



MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI UNDER NOTIFICATION NO. CIR/MIRSD/16/2011 (22.08.2011)

Sr. No.	Name of the document	Brief significance of the document	RG. Nos
1.	Know Your Client or Account Opening Form	B] Document captures the additional information of the constituent relevant to trading account (for non -Individuals)	1-2
2.	Trading Account Details and Brokerage Tariff Details	Details of Constituent pertaining to bank account / Depository / Past actions. Document detailing the rate/amount of brokerage and other charges levied on the constituent for trading on the Stock & Commodity Exchanges.	3-10
3.	BO Nomination Form	Details pertaining to Beneficiary Owner	11-12
4.	Schedule of Charges (BO Account)	Tariff details pertaining to BO Account	13
5.	FATCA Individual	Account Opening Form Supplement	14
6.	Power Of Attorney	POA to nominate, constitute and appoint Member for DP operations, pledging with clearing corporation etc.	15-16
7.	Declaration By HUF	Declaration for operating Beneficiary Account (by Karta/HUF)	17
8.	Running Account Authorization	Authorization letter to maintain constituents account on Running Account basis.	18-19
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10.	ECN	Declaration for Commodity Exchange	22-23



Proof of Address* (attested copy of any one POA to be submitted -- *Not more than 3 months old)

Certificate of Incorporation/Formation Registration Certificate Other document
 Latest Telephone Bill* (Landline only) Latest Electricity Bill* Latest Bank Account Statement*
 Registered Lease/ Sale Agreement of Office Premises Validity/Expiry Date of POA (Expiry Date) _____
 Any other proof of address document (as listed overleaf) _____

4. Contact Details

Email ID ANANDKUMAR@GMAIL.COM Mobile No. 98259122
 Email ID _____ Mobile No. _____
 Tel (om) _____ Fax _____

5. Annexures Submitted

Number of Related Persons - 2

6. Remarks / Additional Information

7. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: 24 12 2025 (DD-MM-YYYY)

PLACE: AHMEDABAD

Applicant Digital Signature (DSC)

Applicant Wet Signature

(Handwritten signature and stamp)
 DIRECTOR

8. For Office Use Only

KYC carried out by*

KYC Date 24 12 2025

Emp. Name ANAND

Emp. Code 100

Emp. Designation PM

Intermediary Details*

Self certified document copies received (Originals Verified)

True Copies of documents received (Attested)

AMC / Intermediary Name OR Code:
WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED

(Handwritten mark)



— This space is intentionally left blank —

Know Your Client (KYC)
Annexure (For Non- Individuals Only)



WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED
 Formerly Known as : **WEALTHSTREET ADVISORS PRIVATE LIMITED**
 Registered Office: A-1101, Mondeel Heights, S.G Highway, Ahmedabad-380015

Please fill this form in ENGLISH and in BLOCK letters
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC and mandatory only if processing CKYC



CDSL VENTURES LIMITED
 Exploring New Horizons

Application Number: _____

Application Type*: New KYC Modification KYC

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* BNFPS3064P Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) MRS. ~~XXXXXXXXXX~~

Maiden Name* (if any) _____

Fathers/Spouse's Name* MR. ~~XXXXXXXXXX~~

Mother's Name* MRS. ~~XXXXXXXXXX~~

Date of Birth* 28 11 1987

Gender* Male Female Transgender

Nationality* Indian Other _____

Stamp & sign across photo

Related Person Type*

- Director Promoter Karta Trustee Partner Court Appointed Official Proprietor
 Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder
 Others _____ (please specify) DIN: _____ (mandatory if _____)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

- A - Aadhaar Card XXXX XXXX ~~XXXXXXXXXX~~
 B - Passport Number _____ (Expiry Date) _____
 C - Voter ID Card _____
 D - Driving License _____ (Expiry Date) _____
 E - NREGA Job Card _____
 F - NPR _____
 Z - Others PAN (any document notified by Central Government)
 Identification Number ~~XXXXXXXXXX~~ 3064P

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* 77, GREEN PARK, VEER DURGADAS NAGAR

Line 2 PALI

Line 3 PALI MARWAR

City/Town/Village* PALI District* PALI Pin Code* 306401

State* RAJASTHAN Country* INDIA

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

with stamp from the sign

Stamp

Stamp

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____ *Same as A.*
 Line 3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX 08 08
 B — Passport Number _____ (Expiry Date) _____
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) _____
 E — NREGA Job Card _____
 F — NPR Letter _____
 Z — Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details

Email ID ~~XXXXXXXXXX~~ 20 @GMAIL.COM
 Mobile No. ~~XXXXXXXXXX~~ 456789
 Tel (off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: 23 12 2025 (DD-MM-YYYY)

PLACE: AHMEDABAD.

Applicant e-SIGN

Applicant Wet Signature

[Handwritten Signature]

5. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date <u>24 12 2025</u> Emp. Name <u>XXXXXXXXXX</u> Emp. Code <u>XXXXXXXXXX</u> Emp. Designation <u>RM.</u>	<input checked="" type="checkbox"/> Self certified document copies received (OVD) <input checked="" type="checkbox"/> True Copies of documents received (Attested) WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED 

Computer stamp with stamp

Signature with stamp

2. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 Same as above
 Line 3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A - Aadhaar Card XXXX XXXX XXXX
 B - Passport Number _____ (Expiry Date) _____
 C - Voter ID Card _____ (Expiry Date) _____
 D - Driving License _____ (Expiry Date) _____
 E - NREGA Job Card _____
 F - NPR Letter _____
 Z - Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details

Email ID ~~XXXXXXXXXXXX~~.CA @GMAIL.COM
 Mobile No. ~~XXXXXXXXXX~~
 Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: 23 12 2025 (DD-MM-YYYY)

PLACE: AHMEDABAD,

Applicant e-SIGN

Applicant Wet Signature

[Handwritten Signature]
 DIRECTOR

5. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date <u>24 12 2025</u> Emp. Name <u>XXXXXXXXXX</u> Emp. Code <u>WSTF01</u> Emp. Designation <u>RM,</u>	<input checked="" type="checkbox"/> Self certified document copies received (OVD) <input checked="" type="checkbox"/> True Copies of documents received (Attested) <p style="text-align: center;">WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED</p> 

Center sign with stamp

Center sign with stamp

Know Your Client (KYC)

Application Form (For Individuals Only)



WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED
Formerly Known as : WEALTHSTREET ADVISORS PRIVATE LIMITED
Registered Office: A-1101, Mondeal Heights, S.G Highway, Ahmedabad-380013

Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked † are pertaining to CKYC and mandatory only if processing CKYC



CDSL VENTURES LIMITED
Exploring New Horizons

Application Number:

Application Type*: New KYC Modification KYC

KYC Mode*: Please Tick (✓)

Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* ~~XXXXXXXXXX~~ 15447X Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) MR. ~~XXXXXXXXXX~~ P ~~XXXXXXXXXX~~

Maiden Name* (if any)

Fathers/Spouse's Name* MR. ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~

Mother's Name* MRS. ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~

Date of Birth* 02/03/1985

Gender* Male Female Transgender

Marital Status* Single Married

Nationality* Indian Other

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) Foreign National Person of Indian Origin* *o/f*

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC
Select NRI or Foreign National based on Nationality of the individual)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

- A -- Aadhaar Card XXXX XXXX ~~XXXXXXXXXX~~ (Expiry Date) _____
- B -- Passport Number _____ (Expiry Date) _____
- C -- Voter ID Card _____ (Expiry Date) _____
- D -- Driving License _____
- E -- NREGA Job Card _____
- F -- NPR _____
- Z -- Others PAN (any document notified by Central Government)

Identification Number ~~XXXXXXXXXX~~

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* ~~XXXXXXXXXX~~ NAGAR, ~~XXXXXXXXXX~~ SOCIETY,

Line 2 ~~XXXXXXXXXX~~ Line 3 ~~XXXXXXXXXX~~

City/Town/Village* AHMEDABAD District* AHMEDABAD Pin Code* 380025

State* GUJARAT Country* INDIA

Address Type* Residential/Business Residential Business Registered Office Unspecified

Occupation (Please Tick)

S-Service (Private Sector Public Sector Govt Sector)

O-Others (Professional Self Employed Retired Housewife Student)

B-Business B-Business X-Not Categorized

Applicant e-SIGN

without stamp

without stamp

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*

Line 2

Same as A.

Line 3

City/

Town/Village*

District*

Pin Code*

State*

Country*

Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A - Aadhaar Card XXXX XXXX 7910

B - Passport Number _____ (Expiry Date) _____

C - Voter ID Card _____ (Expiry Date) _____

D - Driving License _____ (Expiry Date) _____

E - NREGA Job Card _____

F - NPR Letter _____

Z - Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details (in CAPITAL)

Email ID* ~~XXXXXXXXXXXX~~.CA @ GMAIL.COM

Mobile No. * ~~XXXXXXXXXX~~ 9129

Tel (off) _____ Tel (Res) _____

4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: 23-12-2025 (DD-MM-YYYY)

PLACE: AHMEDABAD

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only

In-Person Verification (IPV) carried out by*

IPV Date 23-12-2025

Emp. Name ~~XXXXXXXXXX~~

Emp. Code ~~XXXXXXXXXX~~

Emp. Designation RM.

Intermediary Details*

Self certified document copies received (OVD)

True Copies of documents received (Attested)

AMC / Intermediary Name :

WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED



Handwritten scribbles in blue ink.

Combiner sign with stamp

Know Your Client (KYC)

Application Form (For Individuals Only)



WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED
Formerly Known as : WEALTHSTREET ADVISORS PRIVATE LIMITED
Registered Office: A-1101, Mondeal Heights, S.G Highway, Ahmedabad-380015

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also



CDSL VENTURES LIMITED
Exploring New Horizons

Application Number: _____

Application Type*: New KYC Modification KYC

KYC Mode*: Please Tick (✓)

Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* ~~XXXXXXXXXX~~ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) Mrs. ~~XXXXXXXXXX~~

Maiden Name* (if any) _____

Fathers/Spouse's Name* MR. ~~XXXXXXXXXX~~

Mother's Name* MRS. ~~XXXXXXXXXX~~ SINGHVI

Date of Birth* 28/11/1987

Gender* Male Female Transgender

Marital Status* Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) Foreign National Person of Indian Origin* 5th

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A - Aadhaar Card XXXX XXXX ~~XXXX~~ (Expiry Date) _____

B - Passport Number _____ (Expiry Date) _____

C - Voter ID Card _____ (Expiry Date) _____

D - Driving License _____ (Expiry Date) _____

E - NREGA Job Card _____

F - NPR _____

Z - Others PAN (any document notified by Central Government)

Identification Number ~~XXXXXXXXXX~~

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* ~~XXXXXXXXXX, XXXX, XXXX, XXXX, XXXX, XXXX~~

Line 2 XX, XX, I, Line 3 XX, XXXX, XXXX, XXXX

City/Town/Village* Raja District* Raja Pin Code* ~~XXXXXX~~

State* ~~XXXXXXXXXX~~ Country* INDIA

Address Type* Residential/Business Residential Business Registered Office Unspecified

Occupation (Please Tick) S-Service (Private Sector Public Sector Govt Sector)

O-Others (Professional Self Employed Retired Housewife Student)

B-Business B-Business X-Not Categorized

Applicant e-SIGN

Counter signature without stamp

only sign across photograph

~~XXXXXXXXXX~~

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 Same as above
 Line 3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A -- Aadhaar Card XXXX XXXX ~~XXXX~~ _____ (Expiry Date) _____
 B -- Passport Number _____ (Expiry Date) _____
 C -- Voter ID Card _____ (Expiry Date) _____
 D -- Driving License _____ (Expiry Date) _____
 E -- NREGA Job Card _____
 F -- NPR Letter _____
 Z -- Others _____ (any document notified by Central Government)
 Identification Number _____

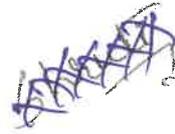
3. Contact Details (in CAPITAL)

Email ID* ~~XXXXXXXXXXXX~~ 20 @ GMAIL . COM
 Mobile No. * ~~XXXXXXXX~~
 Tel (off) _____ Tel (Res) _____

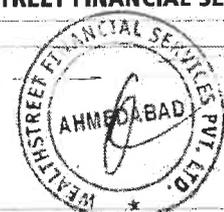
4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.
 I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.
 I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: 23-12-2025 (DD-MM-YYYY)
 PLACE: AHMEDABAD

Applicant e-SIGN	Applicant Wet Signature
	

5. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date <u>23/12/2025</u> Emp. Name <u>XXXXXXXX</u> Emp. Code _____ Emp. Designation <u>RM</u>	<input checked="" type="checkbox"/> Self certified document copies received (OVD) <input checked="" type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED
	

Center Signature without stamp



Wealthstreet
The Financial Engineers

Regd. Office : A-1101, Mondeal Heights,
Besides Novotel Hotel, S.G. Highway,
Ahmedabad-380015.

