



ACCOUNT OPENING FORM INDIVIDUAL

Applicant details	First Applicant	Second Applicant	Third Applicant
Name as per PAN			
PAN			
DOB			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Father / Spouse Name			
Mother Name			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Nature of Occupation/Service	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____
Legal Status	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> RI FNR	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> RI FNR	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> RI FNR
PEP-Individuals*	<input type="checkbox"/> PEP <input type="checkbox"/> Related PEP <input type="checkbox"/> Not applicable	<input type="checkbox"/> PEP <input type="checkbox"/> Related PEP <input type="checkbox"/> Not applicable	<input type="checkbox"/> PEP <input type="checkbox"/> Related PEP <input type="checkbox"/> Not applicable
*PEP are defined as individuals who are or have been entrusted with prominent public function, e.g. heads States of Governments, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials			
Gross Annual Income	<input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 Crore <input type="checkbox"/> >1Crore	<input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 Crore <input type="checkbox"/> >1Crore	<input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 Crore <input type="checkbox"/> >1Crore
Networth in ₹ & Date (Optional)	₹ _____ [D][D][M][M][Y][Y][Y][Y] (Not older than 1 year)	₹ _____ [D][D][M][M][Y][Y][Y][Y] (Not older than 1 year)	₹ _____ [D][D][M][M][Y][Y][Y][Y] (Not older than 1 year)

FATCA & CRS - FIRST APPLICANT - All Fields are Mandatory

Permissible ID Proof	<input type="checkbox"/> Passport <input type="checkbox"/> Voter Id <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> NREGA <input type="checkbox"/> Other _____	<input type="checkbox"/> Passport <input type="checkbox"/> Voter Id <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> NREGA <input type="checkbox"/> Other _____	<input type="checkbox"/> Passport <input type="checkbox"/> Voter Id <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> NREGA <input type="checkbox"/> Other _____
Country of Birth			
Place of Birth			
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID Numbers below			
Country*			
Tax Identification Number			
Identification Type (TIN or Other, please specify)			

*To also include USA, where the individual is a citizen/Green card holder of USA. % In case Tax Identification Number is not available, kindly provide its functional equivalent.

CONTACT DETAILS As a Primary Contact details in PMS records, First Applicant Contact details will be captured and used for Email & Physical communication sent (If any).

Applicant details	First Applicant	Second Applicant	Third Applicant
Mobile No.			
Email Id:			
Correspondence Address	Address _____ _____ _____ _____ _____ City _____ Pin Code <input type="text"/>	<input type="checkbox"/> Same as First Applicant Address _____ _____ _____ _____ _____ City _____ Pin Code <input type="text"/>	<input type="checkbox"/> Same as First Applicant Address _____ _____ _____ _____ _____ City _____ Pin Code <input type="text"/>
<input type="checkbox"/> Permanent Address Same as Correspondence Address	Address _____ _____ _____ _____ _____ City _____ Pin Code <input type="text"/>	<input type="checkbox"/> Same as First Applicant Address _____ _____ _____ _____ _____ City _____ Pin Code <input type="text"/>	<input type="checkbox"/> Same as First Applicant Address _____ _____ _____ _____ _____ City _____ Pin Code <input type="text"/>

INVESTMENT MODE & DETAILS Cheque/ Bank Transfer Stock Transfer Partial Stock & Cheque

Investment Amount	Product Name	Cheque/UTR No./DP Client ID	Bank/Depository Name

BANK ACCOUNT DETAILS (Bank details captured here will be used for crediting Redemption Proceeds at the time of Redemption)

Bank Name:..... Bank Branch:..... IFSC Code:.....

A/c No. A/c Type: Savings Current NRE NROGSTIN No. **NOMINATION DETAILS (Please tick appropriately)**

<input type="checkbox"/> I/we wish to nominate	<input type="checkbox"/> I/We do not wish to nominate I/We hereby confirm that I/We do not wish to appoint any nominee(s) in my / our PMS account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/ our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our PMS account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the PMS account.
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I/We do hereby nominate the person's more particularly described hereunder in respect of account (folio) held by me/us as provided herein.

