



Account Opening Form

PORTFOLIO MANAGEMENT SERVICES



Name of the Entity:	ABANS Broking Services Private Limited
SEBI Registration Number	INP000006484
Registered &Correspondence Office Address	36/37/38A, Nariman Bhavan, Backbay Reclamation Nariman Point, Mumbai – 400 021. Phone: 022-6179000 Fax: 022-61790010, Website: www.Abans.co.in
For any grievance/dispute please contact ABANS Broking Services Private Limited, at the above address or email id- invgriev@Abans.co.in ; 91-022-66179000.	

Instructions for Applicants:

1. Read the form carefully and in case of any queries, please contact the concerned officials of our respective local office.
2. Please fill the details in CAPITAL LETTERS ONLY preferably with ball-point pen.
3. TDS is deductible under Sec. 194 of the Income Tax Act, 1961. TAN, if applicable, needs to be filled in compulsorily.
4. Account Opening Form shall be duly completed and signed.
 - a. 'N.A.' shall be mentioned in the columns not applicable to the client
 - b. In case of Additional Information, kindly add separate Annexure to the Form
 - c. All corrections in the form need to be countersigned with full signature. White ink is not allowed either in form or agreement.
5. Signatures by all joint holders on all pages of the agreement / power of attorney / form / annexure wherever indicated. Please take note that PAN signature will be used for Signature Verification.
6. Signatures can be in English, Hindi or any other languages contained in the 8th Schedule of the Constitution of India. Languages other than 8th schedule, and thumb impressions must be attested by a Magistrate or a Notary Public or a Special Executive/Magistrate under his official seal. The Name and Address, Tel Nos of the same are to be provided if the attestation is done by them.
7. In case PAN is without photograph, other photo identity proofs like valid driving license, Voter ID, passport, etc. should be provided.

Other Instructions:

1. Photographs of all the applicants shall be pasted in the space provided for, and to be signed across the photographs in a way that signature is partially on photo and on form.
2. Agreement should be executed within 6 months of the date of stamp or franking.
3. All documents required along with the application are required to be certified as true.
 - a. All documents shall be stamped with a "Verified against Original" stamp and also self-attested by the applicant. OR
All documents should be certified as true / verified by a Chartered Accountant or any competent authority who is authorized to do the same.
 - b. The documents are required for all joint holders.

Checklist for Individuals/Sole Proprietorship & HUF

Sr. No.	Documents Required	Individuals	For sole Proprietorship	For HUF
1.	Recent Photographs (signed across)	<input type="checkbox"/>	<input type="checkbox"/>	Karta
2.	PAN Card Certified True Copy (Mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	Karta + HUF
3.	Address proof (any one of the following) Certified True Copy			
	Passport copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Election Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Driving license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bank Statement (Not older than 2 quarters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Utility Bills (Telephone / Electricity Bill, not older than 2 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Municipal Taxes Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Address proof of the firm (any one of the following) Certified True Copy			
	Registration Certificate/ government license		<input type="checkbox"/>	<input type="checkbox"/>
	Utility Bills (Telephone / Electricity Bill, not older than 2 months)		<input type="checkbox"/>	<input type="checkbox"/>
	Bank Statement (Not older than 2 quarters)		<input type="checkbox"/>	<input type="checkbox"/>
5.	Bank Proof			
	Cancelled Cheque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bank Statement (Certified True Copy) or Letter from Banker with Seal & Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checklist for Public/Private Trust & Public/Private Ltd Companies.