KNOW YOUR CLIENT (KYC) APPLICATION FORM - NON-INDIVIDUALS

Please fill this form in **English** and in **block letters**

Affix recent
passport size
photograph
sign across
the face
X 2

IDENTITY DEATILS

Name of the Applicant

Date of
Incorporation

Place of
Incorporation

date of commencement of business:

PAN

Regn. No. (e.g. CIN)

Status (Please Tick Any One)

- Private Limited Co. Public Ltd. Co. Body Corporate Partnership Trust Charities
 NGO's FI FII HUF AOP Bank
 Government Body Non-Government Organization Defense Establishment BOI
 Society LLP Qualified Foreign Investor Mutual Fund Others (please specify) _____

ADDRESS DETAILS

ADDRESS FOR CORRESPONDENCE:

City PIN State Country

Registered Address : (if different from Correspondence):

City PIN State Country

CONTACT DETAILS

Tel. Off. Tel. Resi. Fax

Mobile Email

Specify the proof submitted
for Correspondence Address

Specify the proof submitted
for Registered Address

OTHER DETAILS

Name, PAN, residential address and photographs of promoters/partners/karta/Trustees and whole time directors: (In case of additional list of directors, seperate sheet should be used)

Name	Name	Name
Residence Address	Residence Address	Residence Address
PAN No.	PAN No.	PAN No.
DIN/UID No.	DIN/UID No.	DIN/UID No.
photograph	photograph	photograph
Affix recent passport size photograph	Affix recent passport size photograph	Affix recent passport size photograph

First / Sole Holder Second Joint Holder Third Joint Holder



NIKYC_F

Stamp with sign.

DECLARATION

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.


[Handwritten Signature]

Name and Signature of the Authorised Signatory (ies) Date

IN PERSON VERIFICATION DONE BY

Sr. No.	particulars
1.	<input type="checkbox"/> Originals verified and Self-Attested Document copies received.
2.	In-Person-Verification (IPV) details :
	a) Name of the person doing IPV/Employee/SB/AP
	b) Designation
	c) Name of Organisation
	d) Signature
	e) Date

I / We undertake that we have made the client aware of tariff sheet and all the voluntary / non-mandatory documents. I / We have also made the client aware of 'Rights and Obligations' documents (s), RDD, 'Do's and Don't and Guidance Note. I / We have given/sent him a copy of all the KYC documents. I / We undertake that any change in the tariff sheet and all the voluntary / non-mandatory documents would be duly intimated to the clients. I / We also undertake that any change in the 'Right and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

Name & Signature of the Authorised Signatory Date	Seal/Stamp of the intermediary
--	--------------------------------

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date :

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch



Instructions:

- This declaration form has to be sent by the Member to the client on the email id provided by client while opening the trading account.
- The client shall, on receipt of this email, print the email as well as the declaration form.
- The hard copy of the declaration shall be filled up by the client and submitted to the Member along with a signed hard copy of the email. The Member shall acknowledge the receipt of the declaration from the client.
- The size of the font of this declaration must be at least 12.

To,
WealthStreet Advisors Private Limited

Regd. office : A-1101, Mondeal Heights, Besides Novotel Hotel,
S.G. Highway, Ahmedabad-380015.

Dear Sir,

Sub : My / Our request for trading in commodity forward contracts / commodity derivatives on one or more exchanges as your client

I/We, the undersigned, have taken cognizance of circulars issued by different commodity exchanges in pursuance of directions received from SEBI from time to time regarding 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 different exchanges or SEBI or Forward Markets Commission and such position limits will be calculated in accordance with the circulars of respecting exchanges 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 different exchanges through you or through any other member(s) of different exchanges, to enable you to restrict our position limit as prescribed by the above referred circular of different exchanges 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 different exchanges only on the basis of our above assurances and undertaking.

Yours faithfully,

Signature of the client
(Sole Proprietor / Partner / Director / Karta / Trustee)



Date: 23/12/2025
Place: AHMEDABAD.

Stamp with 27m



CLIENT MASTER - FOR USE BY WSAPL

STRICTLY BRANCH REFERENCE

Place _____ Date _____

Authorised Person / Business Associate sharing arrangement details and Sub-brokers (name & code)	
Signature	

BROKERAGE DETAILS - REFER PAGE NO. 8

STRICTLY HO REFERENCE

Initial entries

CALL VERIFICATION	INWARD PARTICULARS	DOCUMENT VERIFICATION
Date _____	Date _____	Date _____
Time _____	Time _____	Time _____
Sign _____	Sign _____	Sign _____

DATA ENTRY PARTICULARS	ACCOUNT ACTIVATION	BACK OFFICE MASTERS
Date _____	Code Allotted (all segments) _____	Date _____
Time _____	Date _____	Updated by _____
Sign _____	Sign _____	Sign _____

Remarks _____

PROCEDURE CHECK LIST

Call verification of Client
 Mail sent to Client
 SMS sent to Client
 Welcome kit dispatch

Signature of Back-office Incharge / Compliance Official _____

Intimation from Branch by		Receipt mode
Document received		
Signature of Back-office Incharge		Date _____
Audited by	Original	Rejected pursuant
Audit date		



MUTUAL FUND CONFIRMATION

Date: 23/12/2025

To,
WealthStreet Advisors Private Limited
Regd. office : A-1101, Mondeal Heights, Besides Novotel Hotel,
S.G. Highway, Ahmedabad-380015.

Dear Sir,

Subject: BSE Star MF/MFSS

I/We [Signature] LIMITED. am/are registered as your client with
Client Code No. [Signature] and have entered into relationship with the Trading Member for the purpose
of trading in the Capital Market Segment of Bombay Stock Exchange Ltd. (Exchange) and National Stock Exchange
Ltd. (Exchange).

I/We am/are interested in availing the trading facility of the Exchange for the purpose of dealing in the units of Mutual
Funds Schemes permitted to be dealt with on the BSE STAR MF and MFSS on the Exchange.

I/We am/are provides my consent for mutual fund trading against collateral lying my account. Also, aware that in
event of non clearance of debit in my/our trading accounts; there is risk of stock collateral or MF collateral getting
liquidated to extent of my/our ledger debit for recovery of trading debit.

For the purpose of availing the BSE STAR MF & MFSS. I/We state that Know Your Client details as submitted by me/
us for the stock broking may be considered for the purpose of BSE STAR MF & MFSS and I/We further confirm that
the details contained in same remain unchanged as on date.

