

"One set of each document"

<p>Note :</p> <p>A) DP account is opened in the name of name of natural persons. Trading account as per PAN name.</p> <p>B) In DP form, correspondence address should be same as AOP in Trading Form whereas Permanent address Should be of individual Members.</p> <p>C) Bank account details shall be that of AOP in both Trading and DP KYC forms.</p> <p>D) In DP form on page no.16, PAN no. of AOP is required to be filled for all holders (Members).</p>	
1.	Board Resolution of the giving authority to authorized committee members to sign the documents for opening & operation of demat account (Without mode of operation) duly signed by all committee members
2.	Names of the authorized signatories, photographs with their specimen signatures, duly authorized by a member of the governing board.
3.	Certified copy of Bye-Laws of the AOP
4.	AML confirmation for AOP and all members
5.	- Copy of PAN card – AOP
6.	- Address Proof of AOP (Any One of the following) a) Bank Statement / Passbook with latest transaction details for 3 months b) Electricity bill (Bill date should not more than 3 months old) c) MTNL/BSNL telephone bill (Bill date should not more than 3 months old) d) Proof of address issued by Statutory / Regulatory Authorities / Central-State Govt.
7.	- Copy of PAN Card & Address proof of ALL Member's duly self-attested by him/her self -
8.	- Address proof of ALL Member duly self-attested by him/ herself (Any One of the following) a) Passport (Validity period to be checked) b) Voter ID Card c) Driving License (Validity period to be checked) d) AADHAAR Card e) Bank Statement / Passbook with latest transaction details for 3 months f) Electricity bill (Not more than 3 months old) g) Residence MTNL/BSNL telephone bill (Not more than 3 months old) h) Ration Card
9.	- Bank Proof of AOP (Any One of the following) a) Cancelled Cheque (With client name and A/c no. pre-printed) b) Latest Bank Statement/Passbook with MICR & IFSC code printed (Not more than 3 months old) c) Bank Verification Letter (ORIGINAL)
10.	- Copy of the "Balance Sheet" for the last 2 financial years
11.	Certified copy of Constitution of AOP containing objects of the association & Powers of the Managing Committee.
12.	- Rs. 1000 cheque in the name of " Emkay Global Financial Services Limited " - Account opening charges
13.	- In case of other DP client master copy duly attested with stamp by DP official & self-attested by BO require
<p>Note:</p> <p>a) All the documents should be attested by authorized committee members with AOP seal.</p> <p>b) All Individual Member documents would be self-attested by him/her self without stamp</p> <p>c) IPV (In Person Verification) would be done by concern Branch/Franchisee/RM/BM.</p> <p>d) Register office address is mandatory to be field in KYC form</p>	

(On AOP Letter Head)

To,
Emkay Global Financial Services Ltd
C-06, Paragon Centre, Ground Floor,
P B Marg, Opp. Century Mill,
Worli, Mumbai – 400 013.

Dear Sir,

We, the undersigned Member' of _____ carrying on business at _____ desire to open and closing a trading & demat account with you for the purpose of buying and selling of securities, commodity and / or other investment products (s) or the services through you.

We, the Members jointly authorize our Member(s), Mr / Mrs _____ Mr / Mrs _____ Mr / Mrs _____ authorized **Singly/Jointly/Severally** to issue instructions to you as our broker for securities, commodity, traders, funds, investments, etc., and undertake that all the acts of the said Member in this connection purporting to be done on behalf of the firm shall be binding on the firm and each one of us and respective estate until liabilities if any, occurred in respect of such acts has been discharged.

RESOLVED FURTHER to designate company Email id _____ to receive all the electronic communications on behalf of company & also Authorize Mr./Ms. _____ Member /Authorized Signatory of the company having mobile no. _____ to receive all the electronic communications & SMS communications on behalf of company, all the communications sent to us on this email-id shall be legal and binding upon us.

Thanking You,

Yours faithfully,

Full Name of the Members

Stamp & Signature

1.



2.



3.



4.



5.



List of Authorized Members

Sr. no.	Name	Photo	Specimen Signature with AOP seal
1.			
2.			
3.			

For _____

Mr./Mrs. _____
Member

Mr./Mrs. _____
Member

Mr./Mrs. _____
Member

List of ALL Members as on _____

Sr. no.	Name	Designation
1.		Member
2.		Member
3.		Member
4.		Member

For _____

Mr./Mrs. _____
Member

Mr./Mrs. _____
Member

Mr./Mrs. _____
Member