Sr. No.	Documents Required	Public/Private Trust	Public/Private Ltd. companies
1.	Resolution		
	Trust Resolution on a letterhead signed by all the partners / trustees with stamp	<input type="checkbox"/>	
	Board Resolution to appoint Portfolio Manager on the company's letterhead (to be signed by company secretary / non-operative director / all directors)		<input type="checkbox"/>
2.	Address proof of the firm/trust/company certified True copy		
	Utility Bills (Telephone / Electricity Bill, not older than 2 months)	<input type="checkbox"/>	
	Bank Statement (Not older than 2 quarters)	<input type="checkbox"/>	<input type="checkbox"/>
	Form 18 with ROC receipt		<input type="checkbox"/>
3.	Address Proof of Authorized Signatories/Directors	<input type="checkbox"/>	<input type="checkbox"/>
4.	PAN Card Certified True Copy of Company and Authorized Signatories/Directors	<input type="checkbox"/>	<input type="checkbox"/>
5.	List of Current Directors of the Company on the Company's Letterhead		<input type="checkbox"/>
6.	Bank Proof (any one of the following) Certified True Copy		
	Cancelled Cheque	<input type="checkbox"/>	<input type="checkbox"/>
	Bank Statement (Certified True Copy)	<input type="checkbox"/>	<input type="checkbox"/>
	Letter from Banker	<input type="checkbox"/>	<input type="checkbox"/>
7.	Certified True Copy of the Trust Deed	<input type="checkbox"/>	

8.	Recent Photograph of Authorized Signatories/Directors (signed across)	<input type="checkbox"/>	<input type="checkbox"/>
9.	Original Certified True Copy of Memorandum & Articles of Association		<input type="checkbox"/>
10.	Form 32 with ROC receipt in case the Authorized Director's name is not in the MOA		<input type="checkbox"/>
11.	Certified True Copy of Certificate of Incorporation &/or Commencement as applicable		<input type="checkbox"/>
12.	Certified Copy of Authorized Persons with their Specimen Signatures on Letter head	<input type="checkbox"/>	<input type="checkbox"/>
13.	Certified Copy of Shareholding/Holding Pattern, including persons holding more than 10% Shareholding	<input type="checkbox"/>	<input type="checkbox"/>
14.	Certified Copy of Latest Audited Annual Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>

PORTFOLIO MANAGEMENT SERVICES APPLICATION FORM (FOR INDIVIDUALS ONLY)

Please fill in ENGLISH & in BLOCK LETTERS

Status		Individual		Proprietorship Firm						
DETAILS OF SOLE/FIRST APPLICANT										
Mr.		Ms.		Mrs.						
Name	First Name		Middle Name		Last Name					
Father's / Husband's Name	First Name		Middle Name		Last Name					
Trade Name	(in case of proprietary concern/HUF)									
Date of Birth	D	D	M	M	Y	Y	Y	Y	PAN	TAN (if applicable)
Nationality				Gender	Male		Female			
Permanent Address										
City				State						
Country				Pin/Zip						
Tel. (R)				Mobile						
Fax				Email						
Correspondence Address				Same as above:						
City				State						
Country				Pin/Zip						
Tel. (R)				Mobile						
Fax				Email						
Occupation										
Business		Professional		Self Employed						
Student		Housewife		Retired						
Service Pvt.		Service Govt.		Farming						
Others (specify): _____										
Brief details of Occupation/Business										
Annual income in last 3 years				0-5 lacs						
				5-10 lacs						
Net worth as on last day of each year				> 10 lacs						
Bank Details										
Bank Name										
Branch		Account Type		Savings						
				Current						
Bank Address										
City		State		Pin / Zip Code						
Account No				Account Type						
MICR Code				IFSC Code						

If the following is additionally applicable

<input type="checkbox"/>	Civil Servant	<input type="checkbox"/>	Politician	<input type="checkbox"/>	Current/Former MP/MLA/MLC/Head of State
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DETAILS OF SECOND APPLICANT

