



TROO TRIBE TECH LIMITED

Name :	UCC Code :	Branch Code :	Form No.: E
RM Email ID :			
Dealer 1 Employee Code :		Dealer 2 Employee Code :	

CLIENT REGISTRATION FORM

INDIVIDUAL / NON - INDIVIDUAL

Troo Tribe Tech Limited

Registered Office Address: Unit No. 207 A, Second Floor, NDM1, Plot no.B 2 3 4, Wazirpur District Centre, Netaji Subhash Place, Pitampura, Saraswati Vihar, Delhi, North West Delhi, India 110034.

Corporate Office: 707, 7th Floor, Hive 67 ICON, Poisar Gymkhana Road, Near Raghuleela Mall, Kandivali (W), Mumbai, Maharashtra - 400 067
Email : complianceofficer@trootribe.com & Contact No.: 022-45148196
CIN No. : U74899DL1994PLC062140

Version : 1.01

INDEX

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES PART I

Sr. No.	Name of the Document	Brief Significance of the Document	Pages From-To
1.	KYC (Account opening Form)	C KYC & INDIVIDUAL KYC	1-2
		NON – INDIVIDUAL KYC / NON -INDIVIDUAL FATCA	3-4
		NON – INDIVIDUAL KYC - ANNEXURE	5-8
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2.	Tariff Sheet	Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock exchange (s).	11
3.	Rights & Obligations	Documents stating the Rights & Obligation of stock broker/trading member/ authorised person and client for the trading on exchanges including additional rights & obligation in case of Internet/Wireless technology based trading.	Provided as a separate booklet to be retained by client and also made available company website
4.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in securities / commodities market .	
5.	Guidance Note	Document detailing DO's and DON'T's for trading on exchange, for the education of the investors.	
6.	Rights & Obligations (DP)	Documents stating the Rights & Obligation of Beneficial Owner and Depository Participant	
7.	Policies and Procedures	Document describing significant policies and procedures of the stock broker / Policy of Voluntary Freezing / Blocking of Online Access of Trading Account by Clients / Goods Till Cancelled Orders Policy	
8.	Rights & Obligations of NSE (MTF)	Documents stating Rights & Obligations of Stock Brokers / Trading Member of NSE for MTF	
9.	Rights & Obligations of BSE (MTF)	Documents stating Rights & Obligations of Stock Brokers / Trading Member of BSE for MTF	
10.	Terms & Conditions (MTF)	Terms & Conditions prescribed by TTTL for Margin Trading Facility (MTF)	
11.	Instructions of Regulators	Guidelines for filling Individual / Legal Entities KYC Application form.	
12.	Declaration & Confirmation from client	Declaration from the client stating that client is liable to pay the margins which are required by the exchanges & other obligations.	
13.	Investor Charter	Investor charter for stock broker	

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER PART II

14.	Running Account Authorization	Authorization to maintain your trading account on running account basis.	13
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23.	Declaration	Declaration for Common Mobile Number and EMAIL ID in a Family Account.	19
24.	Acknowledgment	This confirms that client has received all the documents as per Regulators.	19

**Troo Tribe does not accept subscription fee or any other fee-payments in cash.
Please note that hence forth Troo Tribe Tech Limited will here reffered as TTTL**

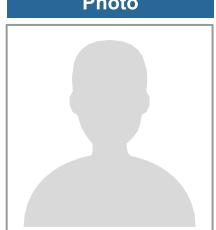


TROO TRIBE TECH LIMITED

**Know Your Client
Application Form (For Individuals only)**
(Please fill the form in English and in BLOCK Letters)
Fields marked with '*' are mandatory fields**CKYC & KYC KRA FORM**
 Application Type* New
 Update C KYC Number* _____
 KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)
1. Identity Details (Please refer instruction A in separate booklet)

PAN	Please enclose a duly attested copy of your PAN Card			
	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	M r / M s			
Maiden Name (if any*)	M r			
Father / Spouse Name*	M r			
Mother Name*	M s.			
Date of Birth*	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Trans gender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country _____	Country Code	<input type="text"/> <input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised		

Photo



Signature/
Thumb Impression

(1) 

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K in separate booklet)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/> _____	Passport Expiry Date	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	
<input type="checkbox"/> B- Voter ID Card	<input type="text"/> _____			
<input type="checkbox"/> C- PAN Card	<input type="text"/> _____			
<input type="checkbox"/> D- Driving Licence	<input type="text"/> _____	Driving Licence Expiry Date	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	
<input type="checkbox"/> E- Aadhaar Card / Virtual ID	* * * * * * *	* Please note for Aadhar number only last 4 digit are to be written		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/> _____	Identification Number	<input type="text"/> _____	Identification Number
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/> _____			
<input type="checkbox"/> S- Simplified Measures Account - Document Type Code	<input type="text"/> _____			

3. Proof of Address (PoA)***3.1 Current / Permanent / Overseas Address Details (Please see instruction D in separate booklet)**

