RYSA INDIA GROWTH OPPORTUNITY FUND

RYSA WEALTH
Building wealth with Wisdom

DISTRIBUTOR EMPANELMENT FORM

* indicates mandatory fields
please fill in wherever applicable.

KEY CONTACT DETAILS *(Please fill in BLOCK letters)*

*Name: ☐Mr. ☐Ms. ☐M/s.
First Name | Middle Name | Surname

*Address for Communication

City | State | PIN

Email Address

*Contact Details: Tel (Off) | Tel (Res) | Mobile | Fax

*Status: ☐Individual ☐Sole Proprietorship ☐Private Limited Company ☐Public Limited Company ☐Bank ☐Partnership Firm ☐Other _____ (Please Specify)

Date of Birth: D D M M Y Y Y Y

*PAN *(Please attach a photo copy)*

In case of Non-Individual Date of Incorporation: D D M M Y Y Y Y

Authorised Person: ☐Mr. ☐Ms.
First Name | Middle Name | Surname

Designation

*Contact Details: Mobile | Landline S T D

AMFI/NISM Certification Details *(Please attach a copy the AMFI/NISM Certificate & ARN Code)*

AMFI Registration No. | Date of Initial Reg. DD/MM/YYYY | Current validity of License/Permission: DD/MM/YYYY

*BANK ACCOUNT DETAILS *(Please fill in BLOCK letters)*

Please Note: Brockerage cheques will contain the account details to avoid fraudulent encashment.

Name of the Bank: _____

Branch: _____

Account Type: ☐Savings ☐Current ☐Other _____ *(Please Specify)* *(Please attach a copy of the cheque)*

Bank Account No. _____

IFSC Code: _____ MICR Code: _____

GST Registered ☐Yes ☐No GST Registration No. | State

Are you registered under any SEBI Regulations? ☐Yes ☐No | If yes, please mention Registration No. _____ Validity _____

Are you registered with any other regulator in/outside India? ☐Yes ☐No
If yes, please provide the details: Name of the regulatory authority: _____; Registration /license No. _____

Place/country: _____; Validity: _____

Have you appointed any sub-distributors for distribution of capital market product(s)/services? ☐Yes ☐No

If yes, please specify the number of your sub-distributors: _____

Number of years of experience of in distributing capital market product(s)/services: _____ years Investor segments handled.

☐Retail ☐HNI/Mass Affluent. Any other, please specify _____

Do you have a separate compliance and risk management function? ☐Yes ☐No
If yes, please describe any controls / checks performed by this function, including how is it ensured that regulatory changes are implemented and monitored:

_____

If not, how do you ensure that regulatory changes are implemented and monitored ? _____

Do you create / issue your own marketing materials? ☐Yes ☐No
If yes, please describe the process to ensure accuracy and completeness of such materials and adherence to IFSCA's Advertisement code in respect of fund/scheme stipulated in **Fifth Schedule** of IFSCA FM Regulations, 2022: _____

_____

Do you submit a copy of such advertisements / promotional material prepared and issued by you pertaining to the fund/scheme to the concerned Investment Manager for compliance clearance? ☐Yes ☐No

Have there been any instances of fraud by any of your employees/s engaged in the distributing financial products/services or your sub-distributors during the past 3 years? ☐Yes ☐No

If yes, please provide details, current status, and how the same has been addressed and steps taken to prevent recurrence:

Have you / your firm / organization faced any regulatory or statutory fines / penalty / levies imposed or action from IFSCA/SEBI or any other regulatory body / Govt. Agency in the distributor's jurisdiction in the last 5 years? ☐Yes ☐No

If yes, please provide a list along with details, including cause/s and corrective actions taken:

How do you ensure that there is no mis-selling by your employees?

Have you received any investor complaint/s about mis-selling or providing incorrect information by any of your employees (in the last 3 years)? ☐Yes ☐No.

If yes, please provide details, current status and how the same has been addressed and steps taken to prevent recurrence:

SMS & EMAIL ALERTS

I wish to receive SMS and Email Alerts on my registered Mobile Number(s) and Email Id.

NOMINATION DETAILS FOR BROKERAGE / COMMISSION *(In case of Individual Distributor / Agent Only)*

I hereby nominate the person named by me should receive the amounts of the brokerage to my credit in the event of my death.

Name: ☐Mr. ☐Ms. _____
First Name Middle Name Surname

Date of Birth *(If Minor)* D D M M Y Y Y Y Relationship _____

Guardian Name *(In case of Minor)* ☐Mr. ☐Ms.: _____
First Name Middle Name Surname

Address of Nominee or Guardian: _____

City: _____ State: _____ PIN: _____

DECLARATION

I hereby apply for empanelment as a distributor of RYSA International Wealth Management (IFSC) Private Limited (AIF Business) and declare that the information furnished herein above is true and correct to the best of my knowledge and belief. I agree and undertake to abide by the terms and conditions for empanelment as a distributor of RYSA International Wealth Management (IFSC) Private Limited (AIF Business) as mentioned above and any modification / changes therein from time to time.

Signature of the Distributor/
Authorized Signatory

Place: _____

Date: _____