

iVENTURES[®]
CAPITAL
Fueling Your Aspirations



ACCOUNT OPENING FORM

iVENTURES CAPITAL PVT. LTD.

Name of Stock Broker / Trading Member / Clearing Member:

iVENTURES CAPITAL PVT. LTD.

EXCHANGE NAME	SEGMENT	SEBI REGISTRATION NO.	DATE
NSE	Cash	INB231356735	03/12/2009
NSE	F&O	INF231356735	03/12/2009
NSE	Currency Derivatives	INE231356735	03/12/2009
BSE	Cash	INB011356731	14/09/2010
BSE	F&O	INF011356731	14/09/2010
MCX-SX	Currency Derivatives	INE261356735	03/12/2009
CDSL	Depository Participant	IN-DP-CDSL-588-2010	08/10-2010

Registered Office Address:

17, First Floor, Hemkunt Colony, Greater Kailash, New Delhi-110048

Phone : +91-11-40947000

E-mail : info@iventures.in, Website : www.iventures.in

Corporate Office Address

A-18, FIEE Complex, Okhla Phase-II, New Delhi-110020

Phone : +91-11-40947000

E-mail : info@iventures.in, Website : www.iventures.in

Compliance Officer Details :

Name : Nitin Jindal

Phone No. : +91-11-40947000, 9818515141

Email id : compliance@iventures.in

CEO Details

Name : Nirmal Bansal

Phone No. : +91-11-40947000, 9810377077

Email id : nirmal.bansal@iventures.in

For any grievance/dispute please contact iVENTURES CAPITAL PVT. LTD. at the above address or email id: feedback@iventures.in and Phone No.: +91-11-40947000. In case not satisfied with the response, please contact the concerned exchange(s) at :

Exchange Name	Email ID	Phone No.
NSE	ignse@nse.co.in	+91-22-26598100
BSE	is@bseindia.com	+91-22-22721233/34
MCX-SX	investorcomplaints@mcx-sx.com	+91-22-6731 9000
CDSL	complaints@cdslindia.com	1800-200-5533

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (FOR INDIVIDUAL)



iVENTURES CAPITAL PVT. LTD.
(Depository Participant with CDSL)

DP-ID : CDSL - 12067500 | SEBI REGN. NO.: IN-DP-CDSL-588-2010
Regd. Office : 17, First Floor, Hemkunt Colony, Greater Kailash, New Delhi-110048
Phone : +91-11-40571206, Fax : +91-11-41604408
E-mail : feedback@iventures.in, Website : www.iventures.in

(To be filled by the Depository Participant)

Application No.									Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																	
DP ID	1	2	0	6	7	5	0	0	Client ID								

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

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

Holders Details

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

Name *

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

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 Promoters	<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 (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic
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]

(* 9 digit MICR Code)


(# 11 Character)

MICR Code*											IFSC Code#											
Bank A/c No.											Bank A/c Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others <u>Pl. Specify</u>										
Bank Name											Branch Name											
Bank Branch Address	City/town/village										PIN Code											
	State										Country											

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
 (ii) Photocopy of the Bank Statement having name and address of the BO
 (iii) Photocopy of the Passbook having name and address of the BO, (or)
 (iv) Letter from the Bank.

➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details

Gross Annual Income Details	Income Range per annum								
	<input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,001 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,001 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,001 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,001								
Net worth as on (Date) ____/____/20__ Rs. _____ [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 (Specify) _____								
Please tick, if Applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)								
Any other information									
SMS Alerts Facility	Mobile No.	+	9	1					
Refer to Terms & Conditions given as Annexure 2.4	[(Mandatory , if you are giving Power of Attorney (POA)] (If POA 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)					
 To register for easi, please visit our website : www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.									

Nomination Details

I/We the Sole Holder / Joint Holder / Guardian (in case of minor) hereby declare that

I/We do not wish to nominate any one for this demat account

I/We nominate the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my/our death.

Full Name of the Nominee																					
Address	City/town/village										PIN Code										
	State										Country										
Telephone No.											Fax No.										
PAN											UID										
E-mail ID																					
Relationship with BO (if any)																					
Date of Birth (mandatory If nominee is a minor)																					

Nomination Regn. No.										
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Dated										
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As the nominee is a minor as on date, to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders, I/We appoint following person to act as Guardian:




Full name of Guardian of Nominee							
Address							
	City/town/village				PIN Code	<input type="text"/>	
	State				Country	<input type="text"/>	
Telephone No.				Fax No.			
E-mail ID							
Relationship of Guardian with Nominee							

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

Note : Two witnesses shall attest signature(s) / thumb impression(s)

DETAILS OF THE WITNESS		
	First Witness	Second 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.