Address				
Line 1*	<input type="text"/> _____			
Line 2	<input type="text"/> _____			
Line 3	<input type="text"/> _____	City / Town / Village*		
District*	<input type="text"/> _____	Zip / Post Code*	<input type="text"/> _____	State/UT Code <input type="text"/> _____ as per Indian Motor Vehicle Act, 1988
State/UT*	<input type="text"/> _____	Country*	<input type="text"/> _____	Country Code <input type="text"/> _____ as per ISO 3166
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office
				<input type="checkbox"/> Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*				
<input type="checkbox"/> Passport Number	<input type="text"/> _____	Passport Expiry Date	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	
<input type="checkbox"/> Voter ID Card	<input type="text"/> _____			
<input type="checkbox"/> Driving Licence	<input type="text"/> _____	Driving Licence Expiry Date	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	
<input type="checkbox"/> Aadhaar Card / Virtual ID	* * * * * * *	* Please note for Aadhar number only last 4 digit are to be written		
<input type="checkbox"/> NREGA Job Card	<input type="text"/> _____	Identification Number	<input type="text"/> _____	
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/> _____			

3.2 Correspondence / Local Address Details* (Please see instruction E in separate booklet)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*	<input type="text"/> _____			
Line 2	<input type="text"/> _____			
Line 3	<input type="text"/> _____	City / Town / Village*		
District*	<input type="text"/> _____	Zip / Post Code*	<input type="text"/> _____	State/UT Code <input type="text"/> _____ as per Indian Motor Vehicle Act, 1988
State/UT*	<input type="text"/> _____	Country*	<input type="text"/> _____	Country Code <input type="text"/> _____ as per ISO 3166



TROT TRIBE TECH LIMITED

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** in separate booklet)

Email ID Mobile Tel. (Off) Tel. (Res)

5. FATCA/CRS Information PART I (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** in separate booklet)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)* TIN issued country Date of Birth d d m m y y y yPlace / City of Birth* Country Code as per ISO 3166US person YES OR NO Country of Birth*

Address

Line 1* Line 2 Line 3 City / Town / Village* District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988State/UT* Country* Country Code as per ISO 3166**6. Details of Related Person** (Optional) (please refer instruction **G** in separate booklet) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative
Prefix First Name Middle Name Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

7. Proof of Identity [PoI] of Related Person* (Please see instruction **H** in separate booklet)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/> d d m m y y y y	
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	Driving Licence Expiry Date <input type="text"/> d d m m y y y y	
<input type="checkbox"/> C- PAN Card <input type="text"/>	* Please note for Aadhar number only last 4 digit are to be written	
<input type="checkbox"/> D- Driving Licence <input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card / Virtual ID <input type="text"/> * * * * * * * *		
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>	
<input type="checkbox"/> S- Simplified Measures Account - Document Type Code <input type="text"/>	Identification Number <input type="text"/>	

7. Remarks (If any)**8. 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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.

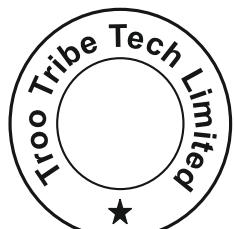
* I/We hereby give my/our consent to TTL for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.

Date: Place:

(2) Signature / Thumb Impression
Signature / Thumb Impression of Applicant

9. Attestation / For Office Use OnlyDocuments Received Certified Copies**In-Person Verification (IPV) & KYC Verification Carried Out by** (Refer Instruction J&L)Date d d m m y y y yEmp. Name Emp. Code Emp. Designation

[Employee Signature]

Institution DetailsName Troo Tribe Tech LimitedCode I N 1 8 9 2



TROO TRIBE TECH LIMITED

FATCA-CRS Declaration - Non - Individual Entities & HUF

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

PAN* <input type="text"/>	Name <input type="text"/>
---------------------------	---------------------------

Type of address given at KYC KRA	Residential <input type="checkbox"/>	Residential or Business <input type="checkbox"/>	Business <input type="checkbox"/>	Registered Office <input type="checkbox"/>
----------------------------------	--------------------------------------	--	-----------------------------------	--

City of incorporation <input type="text"/>	Country of incorporation <input type="text"/>
--	---

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Money Laundering / Pawning <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Any other information [if applicable] <input type="text"/>
--	---	--	--	--	---	--	--

Entity Constitution Type Please tick as appropriate	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI
	<input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify _____

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number .

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here **FATCA Declaration****PART A** (to be filled by Financial Institutions or Direct Reporting NFFEs)

1. We are a, Financial institution <input type="checkbox"/> or Direct reporting NFFE <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/>
Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below	
Name of sponsoring entity <input type="text"/>	
GIIN not available (please tick as applicable) <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="checkbox"/> <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> <input type="checkbox"/>	

PART B (please fill any one as appropriate to be filled by NFEs other than Direct Reporting NFEs)

1. Is the Entity a publicly traded company(that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/>
4. Is the Entity a passive NFE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nature of Business _____

FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification:

I have understood the information requirements of this Form (read along with the Instructions & Definitions)and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Name <input type="text"/>

Designation <input type="text"/>

Signature 	Place: <input type="text"/>
	Date: <input type="text"/>

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	(Mandatory for KYC update and delete request)
	KYC Number				

1. DETAILS OF RELATED PERSON* - I (Please refer instruction E in separate booklet)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Update Related Person Details
KYC Number of Related Person (if available*)		If KYC number is available, only 'Related Person Type' & 'Name is mandatory
Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please specify) _____		
DIN (Director Identification Number) _____ (Mandatory if Related Person Type is Director)		

