*(On the letterhead of LLP, to be signed and stamped on all pages by designated partners)*

**Annexure VI**

**Sharing Pattern & Details of Partner as on \_\_\_\_\_\_ (LLP)**

**Certificate dated\_\_\_\_\_\_\_\_\_**

1. **Details of Sharing Pattern of LLP**

Monetary Value of Contribution of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the PF/ LLP) as on \_\_\_\_\_\_\_ (Date) is Rs.\_\_\_\_\_\_\_ (in figures) [Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in words)]

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr No** | **Name of partner 1** | **PAN Card No.** | **Residential address (with Pin code) & Contact No.** | **Date of Birth** | **Capital contribution** | **Sharing % in profits** | **Sharing % in loss** | **Whether Designated Partner (Y/N)** | **Experience (No. of years)2 @** | **Education 2** | **Directorships/ Partnerships/controlling shareholding in other cos.** |
| 1 | **A** |  |  |  |  |  |  |  |  |  |  |
| 2 | **B** |  |  |  |  |  |  |  |  |  |  |
| 3 | **C** |  |  |  |  |  |  |  |  |  |  |
|  |  | **TOTAL PARTNERS HOLDINGS** | | | | | | | | | |

1 Partner as defined in partnership deed, 2 Applicable only in case where partner is a designated partner, All initials to be expanded (full name to be indicated).

**NOTES:**

@ There must be atleast two designated partners. A designated partner shall be atleast HSC by qualification and possess atleast 2 years of experience in an activity related to dealing in securities or as portfolio manager or as investment consultant or as a merchant banker or in financial services or treasury, broker, sub broker, authorised agent or authorised clerk or authorised representative or remisier or apprentice or client to a member of a recognised stock exchange, dealer, jobber, market maker, or in any other manner in dealing in securities or clearing and settlement thereof.

Any change in partners not amounting to dissolution of the firm requires prior approval of the Exchange/SEBI as per SEBI circular no. CIR/MIRSD/2/2011 dated June 03, 2011 and SEBI/HO/MIRSD/DOR/CIR/P/2021/42 dated March 25, 2021.

Change in Control shall have the same meaning as defined under SEBI (Stock Broker) Regulations, 1992.

**Date:**

**Place: Signature of Compliance Officer / Designated Partner**

**Name of Person Signing**

**CERTIFICATE**

This is to certify that the details of sharing pattern of M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Name of applicant)** as given in above Annexure, based on my/ our scrutiny of the books of accounts, records and documents are true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction.

**Place: For (Name of Certifying Firm)**

**Date: Name of Partner/Proprietor**

**Chartered Accountant / Company Secretary**

**Membership Number**

**UDIN**

(Signature under Rubber stamp of Firm)

*(On the letterhead of LLP)*

1. **Details of the Partners as on** \_

| **Sr.No** | **Particulars** | **1** | **2** | **3** |
| --- | --- | --- | --- | --- |
|  | Name | First Name:  Middle Name:  Surname: | First Name:  Middle Name:  Surname: | First Name:  Middle Name:  Surname: |
|  | Father Name |  |  |  |
|  | Designated Partner *(minimum two)* | Yes / No\* | Yes / No\* | Yes / No\* |
|  | Citizenship Details |  |  |  |
|  | Passport No.  (in case of Foreign Individuals) | Place of Issue:  Valid till: | Place of Issue:  Valid till: | Place of Issue:  Valid till: |
|  | Date of Birth |  |  |  |
|  | Date of Admission of Partner |  |  |  |
|  | PAN |  |  |  |
|  | Aadhaar No. (Optional) |  |  |  |
|  | DPIN No. / DIN No. |  |  |  |
|  | Qualification of Partner (*minimum HSC)$* |  |  |  |
|  | Experience\*\* (in years)  *(add annexures if multiple)* | Name of Organisation:  Designation:  Field / Activity:  From:  To: | Name of Organisation:  Designation:  Field / Activity:  From:  To: | Name of Organisation:  Designation:  Field / Activity:  From:  To: |
|  | Residence Address  City:  District  State / Union Territory:  Pin code:  Tel No(s):  Fax No(s): |  |  |  |
|  | Mobile No.: |  |  |  |
|  | Email ID: |  |  |  |
|  | % of sharing of profit / losses in Member Entity |  |  |  |
|  | Whether Partner ( in the capacity of director in other entities) is disqualified under section 164 of Companies Act, 2013? *If yes, provide details of action u/s 167 of Companies Act, 2013* | Yes / No | Yes / No | Yes / No |