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

(Signatures should be preferably in black ink).

Definitions :

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability :

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS

alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts :

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.



Sole/First Holder Name & Signature



Second Holder Name & Signature



Third Holder Name & Signature

7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees :

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer :




The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity :

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of **REGISTRATION / MODIFICATION** (Please cancel out what is not applicable)

DP ID	1	2	0	6	7	5	0	0	Client ID										
First Holder's Name : _____																			
Second Holder's Name : _____																			
Third Holder's Name : _____																			
Mobile No. on which messages are to be sent										+	9	1							
(Please write only the mobile number without prefixing country code or zero)																			
The Mobile Number is registered in the name of : _____																			
E-mail Id: _____																			
(Please write only ONE valid email Id on which communication; if any, is to be sent)																			
 Sole/First Holder Name & Signature						 Second Holder Name & Signature						 Third Holder Name & Signature							
IN CASE OF JOINT HOLDERS, ALL JOINT HOLDERS MUST SIGN.																			
* Please do not use correction fluid, all cuttings must be attested by all the joint holder(s).																			
Place:.....															Date:.....				

unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments :

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction :

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. 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 purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above 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.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

TARIFF STRUCTURE FOR DEPOSITORY SERVICES (DEMAT ACCOUNTS) (W.E.F. 01.09.2014)



IVENTURES CAPITAL PVT. LTD.

(Depository Participant with CDSL) | DP-ID : 12067500 | SEBI Regn. : IN-DP-CDSL-588-2010
 Regd. Office : 17, First Floor, Hemkunt Colony, Greater Kailash, New Delhi-110048
 Ph.: +91-11-40571206, Fax: +91-11-41604408
 E-mail : feedback@iventures.in, Website : www.iventures.in

SI. No.	PARTICULARS	TARIFF RATE
1.	Account Opening Charges	NIL
2.	Annual Maintenance Charges	
	a) For Individual/ HUF	AMC Rs. 750/- per annum
	b) For NRI / Foreign National	AMC Rs. 1800/- per annum
	c) For Corporate/Clearing Member	AMC Rs. 1800/- per annum
3.	KRA Charges / Documentation	
	a) Upload of KYC data	Rs. 200/- per holder
	b) Download of KYC Data	Rs. 100/- per holder
4.	Dematerialisation	Rs. 20/- per certificate with a minimum of Rs. 100/ plus Rs. 50/- postage / courier charges
5.	Rematerialisation	a) Rs. 50/-per certificate plus Rs. 50/- postage/ courier charges b) Rs. 50/- for every 100 securities or part thereof plus Rs. 50/- postage / courier charges. The charges will be applicable as per clause 'a' or 'b' whichever is higher.
6.	Transaction Charges	
	Market Trades	Rs. 25/- Per Instruction
	Off Market Trades	Rs. 50/- Per Instruction
7.	Transaction Charges	
	Sale of Debt Securities	0.04% of the value of transaction with a minimum of Rs. 40/- per transaction and maximum of Rs. 1000/- per transaction.
8.	Pledge (Per Transaction)	
	a) Pledge Creation	Rs. 50/- per ISIN
	b) Pledge Closure	Rs. 50/- per ISIN
	c) Pledge Invocation	Rs. 50/- per ISIN
9.	Modification Charges	Rs. 200/- per request plus Rs. 50/- postage / courier charges
10.	Account freezing/defreezing charges	Rs. 500/- per instance
11.	Booklet (Deliver Instruction Slip) Charges	1st Booklet Free containing 10 leaves 2nd Booklet (onward) Rs. 200/- plus 50/- postage / courier charges

* For instruction above value of Rs. 3 Lac. Additional charges @0.005% of the value over and above Rs' 3Lac will be charged subject to a maximum of Rs. 300/- per instruction.

Terms & Conditions:

- The above charges are exclusive of service Tax
- Annual Maintenance charges are levied **up-front** for a period of one year, in the month of opening of the demat account. All other charges are payable monthly. Any delayed payment will be liable for interest @ 1.5% per month.
- DP Charges of Broking Clients (with us) will be debited to their Trading Accounts.
- Market value of the transactions will be as per the rates provided by CDSL.
- Same day execution instructions will be accepted on a best effort basis at the sole risk and responsibility of the client. The DP will not be held responsible for non-execution of same day instructions.
- The DP also reserves its right to revise tariff or charge an additional fee after giving a notice of 30 days.
- Any Demat account holder **not maintaining Trading Account with us OR without ECS mandate** will have to maintain a Deposit of **Rs.2000/-** as a security deposit.
- For demat accounts with credit balance but no transactions during the year, one physical statement of holding would be sent. **Any extra physical statement during the year will be charged Rs. 5/- per page plus Rs. 50/- postage / courier charges.**
- DP may suspend/ freeze the depository services of the account holder on non- payment of dues / outstanding bills.