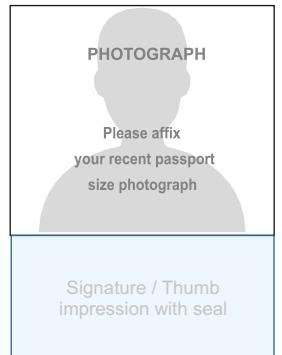
1.1 PERSONAL DETAILS* (Please refer instruction **E** in separate booklet)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	M r / M s			
Maiden Name	M r / M s			
Father / Spouse Name	M r			
Mother Name	M s			
Date of Birth*	D D	MM	Y Y Y Y	Gender* <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="checkbox"/>)	PAN* <input type="checkbox"/>	<input type="checkbox"/> Form 60 furnished
Please tick, if applicable :	<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input checked="" type="checkbox"/> NPEP <input checked="" type="checkbox"/> NRPEP			

1.2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction **E** in separate booklet)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number										
<input type="checkbox"/> B- Voter ID Card										
<input type="checkbox"/> C-Driving Licence										
<input type="checkbox"/> D-NRAGA Job Card										
<input type="checkbox"/> E-National Population Register Letter										
<input type="checkbox"/> F-Proof of Possession of Aadhaar	*	*	*	*	*	*	*	*	*	
<input type="checkbox"/> G-KYC Authentication	*	*	*	*	*	*	*	*	*	
<input type="checkbox"/> H- Offline verification of Aadhaar	*	*	*	*	*	*	*	*	*	
<input type="checkbox"/> I- Deemed PoA										
<input type="checkbox"/> J- Self Declaration										



Address

Line 1*			
Line 2			
Line 3	City / Town / Village*		
District*	PIN / Post Code*	State / U.T. Code*	ISO 3166 Country Code*

1.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction **D** in separate booklet)

1.4 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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.
- I/ We hereby give my/our consent to TTTL for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.



Sj

Signature / Thumb impression with seal

3. DETAILS OF RELATED PERSON* - III (Please refer instruction E in separate booklet)

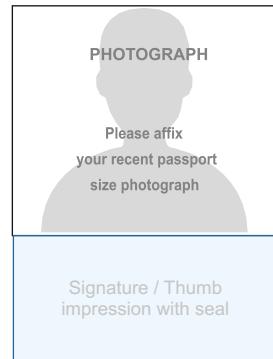
<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Update Related Person Details
KYC Number of Related Person (if available*)		If KYC number is available, only 'Related Person Type' & 'Name is mandatory
Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please specify) _____		
DIN (Director Identification Number)		(Mandatory if Related Person Type is Director)

3.1 PERSONAL DETAILS* (Please refer instruction **E** in separate booklet)

3.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E in separate booklet)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	_____
<input type="checkbox"/> B- Voter ID Card	_____
<input type="checkbox"/> C-Driving Licence	_____
<input type="checkbox"/> D-NRAGA Job Card	_____
<input type="checkbox"/> E-National Population Register Letter	_____
<input type="checkbox"/> F-Proof of Possession of Aadhaar	* * * * * * * *
<input type="checkbox"/> G-KYC Authentication	* * * * * * * *
<input type="checkbox"/> H-Offline verification of Aadhaar	* * * * * * * *
<input checked="" type="checkbox"/> I- Deemed PoA	_____
<input type="checkbox"/> J- Self Declaration	_____



Address

Line 1*											
Line 2											
Line 3						City / Town / Village*					
District*						PIN / Post Code*		State / U.T. Code*		ISO 3166 Country Code*	

3.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction **D** in separate booklet)

Email ID _____

3.4 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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.
- I / We hereby give my/our consent to TTTL for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.



Signature / Thumb impression with seal

4. DETAILS OF RELATED PERSON* - IV (Please refer instruction E in separate booklet)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Update Related Person Details
KYC Number of Related Person (if available*)		If KYC number is available, only 'Related Person Type' & 'Name is mandatory
Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please specify)		
DIN (Director Identification Number)		(Mandatory if Related Person Type is Director)

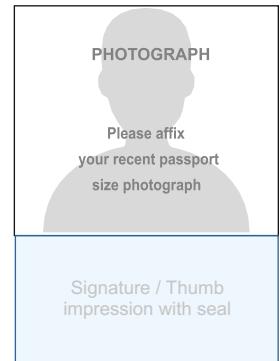
4.1 PERSONAL DETAILS* (Please refer instruction E in separate booklet)

Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/> M r / M s		
Maiden Name	<input type="text"/> M r / M s		
Father / Spouse Name	<input type="text"/> M r		
Mother Name	<input type="text"/> M s		
Date of Birth*	<input type="text"/> D D <input type="text"/> M M <input type="text"/> Y Y Y Y	Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender
Nationality*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)	PAN*	<input type="text"/> <input type="checkbox"/> Form 60 furnished
Please tick, if applicable : <input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input checked="" type="checkbox"/> NPEP <input checked="" type="checkbox"/> NRPEP			

4.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E in separate booklet)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>
<input type="checkbox"/> D-NRAGA Job Card	<input type="text"/>
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/> * * * * * * * *
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/> * * * * * * * *
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/> * * * * * * *
IV <input type="checkbox"/> Deemed PoA	<input type="text"/>
V <input type="checkbox"/> Self Declaration	<input type="text"/>



Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
City / Town / Village*	
District*	<input type="text"/>
PIN / Post Code*	
State / U.T. Code*	
ISO 3166 Country Code*	

4.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction D in separate booklet)

Tel.(Off)	<input type="text"/> - <input type="text"/>	Tel.(Res.)	<input type="text"/> - <input type="text"/>	Mobile	<input type="text"/> - <input type="text"/>
Email ID			<input type="text"/>		

4.4 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 all KRA's through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my / our KYC request shall be validated against Aadhaar details. I/We hereby give my / our 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 / We have a business relationship for KYC purposes only.
- I / We hereby give my/our consent to TTT for downloading my/our data from Central KYC Records Registry and further give consent to receiving information through SMS/Email on the above registered mobile number / email address.