I/We also understand that all payments and settlements made to such Nominees (upon such documentation) shall be a valid discharge by the Investment Manager.

Nomination Details	NOMINEE 1	NOMINEE 2	NOMINEE 3
Name of Nominee			
Relationship with First Applicant			
Allocation %			
Proof of Identity			
Nominee Address			
Nominee Email			
Nominee Mobile			
Date of Birth			
Name of Guardian (In case of Minor)			
Relationship with the Guardian			
Guardian Address			
Guardian Contact Number			
Guardian PAN/Proof of Identity			
Guardian Date of Birth			
Guardian Email			

- I. Applicants can nominate maximum up to 3 persons in whom all rights including beneficiary ownership and/or money payable in respect of portfolio shall vest in the event of death of holder(s), after due diligence and verification of valid documents of the nominee(s).
- II. A minor can be nominated and, in that event, the name and address of the guardian of the nominee shall be provided by the applicant. The applicant is advised that, in case of single holding the guardian to a minor nominee should be a person other than the applicant.
- III. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly in favor of one or more persons.
- IV. Nomination form cannot be signed by power of attorney.
- V. The nominee shall not be trust (other than religious or charitable trust), society, body corporate, partnership firm, Karta Hindu Undivided Family or a Power of Attorney holder.
- VI. A non-resident Indian can be a nominee subject to exchange controls in force, from time to time.
- VII. Nomination in respect of the portfolio stays rescinded upon closure of the portfolio management services account. Similarly, the nomination in respect of the security shall stand terminated upon transfer of securities in favor of nominee(s) and shall be a valid discharge by the portfolio manager against the legal heir.
- VIII. In case of dispute between applicant's nominee and any of his/her legal heirs and/or successor the portfolio manager shall be fully discharged of its liability and obligation if it pays the amount and/or securities that stand to the credit of his/her designated nominee(s).
- IX. The nomination will stand cancelled in the event of the applicant's nominee predeceasing the client and it becomes obligatory upon the applicant to appoint another nominee(s).
- X. The portfolio manager reserves the right not to register the nomination in case of incomplete nomination in any respect.
- XI. Transfer of securities/payment of the amount value of my/our credit to the nominee(s)/legal heirs will constitute full and final discharge of the liability by the Portfolio manager.
- XII. I/we understand the nominee if required to be appointed for depository account, wherever applicable, should be the same as the nominee(s) appointed herein above.

RISK PROFILER

SR. NO.	Questionnaire	Investor Declaration			
1	What is your Age Group?	1. <input type="checkbox"/> 65 years & Above 3. <input type="checkbox"/> 35 to 50 years	2. <input type="checkbox"/> 50 to 65 years 4. <input type="checkbox"/> 20 to 35 years		
2	Number of Financial Dependents (who rely solely on you for financial support)	1. <input type="checkbox"/> Self + More than 5 Dependents 3. <input type="checkbox"/> Self + Up to 3 Dependents	2. <input type="checkbox"/> Self + Up to 5 Dependents 4. <input type="checkbox"/> Only Self		
3	Your Financial Assets are primarily invested in which of the following options?	1. <input type="checkbox"/> Bank/Corporate Fixed Deposits 3. <input type="checkbox"/> Option 2 & Direct Stocks, PMS, AIF	2. <input type="checkbox"/> Option 1 & Mutual Funds 4. <input type="checkbox"/> Option 3 & Derivatives, Crypto, Currencies, Commodities		
4	This Investment would be approximately what % of your Total Net Worth?	1. <input type="checkbox"/> More than 50% 2. <input type="checkbox"/> 20 To 50% 3. <input type="checkbox"/> 10 To 20% 4. <input type="checkbox"/> Less Than 10%			
5	How many years can you allow your investments to grow before you start making significant withdrawals?	1. <input type="checkbox"/> 1 To 2 years 2. <input type="checkbox"/> 3 To 5 years 3. <input type="checkbox"/> 5 To 7 years 4. <input type="checkbox"/> 7 years & More			
6	Please select the volatility and return combination that you are most comfortable with for this investment	1. <input type="checkbox"/> Return Expectation: 10% to 20%, Loss Appetite: 5% to 10% 2. <input type="checkbox"/> Return Expectation: 20% to 30%, Loss Appetite: 10% to 15% 3. <input type="checkbox"/> Return Expectation: 30% to 40%, Loss Appetite: 15% to 20% 4. <input type="checkbox"/> Return Expectation: 40% & Above, Loss Appetite: 20% & Above			
7	How would you react if your well diversified portfolio fell by 20% ?	1. <input type="checkbox"/> Exit Position 2. <input type="checkbox"/> Reduce 3. <input type="checkbox"/> Hold 4. <input type="checkbox"/> Accumulate			