**Date:**

**Place: Signature of Compliance Officer / Designated Director**

**Name of Person Signing**

**Certificate**

This is to certify that the details of Directors/partners (as applicable) and their shareholding/sharing pattern (as applicable) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant entity) and the details of their Directorships / controlling interest in other companies / entities, as provided by \_\_\_\_\_\_\_\_ (name of applicant entity), based on my / our scrutiny of the books of accounts, records and documents is true and correct to the best of my / our knowledge and as per information provided to my / our satisfaction.

Further, based on the information, explanation and documents given to us, we state that the designated partners as mentioned above meet the eligibility requirements as prescribed in Securities Contracts (Regulation) Rules, 1957 (rule 8(4A) and other relevant provisions) and SEBI (Stock Brokers) Regulations, 1992.

**Place: For (Name of Certifying Firm)**

**Date: Name of Partner/Proprietor**

**Chartered Accountant / Company Secretary**

**Membership Number**

**UDIN**

(Signature under Rubber stamp of Firm)

**Notes:**

* 1. \*If the aforesaid declaration exceeds in more than one page, please take the signature of designated partners/ authorized signatory/ compliance officer and practicing CA/CS on all the pages.
  2. \*\*No. of years in capital market is minimum 2 years for Designated Partners.
  3. $ For Designated Partner, the qualification should be minimum HSC. Further, if there is a minor mismatch of name on the educational certificate as compared to PAN, then kindly provide affidavit. In case of name change, then kindly provide copy of gaze

*(On letterhead of* *Chartered Accountant)*

Draft Format of Certificate from Chartered Accountant on settlement of funds & securities to the clients

**Settlement of Clients Funds:-**

All the trading accounts with respect to Client funds are settled and there are no payables/liabilities to the clients.

*Note: Incase there are any funds which the Member is unable to settle then CA may add a note as below*

*We  have verified that Member has taken all necessary steps/efforts for the transfer, however, due to the reasons stated below, these funds are not settled*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Client Code*** | ***Client Name*** | ***Balance Amount*** | ***Reasons*** |
|  |  |  |  |
|  |  |  |  |

**Settlement of Clients Securities:-**

All the trading accounts with respect to client securities are settled and there are no securities that needs to be transferred/payable to clients.

*Note: Incase there are any securities which the Member is unable to settle then CA may add a note as below*

*We have verified that Member has taken all necessary steps to transfer below mentioned securities, however, due to the reasons stated below these securities are not settled. Further, the details of  securities that are not settled due to any reason are also given below:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Member’s Demat Ac*** | ***UCC*** | ***Own/Client Securities*** | ***Client Name*** | ***Scrip Name*** | ***Client PAN*** | ***Quantity*** | ***ISIN*** | ***Reason\**** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

*If the reasons mentioned above stand resolved in future, the Member has undertaken to take the necessary steps for transferring/settling the securities to the respective clients and has undertaken to abide by the SEBI/Exchange Rules/Regulations/Guidelines/Circulars as applicable.*

**Place: For (Name of Certifying Firm)**

**Date: Name of Partner/Proprietor**

**Chartered Accountant / Company Secretary**

**Membership Number**

**UDIN**

(Signature under Rubber stamp of Firm)