Signature / Thumb impression with seal

Date: d | d | m | m | y | y | y | y | Place:

CONSTITUENT PROFILE

(A) BANK ACCOUNT DETAILS (THOROUGH WHICH TRANSACTIONS WILL GENERALLY BE ROUTED)

1. BANK NAME	_____	2. BANK NAME	_____
_____	_____	_____	_____
ACCOUNT NO :	_____	ACCOUNT NO :	_____
BRANCH :	_____	BRANCH :	_____
ADDRESS:	_____	ADDRESS:	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	PIN CODE: _____	_____	PIN CODE: _____
9DIGIT MICR CODE:	_____	9DIGIT MICR CODE:	_____
IFSC CODE:	_____	IFSC CODE:	_____
ACCOUNT TYPE:	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRI <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> OTHERS: _____	ACCOUNT TYPE:	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRI <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> OTHERS: _____

For Demat Operations only one Bank Account is acceptable hence please fill in bank details for DP Operation in A-1 above only and also fill the same details on Page No. 21/25

(B) DEPOSITORY ACCOUNT DETAILS

	DP Name	DP ID				BENEFICIARY ID				DEFAULT ID
1.										<input type="checkbox"/>
2.										<input type="checkbox"/>
3.										<input type="checkbox"/>

(C) NRI (Applicable for NRI/FN Clients only):

RBI Ref. No. _____

RBI Approval Date dd / mm / yy yy

*Please attach copy of permission for dealing in Securities from Authorised Dealer (Bank) /RBI Approval.

(D) PAST ACTIONS

- Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchanges / Commodity exchanges 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: **NIL**

(E) DEALINGS THROUGH ANY MEMBER / AUTHORISED PERSONS / OTHER STOCK BROKERS

- If client is dealing through the any member / authorised person, provide the following details:

Authorised Person's Name: _____

SEBI Registration No.: _____

Registered office address: _____

Ph: _____ Fax: _____ Website: _____

- Whether dealing with any other stock broker/ authorised person's (if case dealing with multiple stock brokers / authorised person's provide details of all)

Name of stock broker _____

Name of Authorised person, if any: _____

Client Code: _____ Exchange: _____

Details of disputes/dues pending from/to such stock broker / authorised person _____

(F) ACCOUNT SETTLEMENT (as per SEBI requirement) once a quarter once a month

Whether you wish to receive trade confirmation, holding and transaction statement margin call, passwords and ECN through Email / SMS Yes No If yes (E-mail ID and Mobile No. mentioned in KRA will be used) and fill Appendix A & B

Please Tick (✓) SMS Services : By TTTL : YES NO By Exchange : YES NO

If no selection is made, the default option for Series F and J will be 'Yes'.

(G) SALES TAX REGISTRATION DETAILS (As applicable, State wise)

Registration No		Validity Date	Name of the State
GSTIN No.:			

(H) INCOME AND OTHER DETAILS (Mandatory)

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. Occupation (Please tick (✓) any one and give brief details):
 Private Sector Service Public Sector Government Service Business Professional
 Agriculturist Retired Housewife Student Forex Dealer Others (Please specify) _____

4. Qualification (Please tick (✓) any one and give brief details):
 Under Highschool Highschool Graduate Doctorate Professional Illiterate
 Others (Please specify) _____

5. Please tick,
if applicable : Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP)
 Not a Politically Exposed Person (NPEP) Not Related to a Politically Exposed Person (NRPEP)

Note : * PEP are defined as Individuals who are or have been entrusted with prominent public functions in a Foreign Country, e.g., Heads of States or of Governments, Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State Owned Corporations, Important Political Party Officials, etc.

(I) INTERNET TRADING

Whether you wish to avail of facility of Internet Trading/Wireless Technology (please specify) Yes or No

(J) INVESTMENT / TRADING EXPERIENCE

NO PRIOR INVESTMENT EXPERIENCE YEARS IN EQUITIES /COMMODITIES
 YEARS IN DERIVATIVES YEARS IN OTHER INVESTMENT RELATED ACTIVITIES

(K) INTRODUCER DETAILS : (Optional)

Introduced by another Client / Employee / Director / Authorised Person / Any Other Person Please Specify _____

NAME OF THE INTRODUCER: _____

TRADING PREFERENCES IN CASE YOU WISH TO TRADE IN SELECTED EXCHANGE OR SEGMENTS

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

EXCHANGES

BSE / NSE		MCX	
CASH	FUTURE AND OPTIONS	CURRENCY	COMMODITY DERIVATIVES
(3) 	(3) 	(3) 	(3) 

If you do not wish to trade in any of the said Segments, please mention here: _____

OR

TRADING PREFERENCES IN CASE YOU WISH TO TRADE IN ALL EXCHANGES

EXCHANGES	BSE / NSE / MCX
	ALL SEGMENTS
	(3) 