RESULTS

Scoring: If the chosen answer is option 1, it will be assigned 1 point. If the chosen answer is option 2, it will be assigned 2 points, and so on. For all the questions, add the corresponding serial numbers to find your total.

Total Score: _____

CATEGORIZATION	SCORE	PLEASE(✓)
Conservative*	Upto 9	
Moderate	10-18	
Aggressive	19-28	

*Client falling under the conservative category would have to be further reviewed before they can be offered Portfolio Management Services.

Client Declaration: I/We hereby understand that my risk profile is as per table above and would request Capital 8 LLP to advise/manage my/our investments on the basis of this categorization. I/we take complete responsibility and liability of my investment and my investment decision is not influenced by any sales promotion or promise of returns whatsoever. My/our investments are advised by multiple advisors/managers, hence monitoring of investment asset allocation on my/our entire portfolio and investment objective is my/our sole responsibility.

FIRST HOLDER SIGN	SECOND HOLDER SIGN	THIRD HOLDER SIGN

DISCLAIMER: Risk assessment is a very subjective matter and is likely to change over time dependent on many factors. While due care & consideration is taken in preparation of the above questionnaire, there is no guarantee that the risk profile outcome is the 'right' one for you. The above document is not recommendatory in nature and must not be taken as the basis of any investment decision. Investors are advised to exercise due caution and take proper expert guidance before making any investment decisions.

DECLARATION

The particulars and various other details furnished above are true to the best of my/our knowledge and belief. I/we further agree to inform any additional details that may be required for better & efficient execution & performance of my/our Portfolio Management Service. I/we confirm that I/we have received/read the Disclosure Document available at (<https://www.capital8.in>) before execution of DPMS agreement with Capital 8 LLP. I/we have read and understood the terms and conditions of the Disclosure Document as well as the Portfolio Management Services Agreement and undertake to abide with the provisions of the same.

I/we hereby declare that the amount invested in the same is through legitimate sources/channel only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Foreign Exchange Management Act, Prevention of Money Laundering Act, Prevention of Corruption Act or any other applicable laws enacted by the Government of India or any Statutory Authority from time to time.

I/We agree to immediately inform you if there is any change in any of the information given in this application or in the appendices to this application. I/we also declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted therefrom, the Portfolio Manager has a right to terminate the Portfolio Management Services Agreement. I/we agree to submit any additional information required by the Portfolio Manager or SEBI promptly.

Declaration for Portfolio Sharing:

The client consents and authorizes the Portfolio Manager to share with Client's Introducer / Advisor / Referrer if any, as mentioned on account opening form or on schedules to this agreement, the details of any of the Client's accounts, assets, transactions and account relationship with the Portfolio Manager in connection with or pursuant to this Agreement and dealings between the Portfolio Manager and the Client.

