



Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation/ Registration; leaving one box blank between 2 words. Please do not abbreviate the Name)

2. Date of Incorporation ____ / ____ / ____

Place of Incorporation _____

3. Registration No. (e.g. CIN) _____

Date of commencement of business ____ / ____ / ____

4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charities / NGOs
 FI FII HUF AOP Bank Government Body Non-Government Organisation
 Defence Establishment Body of Individuals Society LLP Others (Please specify) _____

5. Permanent Account Number (PAN) (MANDATORY) _____ Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village
State

Country

Postal Code

2. Contact Details

Tel. (Off.) (ISD) (STD) _____

Mobile (ISD) (STD) _____

E-Mail Id. _____

Tel. (Res.) (ISD) (STD) _____

Fax (ISD) (STD) _____

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

*Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf) (Please specify) _____

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted ____ / ____ / ____

4. Registered Address (If different from above)

City / Town / Village
State

Country

Postal Code

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

*Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf) (Please specify) _____

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted ____ / ____ / ____

C. New Other Details (please see guidelines overleaf)

1. Gross Annual Income Details Please tick (✓): Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25 Lacs-1 Crore > 1 Crore

2. Net-worth in ₹. (*Net worth should not be older than 1 year) _____ as on (date) ____ / ____ / ____

3. Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors
(Please use the Annexure to fill in the details)

4. Is the entity involved/providing any of the following services YES NO

- For Foreign Exchange / Money Changer Services YES NO - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO

- Money Lending / Pawning YES NO

5. Any other information:

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.

NAME & SIGNATURE(S)
OF AUTHORISED
PERSON(S)



Place: _____

Date: _____

FOR OFFICE USE ONLY

AMC/Intermediary name : **Celebrus Capital Limited**

- (Originals Verified) Self Certified Document copies received
- (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
 Staff Name
 Designation
 Name of the Organization
 Signature
 Date

Celebrus Capital Limited / Celebrus Commodities Limited
III Floor, EAK Towers, Main Avenue
Panampilly Nagar, Kochi -682036, Kerala

Date: _____

Dear Sir,

Sub: Authorisation for Digital Contract Notes & Other Statements

Ref: Client Code: _____ & Client Id: 12075800 _____

I / We have been / shall be dealing through you as my / our Trading Member (TM) – Depository Participant (DP) on the Capital Market / Commodity Market and / or Futures & Options Segments / Currency Derivative Segments / Depository Services. As my / our TM - DP i.e. agent I / we direct and authorize you to carry out trading / dealings on my / our behalf as per instructions given below.

I / We understand that, I / we have the option to receive the Contract Notes, Financial Statements, Demat Account Statements and Billing Statements in physical form or electronic form. In pursuance of the same, I / we hereby opt for receipt of Contract Notes, Financial Statements and Billing Statements in electronic form. I / We understand that for the above purpose, you are required to take from the client “an appropriate email account” for you to send the electronic Contract Notes and Demat Account Statements. Accordingly, please take the following email account(s) / email id on your record for sending Contract Notes and Demat Account Statements to me / us.

I / We agree not to hold you responsible for late / non -receipt of Contract Notes, Financial Statements, Demat Account Statements and Billing Statements in electronic form and any other communication for any reason including but not limited to failure of email servers, loss of connectivity, email in transit etc. I / we agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me / us and such dispatch shall be deemed to mean receipt by me / us and shall not be disputed by me / us on account of any non-receipt / delayed receipt for any reason whatsoever.

I / We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my / our email account(s) / email id(s). I / We understand that I am required to intimate any change in the email id / email account mentioned hereinabove needs to be communicated by me through a physical letter to you, provided however that if I/we am/are an internet client, then in that event the request for change in email id / email account can be made by me / us through a secured access using client specific user id and password. Please treat this authorization as written ratification of my / our verbal directions / authorisations given and carried out by you earlier. I / We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my / our directions given above.

I/We further request you to update following mobile number on your record for getting mobile alerts.

Email Id:

Mobile No:

Thanking you,
Yours faithfully,

<Authorised Signatory Sign>
< Authorised Signatory Name>

< Company Seal>