TARIFF SHEET

Cash Market/ Capital Market					
TRADING				DELIVERY	
Brokerage	Min (P)	(%)	Slab No.	Min (P)	(%)
1st Side	3	0.03 %		3	0.30 %
2nd Side (Same Day 2nd Side)	3	0.03 %		3	0.30 %

F & O / Derivative Market / Currency Derivative / Commodity Market

	EQUITY DERIVATIVES		EQUITY OPTION		CURRENCY DERIVATIVES		CURRENCY OPTION	
Brokerage	Min (P)	(%)	Slab No.	Per Lot	Slab No.	Min (P)	(%)	Slab No.
1st Side	3	0.03 %		Rs.50/-		3	0.03 %	Rs.50/-
2nd Side	3	0.03 %		Rs.50/-		3	0.03 %	Rs.50/-

NIFTY		BANK NIFTY		
Min (P)	(%)	Options	Min (P)	(%)
3	0.03 %	Rs.50/-	3	0.03 %
3	0.03 %	Rs.50/-	3	0.03 %

COMMODITY DERIVATIVES / OPTIONS		
Min (P)	(%)	Options
3	0.03 %	Rs.50/-
3	0.03 %	Rs.50/-

Other Charges Stamp Duty Yes No
 Turnover Tax Yes No
 GST Yes No

Other Charges STATUTORY COST Yes No
 STT / CTT Yes No

Note :• GST/ Turnover Tax / Statutory Cost / Stamp Duty / CTT will be applicable as per Government Norms & the above charges are subject to change as per regulators authorities. • Clearing Charges Levied on us by clearing member / clearing house would be collected on actuals.

DECLARATION

1. 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.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website
4. I/ We have noted that you trade in OWN/PRO account as per SEBI/MRD/SE/CIR.- 42/2003 dated November 19, 2003 as mandated by the SEBI and on the Exchange(s).
5. I/We hereby confirm that I/We are aware of the Delayed Payment Charges of the Stock Broker.
6. I/We hereby confirm that in case brokerage per exchange per day is less than Rs.10/- then difference will be levied as minimum contract generation charges provided not exceeding 2.5% and also I/ We hereby confirm that I/We are aware of the brokerage charges levied to me / us by the broker.

Place -----

Date



Signature of Client

FOR OFFICE USE ONLY

UCC Code allotted to the Client _____

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation			
Date			
Signature			

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

For Troo Tribe Tech Limited



Signature of the Authorised Signatory

Date

RUNNING ACCOUNT AUTHORISATION

(VOLUNTARY)

To,

Troo Tribe Tech Limited

Date :

I/We are dealing through you as a client in Security Market and/or Future & Option segment and/or Currency segment and/or Interest Rate future Segment or Commodity Derivative Market & in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under:

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.
2. I/We request you to retain funds with you for my/our margin/pay-in/other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation, unless I/We instruct you to transfer the same to my/our account.
3. I/We request you to settle my fund account, once in every calendar Quarter or once in a calendar Month as given in my/our preferences in KYC form.
4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite collateral /funds towards such obligations.
5. I/We confirm you that I/We will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 30 days from the date of receipt of funds or statement of account or statement related to it, as the case may be at your registered office.
6. I/We am/are aware that in terms of SEBI Circular CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 any excess securities available in your client collateral / collateral account will be release to me / us along with funds settlements after making necessary retention as may be permitted by regulators.
7. I/We confirm you that I/We can revoke the above mentioned authority in writing at any time.
8. I/We understand that there will be no inter client adjustments while settling my accounts even if the other client is related to me.



Once in a Calendar Quarter



Once in a Calendar Month

Note: The authorization shall be signed by the client only and not by any authorised person on his behalf or any holder of the Power of Attorney.

APPENDIX B FOR UNDERTAKING FOR SERVICES BY WAY OF SMS / EMAIL ID / WHATSAAP ALERTS BY TRADING MEMBER ON MOBILE PHONES / EMAIL ID / WHATSAAP

I/We are having a trading account with yourself for the purpose of trading on NSE /BSE / MCX

I/We have registered the mobile number and email id _____ for receiving SMS alerts/ EMAIL alerts / Whatsapp alerts in respect of various services being offered by the above respective exchanges mentioned above and Trading Member. Further, I/We are aware that the above exchange also provides trade alerts through SMS /EMAIL alerts / Whatsapp alerts and I/We agree to receive the same through above mentioned Email and Mobile number, which is an additional facility provided by them and I/We won't held liable for the same to the respective exchanges and trading member.

- A. In respect of trades executed by me/us for investment services received from the trading member. I/ We undertake to the trading member and confirm to use my/our own judgement in taking a call on the said investment(s).

I/We also undertake to the trading member and confirm that I/We execute trades in the identified security(s) and derivative(s) according to my/our financial strength/capability.

I/We declare and agree that the trading member shall not be responsible for any loss suffered by me/us or account of executing or omitting to execute any trades in pursuance of the SMS alerts or EMAIL alerts / Whatsapp alerts and/or other related information pertaining to investments sent by the trading member. I/We shall not have any claim whatsoever against the trading member in respect of the above mentioned acts or omissions.

I/We authorize to send consolidated summary of my/our scrip-wise and derivatives-wise details of buy and sell positions taken with average rates to me / us by way of SMS / EMAIL / Whatsapp alerts on a daily basis. I/we hereby state that my/our number is not under Do not disturb directory and I/ we am/are availing this services on my/our own will and there will be no financial obligations of TTTL in case of legal disputes. I/We further confirm that if my / our mobile number is under DND then also I/We hereby state that sending any information related to my / our trading or demat account any promotional offers / marketing offers / greetings like birthday / anniversary / etc. shall not be construed as violation under DND by me/us.