<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mrs.	
Name	<input type="text"/>				<input type="text"/>	<input type="text"/>
	<small>First Name</small>				<small>Middle Name</small>	<small>Last Name</small>
Father's / Husband's Name	<input type="text"/>				<input type="text"/>	<input type="text"/>
	<small>First Name</small>				<small>Middle Name</small>	<small>Last Name</small>
Trade Name	<input type="text"/>					
	<small>(in case of proprietary concern/HUF)</small>					
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>D</small>	<small>D</small>	<small>M</small>	<small>M</small>	<small>Y</small>	<small>Y</small>
	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>PAN</small>	<input type="text"/>
					<small>TAN</small>	<input type="text"/>
					<small>(if applicable)</small>	
Nationality	<input type="text"/>				Gender	<input type="text"/>
					<input type="checkbox"/>	Male
					<input type="checkbox"/>	Female
Permanent Address						
<input type="text"/>						
<input type="text"/>						
City	<input type="text"/>				State	<input type="text"/>
Country	<input type="text"/>				Pin/Zip	<input type="text"/>
Tel. (R)	<input type="text"/>				Mobile	<input type="text"/>
Fax	<input type="text"/>				Email	<input type="text"/>
Correspondence Address					Same as above:	<input type="text"/>
<input type="text"/>					<input type="text"/>	<input type="text"/>
<input type="text"/>					<input type="text"/>	<input type="text"/>
City	<input type="text"/>				State	<input type="text"/>
Country	<input type="text"/>				Pin/Zip	<input type="text"/>
Tel. (R)	<input type="text"/>				Mobile	<input type="text"/>
Fax	<input type="text"/>				Email	<input type="text"/>
Occupation						
<input type="checkbox"/>	Business	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>
<input type="checkbox"/>	Student	<input type="checkbox"/>	Housewife	<input type="checkbox"/>	Retired	
<input type="checkbox"/>	Service Pvt.	<input type="checkbox"/>	Service Govt.	<input type="checkbox"/>	Farming	Others (specify): <input type="text"/>
Brief details of Occupation/Business						
Annual income in last 3 years				<input type="text"/>	0-5 lacs	<input type="text"/>
				<input type="text"/>	5-10 lacs	<input type="text"/>
				<input type="text"/>	> 10 lacs	<input type="text"/>
Net worth as on last day of each year						
<input type="text"/>						
Bank Details						
Bank Name	<input type="text"/>					
Branch	<input type="text"/>				Account Type	<input type="text"/>
					Savings	<input type="text"/>
					Current	<input type="text"/>
Bank Address	<input type="text"/>					
City	<input type="text"/>				State	<input type="text"/>
					Pin / Zip Code	<input type="text"/>
Account No	<input type="text"/>				Account Type	<input type="text"/>
MICR Code	<input type="text"/>				IFSC Code	<input type="text"/>

If the following is additionally applicable

<input type="checkbox"/>	Civil Servant	<input type="checkbox"/>	Politician	<input type="checkbox"/>	Current/Former MP/MLA/MLC/Head of State
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DETAILS OF THIRD APPLICANT