I/We am/are willing to abide by the terms and conditions as mention in the circular dated December 2, 2009 and such
other Notices/Circulars as may be specified by the Exchange/ICCI from time to time in this regards, for BSE STAR
MF and Terms & Conditions mentioned in circular No. NSE/MFSS/003/2001 download Ref. No. NSE (MIC/13533)
dated November 24, 2009.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and
Exchange Board of India and Association of Mutual Funds of India (AMFI)

I/We shall read and understand the contents of the Scheme Information Document and Key Information Memorandum,
addenda issued regarding each Mutual Fund Schemes with respect to which I/We choose to subscribe/redeem. I/We
further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/We therefore request you to register me/us as your client for participating in BSE STAR MF and MFSS.

Thanking you,

Yours faithfully,

Stamp with sign



Client Name [Signature] PRIVATE LIMITED.

Demat A/c No. 1208550000 [Signature]

1st Holder [Signature] Put Hd

2nd Holder

3rd Holder

Date: 23/12/2025

Place: AHMEDABAD.



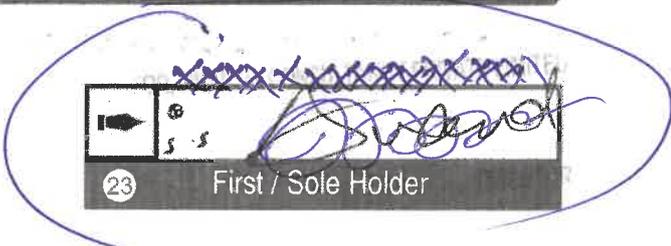
- a) I/we authorize WSAPL to issue me/us electronic contract notes (ECN's), bills, trade confirmations, ledgers, daily margin statements, statement of accounts for periodical settlement of funds and securities, any notices, circulars, amendments and such other correspondence or communication related to my/our trading account (hereinafter referred to as "Documents") and wherever required duly authenticated by means of a digital signature as specified in the information technology Act, 2000 and the rules made there under to the E-mail ID as mentioned hereunder:
- b) I/We understand that the documents received on e-mail/displayed on website are for my/our convenience. I/we will take all the necessary steps to ensure confidentiality and secrecy of the login name & password of the internet/email account.
- c) I/We is/are aware that the documents as may be accessed by other entities in case the confidentiality/ secrecy of the login name and password is compromised.
- d) I/We shall verify the authenticity of the e-mails which I/we shall receive. WSAPL shall not be responsible, if I/we do not receive the documents due to incorrect email ID and/or technical reasons.
- e) I authorize WSAPL to issue me bills, ledgers, monthly/quarterly/yearly demat transaction cum holding statements, any notices, circulars, amendments and such other correspondence or communication related to my demat account (hereinafter referred to as "Documents") and wherever required duly authenticated by means of a digital signature as specified in the information technology Act, 2000 .
- f) I understand that wherever the e-mails have not been delivered to me or has been rejected (bouncing of mails) from the e-mail ID of mine, WSAPL would send physical document to me. I further hereby agree that WSAPL have fulfilled the legal obligation, if the above documents are sent electronically to the above-mentioned e-mail ID. I agree that WSAPL will not be responsible for non receipt of documents sent via electronic delivery due to change in email address or for any other reason which inter alia include my email/inbox running out of capacity, malfunction of my computer system/server/internet connection, mails received by frauds/imposters etc. I also agree that WSAPL shall not take cognizance of out-of office/ out-of station auto replies and I shall be deemed to have received such electronic mails.
- g) I shall inform WSAPL in writing if there is any change in my registered e-mail ID. ~~XXXXXXXXXXXXX~~.CA @GMAIL .COM

3) Authorisation for debiting various depository charges:- Yes No By ticking on YES you authorize WSAPL to deduct all DP charges from your account.

- a) I hereby give my consent/authority to debit/recover all types of depository charges viz annual maintenance charges, inter settlement charges, any type of transaction charges as is levied on me for the transactions carried out in my demat account including any statutory levies, services tax or any other tax/charges/fees in/from my trading ledger having the captioned client code as maintained with WSAPL. I understand and agree that such depository charges will be debited in my trading ledger maintained with WSAPL irrespective of the ledger balance on periodically and/or as per the details provided by WSAPL.
- b) I instruct WSAPL to provide the requisite information periodically and/or on occasion basis of such charges levied on me to WSAPL with whom I have opened the trading account
- c) I understand and consent that WSAPL shall have the right to recover the depository charges like any other trade dues payable by me from my trading ledger. I hereby further authorize WSAPL to set off a part or whole of the collateral/ledger balances/securities in my demat account i.e. by way of appropriation of the relevant amount of cash or by way of sell or transfer or liquidation/close out positions of all or some of the securities placed as collateral or lying in my demat account as stated above for the purpose of clearing any outstanding amount related to the aforesaid demat account maintained with WSAPL. Any and all losses and financial charges on account of such liquidation/close-out shall be borne by me.

By ticking on YES you express your approval and interest in receiving information on various other financial products/services that WSAPL has to offer. You also allow WSAPL to share your preferences with other allied businesses.

E-mail ID: ~~XXXXXXXXXXXXX~~.CA@GMAIL.COM



to be continued in next page
Along with signature

DECLARATION BY HUF

Name : _____

Address : _____

Date : _____

To,
Wealthstreet Advisors Private Limited

A-1101, Mondeal Heights, Besides Novotel Hotel,
S.G. Highway, Ahmedabad-380015.

Dear Sir,

We, the undersigned members of _____
(HUF) are desirous of opening a Trading / Demat Account in the above-mentioned name with you. The said account will be operated by _____ (Karta) on behalf of _____ (HUF).

We hereby undertake that all the transactions undertaken by the said HUF shall be binding not only on the present members of the said joint family (both adults and minors) but also on all future members thereof (both adults and minors) and all persons entitled to a share therein and ourselves personally.

Also that whenever any change occurs in the management or in the constitution of the said joint family of whatsoever nature, we undertake to give notice thereof to you.

Sr. No.	Name Of Member	Designation	Relationship	Date Of Birth	Signature
1.		Karta			
2.		Co-Parcener			
3.		Co-Parcener			
4.		Co-Parcener			
5.		Co-Parcener			
6.		Co-Parcener			
7.		Co-Parcener			

Thanking you,
Yours faithfully,

(HUF Stamp & Sign)



POWER OF ATTORNEY

I/We, (an individual/a sole proprietor/a partnership firm/an HUF/A company/a trust/a society/an Association), executed through Mr./ Ms. ~~WEALTHSTREET ADVISORS PRIVATE LIMITED~~ (proprietor/partners in case of partnership firm/kartain case of H.U.F./Authorized person in case of Company/Trustee(s) in the case of a trust/members of an Association), residing/having office/registered office at ~~WEALTHSTREET ADVISORS PRIVATE LIMITED, NAGAR SOCIETY, AHMEDABAD - 380005~~ SENDS GREETINGS.