- B. In respect of all other intimation services offered by the trading member, I/We undertake to indemnify the trading member and absolve the trading member of any claims on account of various services rendered to me/us in respect of servicing my/ our trading account with them.

I/We agree to the Running Account Facility and SMS Alert / EMAIL Alert / Whatsapp alerts facility as per the terms given above.

UCC Code: _____

Mr./ Ms./ Mrs. _____

(5) 

**FORMAT FOR APPENDIX A
ELECTRONIC CONTRACT NOTE [ECN] - DECLARATION (VOLUNTARY)**

To,
Troo Tribe Tech Limited

Dear sir,

I/We _____ a client with Member **M/s.Troo Tribe Tech Limited** of NSE/BSE / MCX Exchange(s) undertake as follows:

- I/We am/are aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I/We myself want the same in the electronic form.
- I/We am/are aware that the Member has to provide electronic contract note for my convenience on my request only.
- Though the Member is required to deliver physical contract note, I/We find that it is inconvenient for me/us to receive physical contract notes. Therefore, I/We am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me/us.
- I/We have access to a computer and am/are a regular internet user, having sufficient knowledge of handling the email operations.
- I/We undertake to check the information so forwarded, regularly and bring the discrepancies if any to TTTL notice within reasonable time frame of issuance / receipt for the same.
- My/Our email id is _____.

(The said Email ID must be written in own handwriting.) This has been created by me/us and not by someone else.

- I/We am/are aware that this declaration form should be in English or in any other Indian language known to me/us.
- I/We am/are aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above Email ID.

The above declaration and the guidelines on ECN given in the annexure have been read understood by me/us. I/We, am/are aware of the risk involved in dispensing with the Physical Contract Note and do hereby take full responsibility for the same.

1. Client Name _____

2. Unique Client Code _____ **3. PAN** _____

I/We also understand that the above instruction will remain valid from the date of signing of this authorization until it is revoked by me/us in writing.

Signature of Client

Name of Client : _____ (6) 

Date:

FORMAT OF NOC LETTER TO BE SUBMITTED BY BROKER'S/EXCHANGE'S EMPLOYEE

VOLUNTARY
DOCUMENT

To,
Troo Tribe Tech Limited

Date :

This is to state that I _____ S/oD/o. _____
R/o _____ is employee with the
following Stock Broker / Authorised Person / Remiser/Stock or Commodity Exchange / _____
(please strike out which is not applicable).

Further, I / We hereby declare that I am / We are a Stock Broker / Authorised Person / Remiser of the
(name of the Stock or Commodity Exchange where client is a Stock Broker / Authorised Person /
Remiser) and in this regard pursuant to SEBI circular SEBI/MIRSD/CIR-06/2004 dated January 13, 2004.

Further, I / We states that I/We have intimated the said Exchange of my/our intention to open a trading account with TTTL
Equities Broking Pvt Ltd only for the purpose of my / our proprietary trades (acknowledged the copy of Intimation Letter /
Approval Letter / NOC Letter is attached herewith).

INDEMNITY CUM UNDERTAKING

1. That I further undertake to open a bank account in accordance with the name as appearing on the Income Tax website within one week from the date of signing this undertaking.
2. I further undertake that in case my name has been changed after approval from government authorities and notified in official gazette, I shall get the name change effected in PAN, Bank account etc. and furnish immediately to TTTL.
3. I undertake the signature done in the application form is my own and as per the requirement as of now is not matching with the proofs. I here confirm both the signature is my own and kindly accept the signature done on the application form.
4. That I further declare that I am responsible and I shall indemnify & keep indemnified TTTL, its directors, officers, employees and agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, actions, suits, proceedings arising out of or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA), share transfer, dematerialization of securities, rematerialization of securities, dividends, interest, etc., that may arise due to name or signature discrepancy or due to non compliance or any liability suffered or incurred or fastened on to TTTL due to TTTL accepting this Declaration-cum-undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood the same before signing it. That this declaration, Indemnity-cum-undertaking given by me to TTTL is by my absolute free will and without any coercion, undue influence, pressure, etc., and at present I am having sound health and mind.

VERBAL ORDER ACCEPTANCE AUTHORISATION

I/We have been / shall be dealing through you as my/ our broker on the Capital Market / Mutual Fund / Futures & Options Segments/Currency Derivative Segments / Commodity Derivative Segments. As my/our broker, I/We direct and authorize you to carry out trading/dealings in my / our account on my/our behalf. Further, as placing any order for buying or selling in writing is a cumbersome process and in practical, hence I / We request you accept verbal / telephonic trade orders placed by me /us.

I / We shall call on your universal number or any number provided by you or your AP, for placing any order for buying or selling. In case I / We wish to place orders In-Person then I / We shall submit latest format of order instruction hard copy which will be provided to me / us at your branch or at A.P. office.

Further I/We also authorise you to accept our trade request on SMS / Email Id / Whatsapp or any other mode which is feasible or approved by the regulators. I / We understand that Troo Tribe Tech Limited may place temporary or permanent restriction on one or more methods of order placement as per their risk analysis and technical constraints.