Declaration/undertaking By Client:

I/We hereby declare that all the information and particulars given by me/us in this application are true and complete and I/we have not suppressed or hidden any fact whatsoever. I/we hereby authorize Capital 8 LLP to verify and scrutinize the above information periodically in keeping with the "KYC requirements" prescribed under the Prevention of Money Laundering Act (PMLA), 2002 and any other applicable Acts and Regulations enacted by the Government of India/any other regulatory body from time to time. I/we confirm that I am/we are aware of the Rules and Regulations of PMLA, 2002 and that I/we have not violated any of the rules and regulations of the said act and hereby indemnify Capital 8 LLP from any liability arising from my/our transactions executed under this Agreement with Capital 8 LLP. I/we agree and undertake to immediately inform the Capital 8 LLP if there is change in any of the information provided in this application.

I/we hereby understand and agree that if any of the aforesaid disclosures made/information provided by me/us is found to be contradictory or unreliable or if I/we fail to provide adequate and complete information, the Portfolio Manager reserves the right to reject the application/withhold the investments made by me/us, to terminate the agreement that may be executed under Portfolio Management and/or to disclose/report the relevant details to the competent authority and take such other actions as may be required to comply with the applicable laws as the Portfolio Manager may deem proper at its sole discretion.

In case there are delays caused by any entity in submitting documents or loss in transit of documents to be submitted to the Portfolio Manager, I/we agree to hold Capital 8 LLP harmless and not liable for any such losses and agree that I/we shall raise no claims against Capital 8 LLP for any rejection of Application due to such causes.

I/We also agree to co-operate with Capital 8 LLP for the purpose of any regulatory requirements and for any additional information requirements which may be required to be provided to any regulatory authority by Capital 8 LLP.

I authorize Capital 8 LLP and its representatives to call me or SMS me with reference to my application. This consent will override any DNC / NDNC registration.

I/we understand that all clients have the option to be onboarded directly with the Portfolio Manager.

Additional Declaration applicable to NRIs Only:

I/we hereby confirm that I/we am/are Non-Resident of Indian Nationality/ Origin. I/we hereby confirm that the funds for investment have been remitted from abroad through approved banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account.

FACTA/CRS Declaration:

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

Declaration for KRA & CKYC:

I/we declare that the details furnished above are correct and complete to the best of my/our knowledge/belief.

I/we understand that the details furnished in this form (like PAN, Date of birth, etc) would be utilized by Capital 8 LLP to fetch my/our KYC details from central databases like CVL KRA and CKYC database. We hereby provide our consent for fetching of such information.

I/we have understood that, submission of Aadhar card for proof of address/proof of identity is optional and purely on a voluntary basis by me/us.

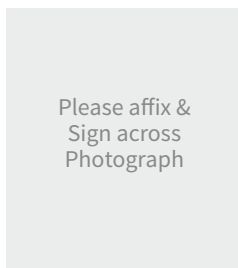
I/we hereby provide consent for E-KYC authentication using my/our Aadhar number.

***Declaration for Choosing High Risk Product for Low/Medium Risk Tolerance investors:**

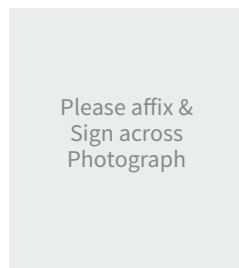
"I/we are investing in this Product which has a High Risk Profile, basis my/our skill and assessment that this product is suitable for me/us."

I authorize and give my consent to the Capital 8 for KYC and periodic KYC process required as per the PML Act, 2002 and rules thereunder.

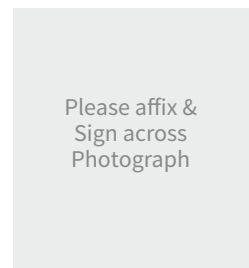
First Applicant



Second Applicant



Third Applicant



FIRST HOLDER SIGN

SECOND HOLDER SIGN

THIRD HOLDER SIGN

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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