WHEREAS

1. I/We hold Beneficiary owner account no.(s) 12085500 _____ with Central Depository Services (India) Limited, through Wealthstreet Advisors Private Limited, a Depository Participant bearing DP-ID 12085500.
2. I/We am/are an investor(s) engaged in buying and selling of securities/ commodities vide client code/trading code no. Through Wealthstreet Advisors Private Limited, a member of National Stock Exchange of India Limited (NSE), Bombay Stock Exchange Limited (BSE) and MCX Bearing SEBI Registration No.INZ000157331 having its office at A-1101, Mondeal Heights, Besides NOVOTEL Hotel, S.G. Highway, Ahmedabad – 380015 (Here in after called "the stock broker")
3. Due to exigency and paucity of time, I/We am/are desirous of appointing an agent/attorney to operate the afore said beneficiary account(s) on my/our behalf for a limited purpose in the manner here in after appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESS THAT

I/We the above named in, without any restriction of my operating the above said beneficiary account, do hereby Nominate, constitute and appoint Wealthstreet Advisors Private Limited a member of NSE, BSE and MCX as my/our true and lawful attorneys (here in after referred to as the Attorneys) for me/us and on my/our behalf and in my/our name to do instruct the afore said Depository Participant to operate my above mentioned beneficial account, to do and/or cause to be done the following acts, deed and things:

1. Transfer of Securities/ Commodity held in the my/our aforesaid beneficial owner account(s) towards Recognized Stock Exchanges/ Commodity Exchanges Clearing house of the Recognized Stock Exchanges/ Commodity Exchanges related margin / delivery obligations arising out of trades executed by me/ us on the said Recognized Stock Exchanges/ Commodity Exchanges through _____
2. Pledge the Securities/Commodity held in the my / our aforesaid beneficial owner account(s) in favour of Recognized Stock Exchanges/ Commodity Exchanges Clearing house of the Recognized Stock Exchanges/ Commodity Exchanges for the limited purpose of meeting the margin requirements in connection with the trades executed by me / us on the said Recognized Stock Exchanges/ Commodity Exchanges through Wealthstreet.
3. 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 my instructions)
4. To send consolidated summary my scrip-wise buy and sell positions taken with average rates to the client by way of SMS / email on a daily basis, not withstanding any other document to be disseminated as specified by SEBI from time to time.
5. I/ We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until I/ We have given to the Depository Participant instruction in writing for revocation of the aforesaid Power of Attorney.

For the purpose of execution of the above, I authorize the Attorney to debit securities for transfer/pledge, as the case may be from my a fore said beneficial account to below mentioned beneficial account owners as well as other accounts of CM's to meet with settlement/margin obligation:



For Market Pay-In

Sr. No.	Name of Account Holder	DP ID	CLIENT ID
1	Wealthstreet Advisors Private Limited - BSE POOL A/C CDSL	12085500	00000717
2	Wealthstreet Advisors Private Limited - BSE PRINCIPAL A/C CDSL	12085500	00000721
3	Wealthstreet Advisors Private Limited - BSE POOL A/C NSDL	IN301330	22406422
4	Wealthstreet Advisors Private Limited - BSE EARLY PAYIN A/C	11000010	00024033
5	Wealthstreet Advisors Private Limited - NSE POOL A/C NSDL	IN301330	22405989
6	Wealthstreet Advisors Private Limited - NSE SLB 322/A/C	12085500	00008773
7	Wealthstreet Advisors Private Limited - NSE POOL A/C CDSL	12085500	00000736
8	Wealthstreet Advisors Private Limited - NSE EARLY PAYIN A/C	11000011	00020381
9	Wealthstreet Advisors Private Limited - CLIENT UNPAID SECURITIES A/C	12085500	00023690
10	Wealthstreet Advisors Private Limited - CDSL TCM Margin Pledge Account	12085500	00056528
11	Wealthstreet Advisors Private Limited - MTF Collateral Margin Pledge Account	12085500	00056908
12	Wealthstreet Advisors Private Limited - MTF Funded Margin Pledge Account	12085500	00055790
13	Wealthstreet Advisors - NSDL TCM Margin Pledge Account	IN301330	40371061
14	Wealthstreet Advisors - NSDL CUSA Account	IN301330	22406973

IN WITNESS WHEREOF, I/We hereto have executed this Power of Attorney as of the day and year first above written.

(First/Sole Holder Signature)
 (Second Holder Signature)
 (Third Holder Signature)

Signature of Witness: FW

Name: _____
Address: _____

Signature of Witness: SW

Name: _____
Address: _____

I / We accept (For Wealthstreet Advisors Private Limited)

Authorised Signatory: _____

Name: _____

Date : _____

Place: _____

In case of any correction(s) in the form, sign next to the correction(s) done. & sign has to match with the original signature



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

Holders Details

CDSL

Sole / First Holder's Name		XXXXXXXXXXXXXXXXXXXX PRIVATE LIMITED.		PAN		XXXXXXXXXXXX	
Occupation (please tick any one and give brief details):		<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Student	
		<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others	
Second Holder's Name				PAN			
Occupation (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"/> Student	
		<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others	
Third Holder's Name				PAN			
Occupation (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"/> Student	
		<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others	

* 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.

Name *	PAN
--------	-----

Type of Account - Individual (please tick whichever is applicable)		
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual - Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depositor Receipts <input type="checkbox"/> Other (specify) _____

Type of Account - Non-Individual (please tick whichever is applicable)		
Status		Sub - Status
<input checked="" type="checkbox"/> Body Corporate	<input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FI	To be filled by the DP
<input type="checkbox"/> CM <input type="checkbox"/> FI	<input type="checkbox"/> Clearing House <input type="checkbox"/> Other (specify) _____	
SEBI Registration No. (If Applicable)	SEBI Registration Date	
RBI Registration No. (If Applicable)	RBI Approval Date	
Nationality	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____	

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

Guardian Name	
PAN	
Relationship of Guardian with minor	

Standing Instructions	
I/We instruct the DP to receive each and every credit in my/ our account (If not marked, the default option would be 'Yes')	<input checked="" type="checkbox"/> Automatic Credit <input type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through Power of Attorney	<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



DP_DET1_F

BROKERAGE TARIFF DETAILS

BROKERAGE RATES (Equity)