Note: We wish to inform you that the dispatch of the physical statement may be discontinued if the account continues to remain zero balance even after one year or if no Annual Maintenance Charge (AMC) is received by the DP.

I/We agree to the above terms and conditions.



Sole/First Holder Name & Signature



Second Holder Name & Signature



Third Holder Name & Signature

REQUEST LETTER FOR STATEMENTS

To,
iVENTURES CAPITAL PVT. LTD.
17, First Floor, Hemkunt Colony, Greater Kailash, New Delhi-110048
Phone : +91-11-40947000
Dear Sirs,

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SUB: REQUEST TO PROVIDE THE STATEMENTS THROUGH E-MAIL AND/OR WEBSITE.

Client id.: _____ E-mail id. _____

You are hereby requested to provide me/us transaction statement(s)/bills or any other document(s) required to be sent to me under my specific request or as per the statutory requirement(s) through e-mail and/or website.

I/We am/are aware and understand the following: -

1. I/We am/are aware that I/we will not receive the transaction statements/bills etc. in paper form.
2. I/We understand that website(s) would mean www.iventures.in and or any of it's pages/links/applets or any other website that iVentures Capital Pvt. Ltd. may inform from time to time.
3. I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the back office /email account.
4. I/We am/are aware that the transaction statement/bills etc. may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised.
5. I/We shall immediately inform iVentures Capital Pvt. Ltd. about change in email address, if any.
6. I/we agree that till the time the change in email address is not updated in the records of iVentures Capital Pvt. Ltd., the statements/bills etc. sent to the original email address shall deem to be a valid delivery and I/we shall keep iVentures Capital Pvt. Ltd. and/or any of it's employees, directors, agents, associates indemnified against any loss suffered by them and also not hold them responsible for any loss suffered by me/us on this account.
7. I/We shall log off from website/back office/e-mail service, whenever I/we am/are not accessing or using the service. Any liability incurred to the me/ us as a consequence of the not logging off the service shall be borne solely by me/us.
8. I/we agree that iVentures Capital Pvt. Ltd. shall not take cognizance of out-of-office/out-of-station auto replies and I/we am/are deemed to have received above referred documents. Non-receipt of bounced mail notification by iVentures Capital Pvt. Ltd. shall amount to delivery of the above referred documents at the email id provided by me/us.
9. I/we agree that I/we shall immediately notify iVentures Capital Pvt. Ltd. in writing with full details if I/we discover or suspect, unauthorized access through my/our back office password or Notice discrepancies that might be attributable to unauthorized access, Forget back office password or Discover a security flaw.
10. I/we understand that I/we am/are responsible for installing, operating and maintaining the communication equipment (including but not limited to personal computers and modems), software, tools, telephone or alternative service required at the my/our end and connectivity required for using and accessing the website(s), back office, email account(s), any above referred documents or any other related services at my/ourown cost.
11. iVentures Capital Pvt. Ltd. will not (and shall not be under any obligation to) assist me/us in operating, installing and / or maintaining any such communication equipment/infrastructure or obtaining any permits, clearances etc for establishing connectivity or linkages to the website(s)ofthe participant.
12. iVentures Capital Pvt. Ltd.'s own records of the transactions/holdings/bills etc. mentioned through computer systems or otherwise shall be accepted as conclusive and binding on me/usfor all purposes.
13. I/we understand and agree that the initial password sent by iVentures Capital Pvt. Ltd. of back office should only be used for the first login. I/we agree to immediately reset my/our password(s) upon the first login. I/we understand and agree that If I/we do not change the password(s) after the first login, I/we shall keep the iVentures Capital Pvt. Ltd. and/or any of it's employees, directors, agents, associates indemnified against any loss suffered by them and also not hold them responsible for any loss suffered by me/us on this account.
14. I/we understand and agree that the records of the iVentures Capital Pvt. Ltd. with respect to delivery of above referred documents shall be conclusive evidence of any such documents delivered.
15. iVentures Capital Pvt. Ltd. and I/we shall have the right to terminate such service provided a written notice is given at least 10 days in advance to the other party.
16. I/We shall approach iVentures Capital Pvt. Ltd. within 24 hours from the delivery/display of the above data/documents etc. intimating any inability to access or download of the above data, document, data etc. failing which it shall be deemed to be the due delivery and acceptance of the data, document, data etc. sent to me/us via electronic mail/displayed by iVentures Capital Pvt. Ltd./on the website of iVentures Capital Pvt. Ltd. In all cases, iVentures Capital Pvt. Ltd. reserves the right to determine the validity of my/our objection to the transaction.

