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KNOW YOUR CLIENT

A. Details of the First Holder/ Non Individual Account

1. Name of the Applicant (Name of the First Holder/ Non Individual Account)

   Name : ____________________

   Salutation : ____________________ (For eg. Mr. Shah)

2. a. Gender ☐Male ☐Female b. Marital Status ☐Single ☐Married (In case of Individual A/c.)

   c. Date of Birth/ Date of Incorporation DD/MM/YYYY

3. Nationality ☐ Indian ☐ Other ____________________

4. Status Please tick (☐)✓Resident Individual ☐NRI ☐Company ☐HUF ☐Partnership ☐LLP ☐ Trust ☐ Other (please specify) ____________________

5. PAN No. : ____________________ 5 (a) GSTIN : ____________________

6. Aadhaar No. : ____________________ (In case of Individual A/c.)

7. CKYC No. : ____________________ (In case of Individual A/c.)

8. Mother Maiden Name : ____________________ (In case of Individual A/c.)

B. Address Details of the First Holder/ Non Individual Account

1. Complete Correspondence Address

   ____

   ____________________ Pin Code : ____________________

2. Contact Details

   Contact Person : ____________________

   Family Name : ____________________ Head of Family : ☐Yes ☐No

   Tel. (Off.): ____________________ Tel. (Resi.): ____________________ Mobile : ____________________

   Email-ID : ____________________

C. Details of Second Holder

1. Name : ____________________

2. a. Gender ☐Male ☐Female b. Marital Status ☐Single ☐Married

   c. Date of Birth DD/MM/YYYY

3. Nationality ☐Indian ☐Other (please specify) ____________________

4. Status Please tick (✓) ☐Resident Individual ☐NRI ☐Other (please specify) ____________________

   ____

5. PAN No. : ____________________

6. Aadhaar No. : ____________________

7. CKYC No. : ____________________

8. Mother Maiden Name : ____________________

D. Details of Third Holder

1. Name : ____________________

2. a. Gender ☐Male ☐Female b. Marital Status ☐Single ☐Married

   c. Date of Birth DD/MM/YYYY

3. Nationality ☐Indian ☐Other (please specify) ____________________

4. Status Please tick (✓) ☐Resident Individual ☐NRI ☐Other (please specify) ____________________

   ____

5. PAN No. : ____________________

6. Aadhaar No. : ____________________

7. CKYC No. : ____________________

8. Mother Maiden Name : ____________________

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PORTFOLIO MANAGEMENT SERVICES ACCOUNT RELATED DETAILS (For Individuals & Non-individuals)

Ambit Investment Advisors Private Limited
PMS Registration No.INP000005059 CIN No-: U74900MH2008PTC182902

Dear Sir,

I/We wish to avail the Discretionary/Non-Discretionary Portfolio Management Services offered by Ambit Investment Advisors Private Limited. I/We hereby confirm that I/We have chosen the below mentioned product.

Name of Product: ____________________

A. POA Bank Account Details: (For operating PMS Account)

Account Name		Account No.	
Bank Name		Branch	
Account Type	Savings/ Current/ NRE/ NRO/ Others (Please specify) ____________		

Bank Account Details: (Please specify the bank details in which you wish to receive the redemption proceeds)

Account Name		Account No.	
Bank Name		Branch	IFSC Code
Account Type	Savings/ Current/ NRE/ NRO/ Others (Please specify) ____________		

(Copy of personalised cancelled cheque leaf or bank statement containing name of the Account Holder with Account Number, IFSC Code and bank & branch name.)

B. Depository Account Details (For operating PMS Account)

DP Name		Client ID	
Address & Pin code		DP ID	

(Proof for Demat CMR to be submitted)

C. Past Action

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant or its partners/promoters/whole time directors/authorized persons in charge during the last 3 years:

____

D. INVESTMENT / TRADING EXPERIENCE & CLIENT'S PROFILE

1) Investment / trading experience:

No. of Years in Stocks	No. of Years in Derivatives	No. of Years in other Investment related fields

2) Annual Income & Networth for last 3 years:

	FY	FY	FY
Annual Income			
Networth			

3) Indicative % of the total investment portfolio proposed to be invested with the portfolio manager (optional) ________.

4) Overall investment goals: Capital Appreciation/ Regular Income/ Others (Please specify) ____________

5) Risk Tolerance: Low/ Medium/ High ____________

6) Time period for which investments are proposed to be made with the portfolio manager: ________ Months/Years

7) Systematic withdrawal, if any: Monthly/ Quarterly/ Annually/ N.A. ____________

8) Detailed investment objectives of the client :

S.No.	Particulars	Client's preference
(a)	Equity: Nature of equities in which investments are desired, may be indicated	
(b)	Balanced: Percentage of debt/equity.	

(c)	Debt: Government Bonds, Corporate Debt etc.	
(d)	Mutual funds, Venture funds etc.	
(e)	Others	

E. List of companies that are not to be included in the portfolio: (Refer clause 6 of the PMS Agreement)

Sr.No.	Investment Restrictions due to SEBI (Prohibition of Insider Trading) Regulations 2015	Investment Restrictions due to SEBI (Substantial Acquisition of Shares and Takeovers) Regulations, 2011	Other investment restrictions as per client's requirements
1			
2			
3			

(use separate sheets if needed)

F. ADDITIONAL DETAILS

Occupation details:	
Any other information:	

G. INTRODUCER DETAILS (optional)

Name of the Introducer	
Address, Phone No. and Email Id of Introducer	

H. NOMINATION DETAILS (For Individuals / Sole Proprietorship Firm)

☐ **I/WE WISH TO NOMINATE** ☐ **I/WE DO NOT WISH TO NOMINATE**

	Name of Nominee	Relationship with Nominee	DOB of Nominee	If Nominee is Minor, Name & Contact details of Guardian	Share %
1.					
2.					
3.					

DECLARATION

I/We confirm that all the information given in the application is true and complete. I/We hereby authorize Ambit Investment Advisors Private Limited to verify any information mentioned above and also undertake to inform you of any changes therein. In case any of the above information is found to be false or untrue or misrepresenting, I am/ We are aware that I/We may be held liable for it. I/We confirm that I am/We are aware of the Rules and Regulations of Prevention of Money Laundering Act (PMLA), 2002 and that I/We have not violated any of the rules and regulations of the said act and hereby indemnify Ambit Investment Advisors Private Limited from any liability arising from my/our transactions executed under this arrangement.

Sign:

1/8

First Holder / Authorised Signatory	Second Holder / Authorised Signatory	Third Holder / Authorised Signatory

Date:_____/_____/___________ Place: ____________________