Mention on percentage or paisa very clearly	Trading / Intra-day first leg-second leg	Minimum (mention on percentage or paisa)	Delivery (Cm) / Carry forward (f&o)	Minimum (mention on percentage or paisa)	Minimum (per Options contract)
CM Segment	0.02	0.02	0.20	0.02	N.A.
F&O Segment					
Currency					

BROKERAGE RATES (Commodity)

Mention on percentage or paisa very clearly	Trading / Intra-day first leg-second leg	Minimum (mention on percentage or paisa)
MCX		
NCDEX		

Note :

1. The above rates are exclusive of Stamp Duty, Exchange Transaction charges, Securities Transaction Tax, SEBI Turnover Charges and GST which will be charged extra at the rate prevailing from time to time. Further it is exclusive of any other charges /levies that may be imposed from time to time.
2. The General Rates as mentioned here shall be applied unless the Special Rates as may be agreed by the Client and the same are mentioned above.
3. For Internet Based Trading (IBT) clients, additional charges with regard to software access etc. will be applicable as per the terms agreed at relevant point in time.

FOR. ~~XXXXXXXXXXXX~~ XXXXX

15 First / Sole Holder

Stamp with LTM



Mode Of Operations For Sole/First Holder (in Case Of Joint Holdings, All The Holders Must Sign)

<input type="checkbox"/> Any one singly	<input type="checkbox"/> Jointly by
<input type="checkbox"/> As per resolution	<input type="checkbox"/> Others (please specify)

Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.



DP_DET3_F

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:

Handwritten signature

DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

If client is dealing through the sub-broker, provide the following details:

Sub-broker's Name:		NSE SEBI Regn. No.:	
Registered office address:	BSE SEBI Regn. No.:		
	Tel.:		
	Fax:		
	Website :		

whether dealing with any other stock broker/sub-broker (in case dealing with multiple stock brokers/sub-brokers, provide details of all)

Name of stock broker:		
Name of sub-broker, if any:		
Client Code:		
Exchange:		
details of disputes/dues pending from/to such stock broker/sub- broker:		

ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify):	<input checked="" type="checkbox"/> Electronic Contract Note	<input type="checkbox"/> Physical
Specify your Email id, if applicable: The E-mail Id belongs to : If Family Member, then Relation	XXXXXXXXXXXX . <i>Cal @ gmail . com</i> <input type="checkbox"/> Own <input type="checkbox"/> Family Members	
Whether you wish to receive SMS alert from Stock Exchanges / Stock Broker	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Detail of Owner of Mobile Number Registered The Mobile Number belongs to : If Family Members, then Relation	XXXXXX 59 XXXX <input type="checkbox"/> Own <input type="checkbox"/> Family Members	
Family Account Adjustment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inter Segment Adjustment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pledge Authorization Against Margin Requirement / Outstanding Debit with Clearing Corporation / Financial Institution	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you wish to avail of the facility of internet trading/ wireless technology (please specify):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Number of years of Investment/Trading Experience:		
Any other information:		



Stamp with sign

13 First / Sole Holder

INTRODUCER DETAILS

Name of the Introducer	XXXXX		
Branch / SB / RM / Employee Code	XXXX		
Status of the Introducer:	<input type="checkbox"/> Sub-broker	<input type="checkbox"/> Remisier	<input type="checkbox"/> Authorized Person
	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Others, please specify	<input type="checkbox"/> Existing Client
Address and Tel No of the Introducer			
Introducer Code	XXXX		
Introducer's Signature	[Signature]		

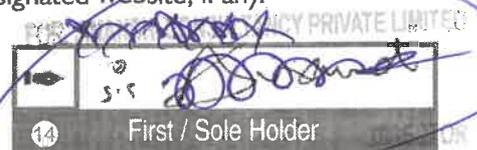
OTHER DETAILS

IN CASE OF INDIVIDUAL & NON INDIVIDUAL

Gross Annual Income details (please specify): Income Range per annum: (₹ in lacs)			
<input type="checkbox"/> Below ₹ 1 Lac	<input type="checkbox"/> ₹ 1 to ₹ 5 Lac	<input checked="" type="checkbox"/> ₹ 5 to ₹ 10 Lac	<input type="checkbox"/> ₹ 10 to ₹ 25 Lac
<input type="checkbox"/> ₹ 25 to ₹ 1 crore	<input type="checkbox"/> Above ₹ 1 crore		
OR			
Net-worth as on date	₹	(Net worth should not be older than 1 year)	
Occupation (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"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Others		
please tick, if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)	
Nature of Business :	<input type="checkbox"/> Manufacturing	<input checked="" type="checkbox"/> Service	<input type="checkbox"/> Trading
	<input type="checkbox"/> Consultant	<input type="checkbox"/> Other	
Risk Categorization :	<input type="checkbox"/> High	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Low
Any other information :			

DECLARATION ACCEPTANCE FOR TRADING ACCOUNT

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet, and all voluntary / non-mandatory documents.
- I further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Guidance Note' with 'Policy and Procedures' Do's and Don't's I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on stock broker's designated website, if any.



Stamp with sign



IN_OCC_B

INVESTMENT/TRADING EXPERIENCE

No Prior Experience _____ Years in Commodities _____ Years in other investment related fields

GST DETAILS (As applicable, State wise)

Local GST Registration No.			
Name of the State			
Other GST Registration No.			
Name of the State			

MCX CATEGORIZATION

Category	<input type="checkbox"/> Farmers/FPOs	<input type="checkbox"/> Proprietary Traders	<input type="checkbox"/> Foreign Participants	<input type="checkbox"/> Hedgers
	<input type="checkbox"/> Value Chain Participants	<input type="checkbox"/> Domestic financial institutional investors	<input checked="" type="checkbox"/> Others	

TRADING PREFERENCE

*Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

Exchange segment for Equity	NSE	BSE
Cash	5	6
F & O	7	8
Currency	9	9.1

Stamp with sign

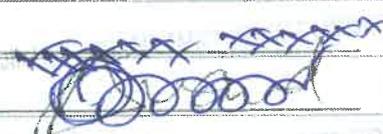
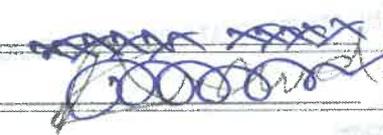
Other preferences

Mutual Fund	10	
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Exchange segment for Commodity	MCX	NCDEX
	11	12

#If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be given by the client to the stock broker.