I/We understand the risk associated with verbal orders and I/We shall be liable for all risks, losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above. Further, please note that we shall maintain the records of the trades executed by you whether over the telephone or In-Person or any other mode chosen by you at our premises, as per applicable laws, rules and regulations of SEBI / Exchanges for reasonable time frame. These records may be produced on demand before any Statutory Authority or SEBI or any Regulator Body or Exchanges.

I/We agree to the terms and conditions of the above mentioned declarations.

Thanking you,
Yours Faithfully

(7) 

FORMAT OF DECLARATION FOR JOINT FAMILY ACCOUNT

To,
Troo Tribe Tech Limited

Demat Account No.: **UCC Code** _____

1. WHEREAS the Hindu Undivided Family of _____ (hereinafter referred to as 'the said joint family' and / or 'the said HUF) have or desire to have Broking A/c. with M/s **Troo Tribe Tech Limited** (hereinafter to as 'Member') we, the undersigned, hereby declare
 - a) that we are the present adult co-parceners of the said joint family;
 - b) that Mr. _____ is the present **Karta** or Manager of the said Joint Family.
 - c) that we are entitled to trade in shares / commodity derivatives and open Share Broking / Commodity Account of the said Joint Family.
 - d) that each one of us has full and unrestricted authority to act on behalf of, and bind, the said HUF & all the present as well as future members, both adults and minors, of the said joint family, howsoever constituted from time to time.
2. We confirm that the affairs of the said joint family and the business of the said HUF are carried on mainly by the Karta/Manager, on behalf and in the interest and for the benefit of all the co-parceners of the said joint family. We hereby authorize the Karta/ Manager on behalf of the HUF to deal on Cash/Capital market segment (CM) and/or Derivatives/Futures and Options segment (F&O) (commodity derivatives) and the said Trading Member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. The Said Karta is authorized to sell, purchase, transfer endorse, negotiate documents and / or otherwise deal through on behalf of the HUF. He is also authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF, to the Member and agree and confirm that any claim due to the Member from the said HUF shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parcener of the said joint family, including the share of the minor coparceners, if any.
3. We undertake to inform the Member in writing of any change that may occur in the Kartaship / Managership or in the constitution of the said joint family or to the said HUF and until receipt of such notice by the Member, the Member will be entitled to regard each of us as a member of the said joint family and as a partner of the said HUF and all acts, dealings and transactions purporting to have been done on behalf of the said joint family or of the said HUF before the Member shall have received notice in the manner aforesaid, shall be binding on the said joint family and the said HUF and on our respective estates. We shall, however, continue to be liable jointly and severally to the Member for all dues and obligations of the said HUF in the Member's book on the date of the receipt of such notice by the Member and until all such dues and obligations shall have been liquidated and discharged.
4. The names and dates of birth of the present minor co-parceners of the said joint family are given below. We undertake to inform you in writing as and when each of the said members attains the age of majority and is authorized to act on behalf to, and bind, the said HUF

Name of the Minor	Father's Name	Date of Birth

5. We have received and read a copy of the member's rules and regulations for the conduct of Share Broking / Commodity Account and we agree to comply with and be bound by the said rules now in force or any changes that may be made therein from time to time.

6. List of Co-Parceners / Karta as on date and our signatures are as follows :

Sr. No.	Name	PAN No.	Date of Birth / Age	Relation	Signature
1				Karta	
2					
3					
4					

Name of HUF _____

Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker's Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

Client's Signature

(8) 

Declaration Cum Undertaking for Trading in Currency Segment

I / We would like to take a position in exchange traded foreign exchange derivative contracts for the purpose of hedging contracted exposure and consequently hereby certify / declare that I / We have an existing valid underlying contracted exposure which has been not hedged using any other derivative contract and would establish the same as and when required by Troo Tribe Tech Limited or any regulatory authority. I am / We are fully aware of various FEMA guidelines / directions issued by Reserve Bank Of India (RBI) from time to time and also the consequences of the violations of the same and undertake to keep indemnified Troo Tribe Tech Limited. and its employees against any action done by me / us for the same. So please allow me / us to take a position in exchange traded foreign exchange derivative contracts.

Client Name : _____

Client's Signature

(9) 

SELF DECLARATION FOR COMMODITY WISE CATEGORIZATION

To,

Troo Tribe Tech Limited

Dear Sir,

I/We _____

having PAN no. _____ do hereby declare as under.

I/We declare that I/We have acquired and are having sufficient knowledge about the Commodity Market and are being well acquainted with its procedures / risks. I/We am / are desirous of entering into the Commodity Market for dealings in commodities. I/We wish to trade in Commodity Market of MCX Exchanges respectively. Further I/We declare that I/We come in the following category mentioned below and selected:

CATEGORY CODE	CATEGORY	SELECTION
1	FPOs / Farmers	
2	VCPs / Hedgers	
3	Proprietary Traders	
4	Domestic Financial Institutional Investors	
5	Foreign participants	
6	Others (Trader)	(10) 

For others please specify the reason for others _____

Further, I / We take full responsibility of the trades executed by me / us on commodity market and I / We confirm you that all the liabilities or any compliance issue or any legal implications in this regard will be solely borne by me / us.