<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mrs.	
Name	<input type="text"/>				<input type="text"/>	<input type="text"/>
	<small>First Name</small>				<small>Middle Name</small>	<small>Last Name</small>
Father's / Husband's Name	<input type="text"/>				<input type="text"/>	<input type="text"/>
	<small>First Name</small>				<small>Middle Name</small>	<small>Last Name</small>
Trade Name	<input type="text"/>					
	<small>(in case of proprietary concern/HUF)</small>					
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>D</small>	<small>D</small>	<small>M</small>	<small>M</small>	<small>Y</small>	<small>Y</small>
	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>PAN</small>	<input type="text"/>
					<small>TAN</small>	<input type="text"/>
					<small>(if applicable)</small>	
Nationality	<input type="text"/>				Gender	<input type="text"/>
					<input type="checkbox"/>	Male
					<input type="checkbox"/>	Female
Permanent Address						
<input type="text"/>						
<input type="text"/>						
City	<input type="text"/>				State	<input type="text"/>
Country	<input type="text"/>				Pin/Zip	<input type="text"/>
Tel. (R)	<input type="text"/>				Mobile	<input type="text"/>
Fax	<input type="text"/>				Email	<input type="text"/>
Correspondence Address					Same as above:	<input type="text"/>
<input type="text"/>					<input type="text"/>	<input type="text"/>
<input type="text"/>					<input type="text"/>	<input type="text"/>
City	<input type="text"/>				State	<input type="text"/>
Country	<input type="text"/>				Pin/Zip	<input type="text"/>
Tel. (R)	<input type="text"/>				Mobile	<input type="text"/>
Fax	<input type="text"/>				Email	<input type="text"/>
Occupation						
<input type="checkbox"/>	Business	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>
<input type="checkbox"/>	Student	<input type="checkbox"/>	Housewife	<input type="checkbox"/>	Retired	
<input type="checkbox"/>	Service Pvt.	<input type="checkbox"/>	Service Govt.	<input type="checkbox"/>	Farming	Others (specify): <input type="text"/>
Brief details of Occupation/Business						
Annual income in last 3 years				<input type="text"/>	0-5 lacs	<input type="text"/>
				<input type="text"/>	5-10 lacs	<input type="text"/>
				<input type="text"/>	> 10 lacs	<input type="text"/>
Net worth as on last day of each year						
<input type="text"/>						
Bank Details						
Bank Name	<input type="text"/>					
Branch	<input type="text"/>				Account Type	<input type="text"/>
					Savings	<input type="text"/>
					Current	<input type="text"/>
Bank Address	<input type="text"/>					
City	<input type="text"/>				State	<input type="text"/>
					Pin / Zip Code	<input type="text"/>
Account No	<input type="text"/>				Account Type	<input type="text"/>
MICR Code	<input type="text"/>				IFSC Code	<input type="text"/>

If the following is additionally applicable

<input type="checkbox"/>	Civil Servant	<input type="checkbox"/>	Politician	<input type="checkbox"/>	Current/Former MP/MLA/MLC/Head of State
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OTHER DETAILS

Whether registered with another Broker/Portfolio Manager				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
(PM) If yes: Name of broker/PM							
Exchange Name				Client Code			
Investment Experience							
No prior experience		<input type="checkbox"/>		Years in equity		<input type="checkbox"/>	
				Years in derivatives		<input type="checkbox"/>	
Years in other investment products		<input type="checkbox"/>		Expected time period of investment		<input type="checkbox"/>	
Whether systematic withdrawal required				<input type="checkbox"/> No		<input type="checkbox"/> Yes	
				<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly	
						<input type="checkbox"/> Annual	
Investment Objective				Capital Appreciation		Regular income	
						Both	
Risk Tolerance				Low		Medium	
						High	
Preferred Investment Approach				Aggressive		Moderate	
						Conservative	
Desired Portfolio Construction							
Equity				Large Cap		Mid Cap	
						Small Cap	
Balanced				Percentage of Debt		Percentage of Equity	
Debt				Govt. Bonds		Corporate Debt	
						Any Other	
Mutual Funds							
Others (Pls. specify)							
Preferences/Restrictions (Please mention if you have specific preferences and/or restrictions with regard to certain businesses, stocks or sector)_____							
Please give details of any action taken by SEBI/ Stock Exchange/ any other authority for violation of securities laws/ other economic offences._____							
I/ We hereby submit that I/We will immediately inform ABSPL in case I am/We are convicted under any grounds or any action is taken against me/us by any authority._____							

DEPOSITORY ACCOUNT DETAILS

DP Name			
DP Address			
DP ID		Client ID	

REFERENCES

Introducer's Name:	
Introducer's Address	

Contact Number:		Introducer Signature
Introducer's Code:		
Introducer's PAN:		

