



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 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 NON-INDIVIDUALS ONLY)

Please fill in ENGLISH & in BLOCK LETTERS

Status																									
Public Limited Company					Co-operative Society					Trust					HUF										
Private Limited Company					Other _____																				
DETAILS																									
Name																									
Date of Incorporation					D	D	M	M	Y	Y	Y	Y	Date of Commencement of Business					D	D	M	M	Y	Y	Y	Y
Registration No.																									
					(with ROC, SEBI or any Govt. Authority)																				
Registering Authority																									
Place of Registration																									
Nature of Business																									
Type of Industry																									
PAN										TAN															
Annual income in last 3 years					0-5 lacs					5-10 lacs					> 10 lacs										
Net worth as on last day of each year																									
Registered Office Address																									
City					State																				
Country					Pin/Zip																				
Tel.					Mobile																				
Fax					Email																				
Correspondence Address										Same as above:															
City					State																				
Country					Pin/Zip																				
Tel.					Mobile																				
Fax					Email																				

DETAILS OF THE PROMOTERS/TRUSTEES/KARTA

Sr. No.	Name	PAN	Sign	Residential Address

DETAILS OF THE WHOLE TIME DIRECTORS

Sr. No.	Name	PAN	DIN	Sign	Residential Address

DETAILS OF THE AUTHORISED SIGNATORY

Sr. No.	Name	Designation	Residential Address

Bank Details

Bank Name							
Branch		Account Type			Savings		Current
Bank Address							
City		State		Pin / Zip Code			
Account No				Account Type			
MICR Code		IFSC Code					

OTHER DETAILS

Whether registered with another Broker/Portfolio Manager				Yes				No										
(PM) If yes: Name of broker/PM																		
Exchange Name								Client Code										
Investment Experience																		
No prior experience			Years in equity						Years in derivatives									
Years in other investment products						Expected time period of investment												
Whether systematic withdrawal required					No			Yes			Monthly			Quarterly			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 (For ABSPL use only)			
DP Name			
DP Address			
DP ID	Client ID		
Signature			
Do you intend to invest in the stock market with	Own Funds	Borrowed Funds	
If Borrowed Funds, then please specify sources of funds:			
Sources	Amount (Rs.) in Words	Amount in Figures	
In case of borrowed fund, certificate/ option report from the banker/ financial institution confirming that there has been no default in the client's account to be attached.			
NAMES OF THE ASSOCIATE CONCERNS (Like Subsidiaries, Group Companies, Partnership Concerns, etc.)			
1.			
2.			
3.			
4.			
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.

	Authorized Signatory	Authorized Signatory	Authorized Signatory
Sign across Photo (use black ink only)	Passport Size Photograph	Passport Size Photograph	Passport Size Photograph
Name			
Designation (Please affix the seal of the client)			
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.

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
	Authorized Signatory	Authorized Signatory	Authorized Signatory
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,

	Authorized Signatory	Authorized Signatory	Authorized Signatory
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.

	Authorized Signatory	Authorized Signatory	Authorized Signatory
Signature			

Specimen Copy of Resolution to be Passed by Company/Trust/ Society)
(TO BE OBTAINED ON LETTERHEAD OF THE COMPANY/TRUST/SOCIETY)

RESOLVED THAT, the company be registered with Abans Broking Services Private Limited as a client to avail of Portfolio Management Services.

RESOLVED FURTHER THAT the Portfolio Investment Management Agreement and the Power of Attorney as per the draft circulated be executed, empowering M/s. Abans Broking Services Private Limited to act as Portfolio Manager so as to deal with acquisition, subscription, purchase and sale of or otherwise dealing in various marketable securities as per the terms of the said Portfolio Investment Management Agreement and Power of Attorney.

RESOLVED FURTHER THAT, on behalf of the Company/Trust/Society the following person(s) whose specimen signature(s) is/are attached herewith be and is/are hereby authorized to execute and sign the Agreements, Power of Attorney, Application Forms and such other documents as may be necessary for opening and operation of the Portfolio Management Account, on behalf of Company/Society/Trust and the common seal of the Company/Society/Trust be affixed there to, wherever necessary in the presence of Mr. _____ Director/Trustee of Company/Trust/Society.

Sr. No.	Name of Authorized Signatory	Specimen Signature
1.		
2.		
3.		
4.		
5.		

Certified To be true
For

Signature
(Chairman/Director/Company Secretary)

DECLARATION BY KARTA

Date:

To,

Abans Broking Services Private Limited

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

Nariman Point, Mumbai 400021,

Maharashtra.

Dear Sir,

Details of our HUF and all its coparceners are stated as under:

Sr. No.	Name	Gender	Date of Birth*	Relationship	Signature
1.					
2.					
3.					
4.					
5.					
6.					
* Please attach Birth Certificates in the case of minor members					

I hereby, state that details mentioned as above are true and any change in them would be intimated to you in writing.

Thanking you,

Yours faithfully,

(Name & Signature of Karta with the appropriate Karta stamp)

Declaration to be obtained from Company/Trust/ Society)
(TO BE OBTAINED ON LETTERHEAD OF THE COMPANY/TRUST/SOCIETY)

Date:

To,

Abans Broking Services Private Limited

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

Nariman Point, Mumbai 400021,

Maharashtra.

Dear Sirs,

We hereby declare and confirm that _____ (name of the Corporate/Society/Trust) has full power, capacity and authority to avail the Portfolio Management Services rendered by Abans Broking Services Private Limited.

We further declare that _____ (name of the Corporate/Society/Trust) has obtained all necessary approvals/permissions/ licenses whether internal or external or of the relevant statutory authorities for the purpose of availing the Portfolio Management Services rendered by Abans Broking Services Private Limited.

We further agree to indemnify and keep indemnified Abans Broking Services Private Limited from and against all losses, claims, liabilities, penalties, demands. expenses, costs actions, proceedings incurred by the Portfolio Manager pursuant to or connected with or arising in any manner out of any misrepresentation on the part of (name of the Corporate/Society/Trust) in any manner whatsoever.

	Authorized Signatory	Authorized Signatory	Authorized Signatory
Signature			

In case of Authorized Representative please affix appropriate stamp

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			