Thanking you
Your truly,



Signature of First Executant



Signature of Second Executant



Signature of Third Executant

* Please stamp & Sign in case of HUF Account ** In case of Joint holding, all joint holders must sign.

VOLUNTARY - FOR CONSIDERATION OF MARGIN IN RELATIVES' ACCOUNTS

Reg: My/Our Trading Account UCC Code: _____

Dear Sirs,

I/We are trading through you under the abovesaid UCC Code. My following relatives are also trading through you under the following UCC Codes:

Name	Relationship with the Client*	UCC Code

I/We have gone through the various SEBI/Exchanges circulars on margin collection. I/We convey my consent and hereby authorize you to consider any margin in approved form collected under my account/available in my account towards margin requirements of any of the above accounts and exercise such rights with reference thereto as if the said collaterals were provided by them. You may also get it certified by independent professionals including Chartered Accountant



Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name :

*Note: The relationships for the purpose are limited to the following. Please mention the correct applicable relationship.

- i. In case of individuals – spouse, dependent children and parents of the client
- ii. In case of HUF – any of the Co-parceners of the HUF
- iii. In case of a Trust – any of the trustees or beneficiaries
- iv. In case of Partnership firm – the partners and spouse, dependent children and parents of any of the partners
- v. In case of Corporate – the promoters having controlling shareholdings and spouse, dependent children and parents of any such promoter

Declaration to be signed by all the members of HUF [applicable in case of 'HUF' Client]

To,
iVENTURES CAPITAL PVT. LTD.
 17, First Floor, Hemkunt Colony, Greater Kailash,
 New Delhi-110048
 Phone : +91-11-40947000

Name of Karta :

Date of Birth of Karta :

D	D	M	M	Y	Y	Y	Y
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PAN No. of Karta :

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We confirm that the undersigned are all members of(HUF), and we have no objection to the Karta, Mr.operating a trading a/c with M/s. iVENTURES CAPITAL PVT. LTD.

Yours truly,

Name of Co-parcener/Karta	Date of Birth	Relationship with Karta	Signature
1.			
2.			
3.			
4.			
5.			

OPTION FORM FOR ISSUE OF DIS BOOKLET

iVENTURES CAPITAL PVT. LTD.

17, First Floor, Hemkunt Colony, Greater Kailash,
New Delhi-110048
Phone : +91-11-40571206

DP ID	1	2	0	6	7	5	0	0	CLIENT ID	
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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 Power of Attorney (POA) / executed PMS agreement in favour of / with iVentures Capital Pvt. Ltd. (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.




Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

OPTION 2 :

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

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

LIMITED PURPOSE POWER OF ATTORNEY

To all to whom these presents shall come I/ we _____, (name of the beneficial owner/s), residing at/ having its registered office at _____

Whereas I/ we hold beneficial owner account number

1	2	0	6	7	5	0	0								
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 with Central Depository Services (India) Limited (CDSL), through iVentures Capital Pvt Ltd (name of the depository participant) registered with Securities and Exchange Board of India (SEBI).

And Whereas I/ we am/ are desirous to buy and sell securities through iVentures Capital Pvt Ltd (name of the stock broker) who is a stock broker registered with SEBI and member of recognized stock exchange/s.

And Whereas I/ we am/ are desirous of appointing iVentures Capital Pvt Ltd (name of the stock broker) as my/our constituted attorney to operate my/ our beneficial owner account on my/ our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein.

Now know you all and these presents witness that I/ we do hereby nominate, constitute and appoint iVentures Capital Pvt Ltd (name of the stock broker) (hereinafter referred to as "the stock broker") as my true and lawful attorney and authorise it to perform the following functions on my behalf:

- i. to transfer securities held in my/our aforementioned beneficial owner account(s) or any other account informed by me in writing to the stock broker from time to time to the demat account nos. 1206750000001029 (Pool Account NSE) and 1206750000000876 (Pool Account BSE) of the stock broker maintained for the purpose of settlement of trades and 1206750000001048 (Beneficiary Account) for margin obligations arising out of trades executed by me/us on any recognized stock exchange through the stock broker. However, the said power will be restricted to only transfer of securities to the Clearing Member ID allotted to the stock broker by any existing or future exchange that the stock broker has joined/ will join as a member or to any demat accounts linked to the said Clearing Member ID provided that I/we have executed a Client Member Agreement with the stock broker for such exchanges.
- ii. to pledge the securities in favor of the stock broker for the limited purpose of meeting my/our margin requirements in connection with the trades executed by me/us on any recognized stock exchange through the stock broker.
- iii. to return to me/us, the securities or funds that may have been received by the stock broker erroneously or those securities or funds that the stock broker was not entitled to receive from me/us;
- iv. to send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/ email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.