List of commodities are given below:

MCX - SYMBOL	CATEGORY CODE
ALUMINIUM	6
BRASSPHY	6
CARDAMOM	6
CASTORSEED	6
COPPER	6
COTTON	6
CRUPALMOIL	6
CRUDEOIL	6
GOLD	6
LEAD	6
MENTHAOIL	6
NATURALGAS	6
NICKEL	6
PEPPER	6
RBDPALM	6
SILVER	6
ZINC	6

*Any other, commodity other than above mentioned in MCX exchange respectively, kindly specify & I/We authorise you to add all other commodities under category OTHERS if I/We did not specify or select from the above list or any new commodity if comes in future.

Declaration for Common Mobile Number and EMAIL ID in a Family Account.

To,
Troo Tribe Tech Limited

Date:

Dear Sirs,

Re: Opening of Trading and Demat Account.

With reference to my /our application for opening of a Trading and Demat account with you, I / We hereby declare that I / We want all the SMS and E-Mail alerts on the following Email ID and Mobile No. which are mentioned below respectively as per SEBI Circular No. CIR/MIRSD/15/2011 dated August 02, 2011.

Email ID: _____
 Mobile No:

Further, I / We confirm that the above details which have been provided by us belong to our Family Member whose details have been provided by us as under:

Name of the family Member: _____
 Relationship with the Client: _____
 Trading account with **Troo Tribe Tech Limited** (ifAny): _____

I / We also confirm that this request has been given to the Stock Broker / Commodity Broker under exceptional circumstances as I / We am / are dependent on our family member whose details have been mentioned in this declaration (above) and I / We further confirm that I / We don't have any objection to this and I / We give full consent in this regard .

Further, 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.

Thanking You,

Yours Faithfully,

Client Name: _____

(11) 

Signature

ACKNOWLEDGEMENT

I / We acknowledge with thanks the receipt of a duly executed copy of the KYC kit with supporting documents, as per SEBI guidelines.

I / We further acknowledge the receipt of a separate booklet containing all the mandatory documents containing Rights & Obligation of Stock Broker, Authorised Person and Clients / Internet & Wireless Technology Based Trading Facility / Risk Disclosure Document (RDD) / Guidance – DO's and DON'T's / Policies and Procedures of Trading Member along with the Rights & Obligation of NSE / BSE for Margin Trading Funding (MTF) and Terms and Conditions prescribed by TTTL for MTF and Declaration from the client stating that client is liable to pay the margins which are required by the exchanges & other obligations.

The above mentioned documents are also available in the Vernacular languages and on our website at <http://www.trootribe.com/market.php> - Account Opening Form - CRF form in vernacular languages equity / commodity and can be downloaded.

Name of Client: _____

(12) 

UCC Code: _____

Client's Signature / for Non Individual
Please affix the seal also

www.trootribe.com

REGISTRATION DETAILS

CASH SEGMENT / FNO SEGMENT/ CURRENCY DERIVATIVES SEGMENT	NSE : SEBI Regn. No : INZ 000292638 - Broker Code :07276 BSE : SEBI Regn. No : INZ 000292638 - Broker Code : 3207	Date of Registration: 1 8 0 8 1 9 9 5 1 9 0 9 2 0 0 7
COMMODITY DERIVATIVES SEGMENT	MCX : SEBI Regn. No : INZ 000292638 Member Code : 28355	1 2 0 2 2 0 2 1
CLEARING MEMBER		
Troo Tribe Tech Limited (INZ 000292638)	NSE Cash, NSE FNO, MCX	
Orbis Financial Corporation Limited (INZ000165534)	NSE CD	

CIN Number: U74899DL1994PLC062140

For any grievance/dispute please contact Troo Tribe Tech Limited at the given registered address or following officer

Designation	Name	Telephone	EMAIL ID
Director	Ramratan Chirania	022-45148180	info@trootribe.com
Compliance Officer	Swapna Pednekar	022-45148196	complianceofficer@trootribe.com
Grievances/Dispute/Suggestion	Swapna Pednekar	022-45148196	complianceofficer@trootribe.com
In case not satisfied with the response, please contact the exchange			
NSE : ignse@nse.co.in and Phone no. 022-26598190 Fax No.:022-26598191		MCX : grievance@mcxindia.com Tel: 022-6731 8888	
BSE : is@bseindia.com ,Phone No.:022-22728097, Fax No.:022-22723677			

You can also lodge your grievances with SEBI at <http://scores.gov.in>. For any Queries or Feedback or Assistance please contact SEBI on toll free helpline at 1800227575/18002667575

INSTRUCTIONS / CHECK LIST

1. Additional documents in case of trading in derivatives segments - illustrative list:	
Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.	Self - declaration with relevant supporting documents.

- *In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.
- 2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
- 3. Demat master or recent holding statement issued by DP bearing name of the client.
- 4. For individuals:
 - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/ authorised persons office.
 - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
- 5. For non-individuals:
 - a. Form need to be initialized by all the authorized signatories.
 - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

Instructions to the Applicants for account opening:

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in blue ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. All correspondence / queries shall be addressed to the applicant.
6. 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.
- II. 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.
7. Strike off whichever option, in the account opening form, is not applicable.



TROO TRIBE TECH LIMITED

Equity | Derivatives | Currency | Commodity

Troo Tribe Tech Limited

www.trootribe.com

SEBI Reg. No.: INZ000292638

Member of :

National Stock Exchange of India Limited (NSE) Equity, Derivative, Currency
Bombay Stock Exchange Limited (BSE) Equity
Multi Commodity Exchange of India Limited (MCX)