DECLARATION

1. "I/We have received the Disclosure Document provided by the Portfolio Manager at least two days prior to entering into Portfolio Management Service Agreement and have read & understood the same.
2. I/We have disclosed all the details properly and correctly.
3. I/We undertake to provide all the disclosures as required under SEBI (Insider Trading) Regulations, Prevention of Money Laundering Act 2002 as amended from time to time or any other Act/Regulation.
4. I/We hereby declare that the amount given/to be given by me/us to the Portfolio Manager for investing on my/our behalf is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation including Prevention of Money Laundering Act, 2002 or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.
5. I/We hereby request you to treat the proceeds of the Demand Draft/Banker's Cheque or funds transferred as proceeds from my/our behalf. I/We agree to indemnify Abans Broking Services Private Limited in the event of any claim/loss by Abans Broking Services Private Limited due to this."
6. I/We undertake to inform you in writing of any change in the particulars furnished above. I/ We further agree that I/We shall be held liable for any false/misleading information given by me/us.

	Sole / First Applicant	Second Applicant	Third Applicant
Sign across Photo (use black ink only)	Passport Size Photograph	Passport Size Photograph	Passport Size Photograph
Name			
Signature			
Place		Date	

Risk Factors: Securities investment are subject to market risks and there is no assurance or guarantee that the objectives of the portfolio will be achieved. As with any securities investment, the value of the portfolio can go up or down depending on the factors and forces affecting the capital markets. Abans Broking Services Private Limited is not responsible or liable for losses resulting from the operations of the portfolios. The value of the portfolios offered in this document may be affected by changes in general market conditions, factors and forces affecting capital markets in particular level of interest rates, various market related factors and trading volumes, settlement period and transfer procedures. The liquidity of the portfolio investments is inherently restricted by trading volumes in the securities in which it invests. Investors in the portfolios are not being offered any guaranteed returns. Derivatives are specialized instrument that require understanding not only of the underlying instrument/security but of the derivative itself. Derivative require maintenance of adequate controls to monitor the transactions entered into and the ability to forecast prices or interest rate movement correctly. There is a possibility that a loss may be sustained by the portfolio as a result of failure of another party (referred to as counterparty) to comply with the terms of the derivatives contract. Other risks in using derivatives include the risk of mispricing or improper valuation of derivatives, lack of liquidity and the inability of derivatives to correlate perfectly with the underlying assets, rates and indices.

NOMINATION DETAILS													
In the event of death of sole/all holder(s), the below mentioned nominee will be entitled to receive the assets.													
Name of First/ Sole Applicant													
Name of Second Applicant													
Name of Third Applicant													
NOMINEE DETAILS													
Name of Nominee													
Relationship with the First Applicant													
Relationship with the Second Applicant													
Relationship with the Third Applicant													
Address													
								Pin/ Zip					
City		State						Country					
Telephone				Date of Birth		D	D	M	Y	Y	Y	Y	(in case of minor attach Birth Certificate)
Name of the Guardian			In case of Minor										
Relationship with the Minor													
Address													
								P i n / Z i p					
City		State						C o u n t r y					
Sole / First Applicant			Second Applicant				Third Applicant						
Name													
Signature													
Witness													
		First Witness				Second Witness							
Name													
Address													
Signature													

STRATEGIES:

TYPE OF PORTFOLIO	INVESTMENT AMOUNT (RS.)

APPLICATION DETAILS:

IN CASH FORM			
APPLICATION AMOUNT (RS.)			
BANK & BRANCH NAME			
ACCOUNT NO. & TYPE			
CHEQUE/ DD NO.			
DATE			
IN FORM ON COLLETRAL			
	SECURITIES		
Mode of Operation	<input type="checkbox"/>	1st Holder	<input type="checkbox"/>
		All Holders	<input type="checkbox"/>
			Anyone or Survivor
	1st Holder		2 nd Holder
			3 rd Holder
Signature			

FOR HO USE ONLY:

DP Client ID		DP ID	
Bank Name			
Bank A/c No.			Signature
Checked by			
Date			
Application No.			

COMPANIES/ BODIES CORPORATE IN RESPECT OF WHICH CLIENT HAS ACCESS TO PRICE SENSITIVE INFORMATION

I/We hereby declare that I/We have access to price sensitive information in respect of the following Companies / Bodies Corporate.