To apply for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares, tendering shares in open offers etc pursuant to oral/written/electronic instructions given by me/us to the stock broker.

I/We ratify the instructions given by the aforesaid stock broker to the depository participant named hereinabove in the manner specified herein.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked (without notice) .in writing by me and that the said revocation shall be effective from the date on which the revocation notice is received by the stock broker in his office at: A-18, FIEE Complex, Okhla Phase-II, New Delhi-110020

Signed and delivered

By the within named Beneficial Owner/s

	Sole/First Holder	Second Holder	Third Holder
Name of A/c Holder			
Sign of A/c Holder			

I/We Accept
For **iVENTURES CAPITAL PVT. LTD.**

Authorised Signatory

Witnesses :

- 1. On behalf of Client
 - Name :
 - Address :
 - Signature :

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)



iVENTURES CAPITAL PVT. LTD.

(Depository Participant with CDSL) | DP-ID : 12067500 | SEBI Regn. : IN-DP-CDSL-588-2010
Regd. Office : 17, First Floor, Hemkunt Colony, Greater Kailash, New Delhi-110048
Ph.: +91-11-40571206, Fax: +91-11-41604408
E-mail : feedback@iventures.in, Website : www.iventures.in

For Tech Process Use

UI Code : _____

Mandate Reference No. : _____

The Manager _____

Customer Reference No.: _____

Bank Name: _____

Branch Name: _____

Address: _____

Telephone No.: _____

I hereby authorized you to debit my account for making payment to iVentures Capital Private Limited through ECS (Debit) clearing as per the details given as under.

A. MICR-9 Digit code numbers of the bank & branch
((Appearing on the MICR cheque issued by the bank)

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B. Account Type (Saving/Current/Credit): _____

C. Ledger No./Ledger Follo No.: _____

D. Account Number: _____

E. Account holder names (As per bank's record): 1st _____

2st _____

3st _____

Name of the Scheme	Date of Effect	Periodicity	Amount (upper limit)	Number of installments/Valid up to (in case of utility bills) End Date

F. ECS Debit Start Date:

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date: _____

Signature of the account holders.
(As per bank's record)

Certified that, the particulars furnished above are correct & as per our records.

Bank's Stamp

Date: _____

Signature of the Authorized from the Bank.

ACKNOWLEDGEMENT FROM CLIENT (TRADING)



iVENTURES CAPITAL PVT. LTD.

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New Delhi-110048
Phone : +91-11-40947000
E-mail : feedback@iventures.in, Website : www.iventures.in

SEBI Regn No. :
NSE Cash-INB231356735
NSE F&O-INF231356735
NSE CD-INE231356735
BSE Cash-INB011356731
BSE F&O-INF011356731
MCX-SX CD INE261356735

I/We hereby acknowledge the receipt of duly executed copy of Account Opening Form, Rights and Obligations, RDD, Policies & Procedures and also the receipt of copy of the document, Rights and Obligations of the Beneficial Owner and Depository Participant, Schedule of Service Charges and All Other Documents as executed by me/us.

Trading Code _____ Client ID : _____

Name & Signature of Client

	Sole/First Holder / Authorised Signatory	Second Holder / Authorised Signatory	Third Holder / Authorised Signatory
Signature			
Name			

* Please stamp & Sign in case of HUF Account ** In case of Joint holding, all joint holders must sign.

Date:

..... (Please Tear Here)

ACKNOWLEDGEMENT TO CLIENT



iVENTURES CAPITAL PVT. LTD.

(Depository Participant with CDSL)
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Regd. Office : 17, First Floor, Hemkunt Colony, Greater Kailash, New Delhi-110048
Phone : +91-11-40571206
E-mail : feedback@iventures.in, Website : www.iventures.in

Application No.:

Date...../...../20.....

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	

Depository Participant Seal and Signature

iVENTURES[®]
CAPITAL
Fueling Your Aspirations



iVENTURES CAPITAL PVT. LTD.

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Phone: +91-11-40571207, **Fax:** +91-11-41604408

E-mail: feedback@iventures.in, **Website:** www.iventures.in