3.	Mutual Fund transactions being executed on Stock Exchange order entry Platforms	1st holder Name	
		Signature X	
		2nd holder Name	
		Signature X	
		3rd holder Name	
4.	Tendering shares in open offers through Stock Exchange Platforms	1st holder Name	
		Signature X	
		2nd holder Name	
		Signature X	
		3rd holder Name	

Stamp with sign

LIST OF DEMAT ACCOUNT WFSPL

Annexure—2

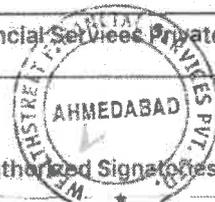
Sr. No	Name of the Account Holder	DP ID	Client ID
1.	Wealthstreet Financial Services Private Limited - BSE POOL A/c CDSL	12085500	00000717
2.	Wealthstreet Financial Services Private Limited - BSE POOL A/C NSDL	IN301330	22406422
3.	Wealthstreet Financial Services Private Limited - BSE EARLY PAYIN A/C	11000010	00024033
4.	Wealthstreet Financial Services Private Limited - NSE POOL A/C NSDL	IN301330	22405989
5.	Wealthstreet Financial Services Private Limited - NSE SLB POOL A/C	12085500	00008773
6.	Wealthstreet Financial Services Private Limited - NSE POOL A/C CDSL	12085500	00000736
7.	Wealthstreet Financial Services Private Limited - NSE EARLY PAYIN A/C	11000011	00020381
8.	Wealthstreet Financial Services Private Limited - CDSL TMCM Margin Pledge A/C	12085500	00056528
9.	Wealthstreet Financial Services Private Limited - MTF Collateral Mar in Pledge A/C	12085500	00056908
10.	Wealthstreet Financial Services Private Limited - MTF Funded Margin Pledge A/C	12085500	00055790
11.	Wealthstreet Financial Services Private Limited - NSDL TMCM Margin Pledge A/C	IN301330	40371061
12.	Wealthstreet Financial Services Private Limited - NSDL CUSPA Account	IN301330	22406973
13.	Wealthstreet Financial Services Private Limited - CLIENT UNPAID SECURITIES A/C	12085500	00131681

Sr. No	Name of Members/Co Parceners	Signatures of Members/Co Parceners
1.		
2.		
3.		

I/We accept (For Wealthstreet Financial Services Private Limited)

Date: 24/12/2025

Place: A' Bad



(Authorized Signatures) / Esign

**Schedule of Charge Structure for DEMAT Services
Corporate Investor**

SERVICE	CHARGE			
	REGULAR* HUF	LIFE TIME HUF	CORPORATE ✓	LIFE TIME *** FREE AMC
Annual Maintenance Charge	Rs.400/- 1 st Year Free	Rs.1500/-	Rs.1000/-	FREE
Transfer (Buy/Credit)	NIL	NIL	NIL	NIL
Transfer (Sell/ Debit) Market	Rs.15/-	Rs.20/-	Rs.15/-	Rs.25/-
Market /off Market Transfer Other than WFSPL	Rs.30/-	Rs.40/-	Rs.30/-	Rs.50/-
Demat	Rs.5 /- Per Certificate with min Rs.40/- Per request + Rs.50/- Postage Charges per request			
Remat	Rs.50 /- Postage Charges +Rs.11 /- Per 100 Securities / Rs.20/- Per Certificate whichever is higher, Maximum 500000/ -			
Pledge Creation	Rs. 25/- Per ISIN			
Pledge Closure/Invocation	Rs. 25/- Per ISIN			
Margin Pledge	Rs. 15/- Per ISIN			
Margin Unpledge	Rs. 15/- Per ISIN			
Freeze-De-Freeze	Rs.50/-			
Failed Instruction Charges	NIL			

** Nil for holding < Rs. 4,00,000/-

** Holding from Rs. 4,00,001/- to Rs. 10,00,000/- AMC of Rs. 100/-

** Holding > Rs. 10,00,000/- yearly AMC account tariff applicable

I/We wish to avail BSDA facility: Yes No

** If I/We am/are found to be not eligible for BSDA scheme due to non-fulfilment of criteria prescribed by SEBI, then the default scheme applicable shall be yearly AMC.

Notes :

- GST at actual wherever applicable.
- We reserve the rights to change/add charges with 30 days prior notice.
- Charges/Tariffs shall be revised / changed at WFSPL's discretion, intimation of which shall be done by E-mail/Post
- For account opening charges/annual maintenance, cheques required Payable at Par/DD.
- All payments should be in favour of "Wealthstreet Financial Services Private Limited (WFSPL)"
- Currently I/We want to open regular Demat Account. I/We are aware that my regular Demat Account will be converted to BSDA as per SEBI circular No. CIR/MRD/DP/20/2015 dated 11th December 2015 at the end of the billing cycle if the same is eligible for the BSDA as per SEBI guidelines. Despite this, in subsequent years, I/ We hereby request you to allow me/us to continue the said Demat Account under normal scheme as availed by me/us at the time of account opening/modified (if any) to avail regular DP services. If I wish to convert the said Demat Account to BSDA I/We intimate the same to WFSPL.BSDA**.
- Scheme Applicable only to an Individual Account Holder.
- I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA
- First/Sole holder does not have / propose to have any other Demat Account across Depositories.
- In case of BSDA, if the value of holdings exceeds more than Rs. 200000/- any date then charges will be levied as applicable to Regular Scheme (non-BSDA) from that date onwards.

Acceptance by client

I/We accept above Charges Structure.

DP ID 1 2 0 8 5 5 0 0 Client ID 0 0 0 0 0 0 0 0





First / Sole Holder
 Second Joint Holder
 Third Joint Holder



Stamp with sign



Account Opening form supplement - FATCA (Individuals)

To,

Wealthstreet Financial Services Private Limited
A-1101, Mondeal Heights, Besides Novotel Hotel,
S.G. Highway, Ahmedabad-380015.

Please Furnish The Below Information Along With Supporting Documents

Name ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~

Country of Residence INDIA

Country of Birth INDIA

Please check () Yes or No to each of the following questions

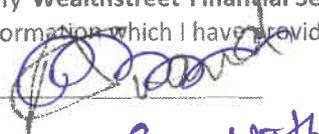
- 1. Are you a U. S. Resident ? Yes No
- 2. Are you a U. S. Citizen ? Yes No
- 3. Do you hold a U.S. Permanent Resident Card (Green Card Holder) ? Yes No
- 4. If answer to any of the questions from 1 to 3 is Yes then please provide you Tax Identification Number which is your Social Security Number in Form W9

I hereby confirm that the information provided above is true, accurate and complete.

Subject to applicable laws I hereby consent for **Wealthstreet Financial Services Private Limited (WFSPL)** or any of its affiliates (including branches) (collectively **Wealthstreet Financial Services Private Limited (WFSPL)**) to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in my jurisdiction.