Sr. No.	Name of the Company

I/We hereby, agree to keep your information of any restriction on me/us for dealing in the above-mentioned securities or any other securities. Thanking you,

	Sole / First Applicant	Second Applicant	Third Applicant
Name			
Signature			

LETTER FROM CLIENT FOR RECEIPT OF STATEMENTS, REPORTS & DOCUMENTS VIA E-MAIL

I/We hereby consent to receive all statements, reports and other documents as may be issued by ABSPL (Abans Broking Services Pvt. Ltd.) in respect of my/our Portfolio Management Services account(s) as mentioned below including but not limited to reports as mentioned under Regulation 31 of the SEBI (Portfolio Managers) Regulations, 2020, in electronic form duly authenticated by means of a digital signature as specified in the Information Technology Act, 2000 and the rules made there under to any of my/our below mentioned e-mail account(s) (said e-mail account(s)):

(At least one is Mandatory)

E-mail account - 1	
E-mail account - 2	

I/We hereby agree that ABSPL shall fulfill its legal obligation, if the above statement, reports and other documents are sent electronically to any one of the said e-mail account(s).

In this regard I/We further agree that:

- i. I/We shall take all necessary steps to ensure confidentiality and the secrecy of the login and password of the above-mentioned e-mail account(s). ABSPL shall not be liable to or responsible for any breach of secrecy.
- ii. E-mails sent to any of the above-mentioned e-mail account(s), which have not bounced back, shall be deemed to be duly delivered to the me/us.
- iii. In the event any e-mail sent by ABSPL bounces back due to insufficient space in my/our inbox or in the event any network problem occurs, ABSPL shall make the required delivery by any other electronic means (email, fax, electronic mail attachment or in the form of an available download from back office website) or in paper base format.
- iv. ABSPL shall not take cognizance of out of -office/out-of-station auto replies and I/We shall be deemed to have received such electronic mails.
- v. Such statements, reports and other documents shall be deemed to have been delivered on the day when the e-mail is sent by ABSPL.
- vi. ABSPL may at its discretion discontinue to send me/us the statement, reports and other documents in physical form.
- vii. ABSPL shall not be liable or responsible for any statement, report or document received from frauds or impostors or any consequences thereof.
- viii. ABSPL shall not be liable for any problem, which arises at my/our computer network because of my/our receiving any statement, report, document from ABSPL.
- ix. I/We shall inform ABSPL in writing if there is any change in the information given above.

I/We further agree that the ABSPL will not be responsible for non-receipt of documents sent via electronic delivery due to change in/incorrect email address / correspondence address as mentioned or any other reason which inter alia include technical reasons or malfunction of my/our computer system / server / internet connection etc.

I/We further agree that ABSPL may at its sole discretion also provide such documents in physical form.

	Sole / First Applicant	Second Applicant	Third Applicant
Signature			

**Declaration to be signed by the proprietor of the Sole Proprietorship Firm
(TO BE OBTAINED ON LETTERHEAD OF THE FIRM)**

Date:

To,

Abans Broking Services Private Limited

36/37/38A, Floor-3, Nariman Bhavan, Backbay Reclamation

Nariman Point, Mumbai 400021, Maharashtra.

Dear Sirs,

I, refer to the Portfolio Management Services account opened by you in the name of _____
of M/s _____ (name of the firm) and declare as under:

I, _____, am the sole proprietor of the firm M/s _____ and
am solely responsible for the liabilities incurred by the said firm. I shall intimate you in writing of any
change that takes place in the constitution of the firm and will be liable to you for any obligation, which
may be standing in the firm's name in your books until all such obligations have been liquidated.

Yours truly,

Signature

(sign with stamp of firm)

Acknowledgment Receipt

I/We have received a copy of the following documents from Abans Broking Services Pvt. Ltd.:			
	Updated disclosure document		Portfolio Manager Registration Certificate
Name:			
Date		Signature:	
Sole/First Applicant Authorized Representative			