Report for my DP Account Trading Account.
- The email id noted with you (for ECN and other purposes) is correct.

I/we hereby declare that I/we have the full intimation of the Client ID allotted to me/us.

Thanking you,

Yours truly,

✓ _____
Signature of the Client

Client Code _____



HORIZON FINANCIAL CONSULTANTS PVT. LTD.

Regd. Off. : Stephen House, 4th Floor, Room No. 62, 56E, Hemanta Basu Sarani
Kolkata - 700 001, Phone : (033) 4067-5333, 2262-4685, E.mail : hfcl@horizon.net.co

Website : www.horizonfinancial.co.in, CIN : U65900WB2009PTC132843

Correspondence Off. : 19, R. N. Mukherjee Road, Main Building, 2nd Floor
Kolkata - 700 001, Phone : (033) 2231-7230

E.mail ID for Investors' Complaints : query@horizon.net.co

SEBI Regn. No. : IN-DP-CDSL-659-2012 ♦ DP ID : 12074700



(To be filled by the Depository Participant)

Acknowledgement Receipt

Application No. :

Date :

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

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

For **HORIZON FINANCIAL CONSULTANTS PVT. LTD.**

Seal and Signature

Authorised Signatory

Acknowledgement Receipt

Received Nomination Form from :

DP ID	1	2	0	7	4	7	0	0		Client ID							
Name																	
Address																	
Nomination in favour of																	
No Nomination	<input type="checkbox"/> Does not wish to nominate																
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y

For **HORIZON FINANCIAL CONSULTANTS PVT. LTD.**

Seal and Signature

Authorised Signatory

Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID	1	2	0	7	4	7	0	0		Client ID							
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

For **HORIZON FINANCIAL CONSULTANTS PVT. LTD.**

Seal and Signature

Authorised Signatory

HORIZON FINANCIAL CONSULTANTS PVT. LTD.

Member of :

National Stock Exchange of India Ltd.

BSE Limited

Multi Commodity Exchange of India Ltd.

Depository Participants :

Central Depository Services (India) Ltd.

Registered Office :

Stephen House, 4th Floor, Room No. 62
56E, Hemanta Basu Sarani, Kolkata - 700 001

Phone : (033) 4067-5333, 4062-6156

E.mail : hfcl@horizon.net.co

Website : www.horizonfinancial.co.in

CIN : U65900WB2009PTC132843

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