Where required by the domestic or overseas regulators or tax authorities, I consent and agree that **Wealthstreet Financial Services Private Limited (WFSPL)** may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify **Wealthstreet Financial Services Private Limited (WFSPL)** within 30 calendar Days if there is any change in information which I have provided to **WFSPL**.


(Client Signature)
Date 23/12/2025 *Sign without stamp*

Controlling Person Declaration:

Name of Controlling person	Correspondence Address	Country of residence for tax purpose	TIN (if any)	TIN issuing Country	Controlling person type
XXXXXXXXXX	17, GREEN PARK, RAJASTHAN	INDIA.			DIRECTOR.
XXXXXXXXXX	134/1/2/1, NEELKANTH NAGAR, AHMEDSABAD	INDIA.			DIRECTOR.

Details	For Controlling person 1	For Controlling person 2	For Controlling person 3	For Controlling person 4	For Controlling person 5
Document submitted for Identification : Passport/Election Card/PAN card/Govt. ID Card / Others	PAN	PAN			
Identification Number	XXXXXXXXXX	XXXXXXXXXX			

Declaration:

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to any of the Exchanges/Depositories/Mutual Fund, its sponsor, Asset Mgmt. Co., trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund"s end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I /We understand that you do not offer any tax advice on CRS/FATCA or its impact on me/us. I/We shall seek advice from Professional Tax Advisor for any tax questions.

Signature with relevant seal

~~XXXXXXXXXX~~

 X _____ DIRECTOR

X _____

X _____

DATE: 23/12/2025 PLACE: AHMEDSABAD.

Instructions for FATCA & CRS Declaration

- A. Financial Institution / Foreign Financial Institution (FFI)** – Means any non-US financial institutions that is a – (1) Depository institution – accepts deposits in the ordinary course of banking or similar business; (2) Custodian institution - as a substantial portion of its business, hold financial assets for the accounts of others; (3) Investment entity – conducts a business or operates for or on behalf of a customer for any of the activities like trading in money market instruments, foreign exchange, foreign currency, etc. or individual or collective portfolio management or investing, administering or managing funds, money or financial assets on behalf of other persons; or an entity managed by this type of entity; or (4) Insurance company – entity issuing insurance products i.e. life insurance; (5) Holding or Treasury company – entity that is part of an expanded affiliate group that includes a depository, custodian, specified insurance company or investment entity
- B. “Non-Reporting Financial Institution”**

Sr. No.	Category
1	Governmental Entity, International Organization or Central Bank, other than with respect to a payment that is on an obligation held in connection with a commercial financial activity of a type in by reporting financial institution
2	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental entity; International Organization or Central Bank
3	A non-public fund of the armed forces, Employees' State Insurance Fund, a gratuity fund or a provident fund
4	An Indian investment entity held only by (1) to (3) above
5	A qualified Credit Card Issuer
6	Specified Investment advisor or investment manager or executing broker
7	Specified Exempt collective investment vehicle
8	A financial institution with a local client base
9	A local bank*
10	A financial institution with only low value accounts
11	Sponsored investment entity and controlled foreign corporation
12	Trustee documented trust
13	Sponsored closely held investment vehicle, incase of any U.S. Reportable Account

*Regional Rural Banks constituted under the Regional Rural Bank Act 1976 (21 of 1976), Urban Cooperative Banks constituted under respective State Cooperative Societies Act or Multi State Cooperative Societies Act, State Cooperative Banks or District Central Cooperative Banks constituted under respective State Cooperative Societies Act and Local Area Banks licensed under the Banking Regulations Act, 1949 (10 of 1949) and regulated and registered as public limited companies under the Companies Act, 1956 (1 of 1956) or Companies Act, 2013 (18 of 2013), that satisfy the requirement under sub-clause (iv) shall be treated as local bank for the purpose of this clause.

C. Active NFFE – Any one of the following –

Code	Sub-Category
1	Less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and < 50% of the assets held by NFE are assets that produce or are held for the production of passive income
2	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
3	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
4	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;

P. Exemption Code for US persons

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan
N	Not Applicable

- G. **Listed Company** - A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)
- H. **Related Entity** - an entity is a "Related Entity" of another entity if one controls the other, or the two entities are under common control (where control means direct or indirect ownership of more than 50% of the vote or value in an entity)
- I. **Non-financial foreign entity [NFFE]** - Non-US entity that is not a financial institution [including a territory NFFE]. Following NFFEs are excluded from FATCA reporting – (a) Publicly traded corporation / listed companies; (b) Related Entity of a listed company; and (c) Active NFFE
- J. **Passive Income** - portion of gross income that consists of dividends, interest, rents and royalties (other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFFE), income equivalent to interest / amount received from pool of insurance contracts, annuities, excess of gains over losses from the sale or exchange of property / from transactions (including futures, forwards or similar transactions) in any commodities but not including (i) any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation or (ii) active business gains or losses from the sale of commodities but only if substantially all the foreign entity's commodities are property, excess of foreign currency gains over losses, net income from notional principal contracts, amounts received under cash value insurance contracts, amounts earned by insurance company in connection with its reserves for insurance and annuity contracts
- K. **Controlling Persons** - means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.
- L. **Non-Participating FFIs [NPFIs]** - an FFI other than participating FFI, a deemed-compliant FFI, or an exempt beneficial owner
- M. **Specified US Persons** - Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker
- N. **Expanded affiliated group** - One or more chains of members connected through ownership (50% or more, by vote or value) by a common parent entity if the common parent entity owns stock or other equity interests meeting the requirements in atleast one of the other members
- O. **Owner documented FFI** - AN FFI meeting the following requirements – (a) FFI is an FFI solely because it is an investment entity; (b) FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company; (c) FFI does not maintain a financial account for any non-participating FFI; (d) FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in the circumstances, and (e) The designated withholding agent agrees to report to the IRS (or, in case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any US specified persons and (2) Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a US person, an exempt beneficial owner, or an exempted NFE

5	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution
6	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
7	<p>Any NFE is a 'non for profit' organization which meets all of the following requirements:</p> <ul style="list-style-type: none"> ➤ It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; ➤ It is exempt from income tax in India; ➤ It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; ➤ The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and ➤ The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

D. Passive NFE - means any NFE that is not (i) an Active NFFE or listed / publicly traded entity or entity related to the listed / publicly traded entity, or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations or (iii) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity - (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

E. Direct Reporting NFFE - a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS

F. GILIN not required category

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or CtIBk
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI