## CORPORATE ACCOUNT REQUIREMENTS

All the documents should be originally attested with seal of company by all the authorized signatory (ies). And on all the photocopy documents sign of in person verification should be done with **'VERIFIED WITH ORIGINAL'** seal. **'In person Verification'** sign on form by Staff of Indira Securities.

| S. No. | Particular | Yes/No |
|---|---|---|
| 1 | Account Opening Form for Non Individual filled and signed with Seal of company by the authorized signatory(ies) | |
| 2 | PAN card of Company | |
| 3 | Address Proof of Company | |
| 4 | Bank proof of Company | |
| 5 | Copy of Board Resolution on letter head of company for investment in Securities Market. | |
| 6 | Certified true copies of Memorandum & Articles of Association & Certificate of Incorporation | |
| 7 | List of directors as on present date on letter head of company As per MCA Site. | |
| 8 | Copy of latest share holding pattern on Letter Head of the Company. | |
| 9 | Authorized Signatory List with specimen signatures. | |
| 10 | Individual KYC with PAN, POI, POA of Authorized Signatory/Whole time Directors/two directors in charge of day to day operations.. | |
| 11 | Form no.32 (with ROC receipt) for any change in name of Directors | |
| 12 | Copy of the balance sheets for the last 2 financial years (to be submitted every year) | |
| 13 | In case any shareholder holding more than 25% then KYC required for Individual or Shareholding pattern in case of corporate. | |
| 14 | Proof of financial details if client wants to work in Derivatives, Currency and Commodity | |

**Know Your Client (KYC)**

**Application Form (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also


**Indira Securities Private Limited**
**204-205, Amardarshan. 28/2, Old Palasia,**
**Indore-452018 M.P. (India)**
**Ph. 0731-4797170-71-72**


Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC

## 1. Entity Details (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* __ __ __ __ __ __ __ __ Place of Incorporation* _____

Date of Commencement* _____ _____ _____ Registration Number* _____

Entity Type* (Please Tick (✓))

- ☐ Private Ltd. Co.
- ☐ Public Ltd. Co.
- ☐ Body Corporate
- ☐ Partnership
- ☐ Trust/Charity/NGO
- ☐ HUF
- ☐ FPI Category I
- ☐ FPI Category II
- ☐ AOP
- ☐ Bank
- ☐ Government Body
- ☐ Defence Establishment
- ☐ Body of Individuals
- ☐ Society
- ☐ LLP
- ☐ Non-Government Organization
- ☐ Others _____

## 2. Proof of Identity+ (please refer the guidelines)

- ☐ Officially Valid Document(s) in respect of person authorized to transact
- ☐ Certificate of Incorporation/Formation _____ ☐ Registration Certificate _____
- ☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed
- ☐ Board Resolution ☐ Power of attorney granted to its manager, office, employees to transact on its behalf
- ☐ Activity Proof –1+ (For Sole Proprietorship Only) ☐ Activity Proof –2+ (For Sole Proprietorship Only)

## 3. Address Details* (please refer the guidelines)

**A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District+ _____ Pin Code* _____

State* _____ Country* _____

**B. Correspondence/Local Address in India** (if different from above)

* Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District+ _____ Pin Code* _____

State* _____ Country* _____

Applicant Digital Signature (DSC)

**Proof of Address*** (attested copy of any one POA to be submitted—#Not more than 3 months old)

☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other document _____

☐ Latest Telephone Bill# (Landline only) ☐ Latest Electricity Bill# ☐ Latest Bank Account Statement#

☐ Registered Lease/ Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) __ __ __ __ __ __ __ __

☐ Any other proof of address document (as listed overleaf) _____

## 4. Contact Details

Email ID _____ Mobile No. _____

Email ID _____ Mobile No. _____

Tel (Off) _____ Fax _____

## 5. Annexures Submitted

Number of Related Persons - ☐

## 6. Remarks / Additional Information

Annual Income: Below Rs. 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ 25 Lakh to 1 Crore ☐ More Than 1 Crore ☐

Net Worth: Rs. _____ as on Date:- _____ (Net worth should not be older than 1 Year)

## 7. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: _____ _____ _____ (DD-MM-YYYY)

PLACE: _____

| Applicant Digital Signature (DSC) | Applicant Wet Signature |
|---|---|
| | |

## 8. For Office Use Only

| KYC carried out by* | Intermediary Details* |
|---|---|
| KYC Date __ __ __ __ __ __ __ __<br>Emp. Name _____<br>Emp. Code _____<br>Emp. Designation _____ | ☐ Self-certified document copies received (Originals Verified)<br>☐ True Copies of documents received (Attested)<br>AMC / Intermediary Name OR Code: |
| Employee Signature and Stamp | Employee Signature and Stamp |

**Detail of Promoters / Partners / Karta / Trustee / Authorised Signatory and Whole Time Directors forming part of KYC Application form for Non-Individual.**

Related Person Type:- ☐ Director ☐ Promoter ☐ Karta ☐ Partner ☐ Trustee ☐ Authorised Signatory ☐ Other_____

Name:- _____

Father / Spouse Name: _____

Mother Name: _____Marital Status:_____

Date of Birth: _____ Gender : _____ Nationality: _____

PAN: _____ DIN/UID:_____

Mobile: _____ Email: _____

Address: _____

_____

City: _____ Pin Code _____ State: _____ Country:_____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it.

Related Person Type:- ☐ Director ☐ Promoter ☐ Karta ☐ Partner ☐ Trustee ☐ Authorised Signatory ☐ Other_____

Name:- _____

Father / Spouse Name: _____

Mother Name: _____Marital Status:_____

Date of Birth: _____ Gender : _____ Nationality: _____

PAN: _____ DIN/UID:_____

Mobile: _____ Email: _____

Address: _____

_____

City: _____ Pin Code _____ State: _____ Country:_____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it.

Related Person Type:- ☐ Director ☐ Promoter ☐ Karta ☐ Partner ☐ Trustee ☐ Authorised Signatory ☐ Other_____

Name:- _____

Father / Spouse Name: _____

Mother Name: _____Marital Status:_____

Date of Birth: _____ Gender : _____ Nationality: _____

PAN: _____ DIN/UID:_____

Mobile: _____ Email: _____

Address: _____

_____

City: _____ Pin Code _____ State: _____ Country:_____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it.

✍ **Name & Signature of the Authorized Signatory(ies)**

Date d d / m m / y y y y

*(To be printed on letter head of the company)*

**CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF _____ HELD ON _____ AT THE REGISTERED OFFICE OF THE COMPANY.**

**"RESOLVED THAT** the consent of the Board be and is hereby given that the company be registered as Constituent with Indira Securities Pvt. Ltd., Member of the NSE, BSE, MCX and NCDEX, for the purpose of dealing on Capital Market Segments (CM), Futures and Options segments (F&O), Retail Debt Market Segment (RDM), Currency Derivatives Segment (CDS), Securities Lending and Borrowing Scheme (SLBS) or any other segment that may be introduced by said Trading Member."

**"RESOLVED FURTHER THAT** a Demat Account be opened in the name of _____. with Indira Securities Private Limited and the following signatories be and are hereby authorized to open, operate, honor instructions, oral or written, given on behalf of the company by any of the under noted authorized signatories:" the demat and trading Account:

| Sr. No. | Name | Designation | Mode of Operation | Specimen Signature |
|---|---|---|---|---|
| 1. | | | Severally | |
| 2. | | | Severally | |
| 3. | | | Severally | |

**"RESOLVED FURTHER THAT** the above Directors/Signatories be and are hereby authorised to execute all the necessary documents that may be required by the Indira Securities Private Limited for opening of the account."

**"RESOLVED FURTHER THAT** the above Directors/Signatories be and are hereby authorised to give such undertaking or indemnities as may be required by the Indira Securities Private Limited from time to time for the operation of the account."

**"RESOLVED FURTHER THAT** the certified copy of this resolution be communicated to the above mentioned DP and remain in force until the same is cancelled or modified by the Board of Directors by another resolution and extract whereof forwarded to the DP, in writing."

**CERTIFIED TO BE TRUE**

For _____ (Name of the Company).

Managing Director

Date:
Place:

## On Letterhead of the Company

Date: _____

## Latest Shareholding as on

_____

| S. No. | Name of Shareholder | No. of Equityshares held (A) | Percentage(%) of Holding |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| | **TOTAL** | | |

NOTE: **If any Company is a shareholder** of the applicant, having more than 25% of shareholding or capital or profits of the applicant, it should identify itself as an ultimate beneficiary and is required to be verified by obtaining self-attested copies of the KYC documents of the Whole Time Director/ Individual Promoters of such a Company.

For [*Name of Company*]

_____

(Sign & Seal of the Company)

(Name of Authorised Signatory)

## On Letterhead of the Company

Date: _____

## List of Directors

| S. No. | Name of Director | Designation | Date of Birth | PAN | DIN |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

On Behalf of _____ [*Name of Company*]

_____

(Sign & Seal of the Company)

(Name of Authorised Signatory)

# ON COMPANY LETTERHEAD

Date: _____

List of Authorised Signatory with specimen Signature

| Sr. No. | Name of Authorised Signatory | Designation | Signature |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

For Company Name)

Authorised Signatory

# * Declaration for Ultimate Beneficial Ownership (UBO)

## (Mandatory for Non-Individual Applicants/Investors)

**This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company**

## A: Applicant Details:-

| PAN | | CRF No. | please specify |
|---|---|---|---|
| Applicant Name | | | |

## B: Category (please tick applicable category):-

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Unlisted Company | | Partnership Firm | | Limited Liability Partnership | | Unincorporated Association/Body of Individuals | | Religious Trust | |
| Public Charitable Trust | | Private Trust / Trust created by a Will | | Others | please specify | | | | |

## C: Details of Ultimate Beneficial Owners:-

(Please list below each controlling person, confirming ALL countries of Tax Residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. Please submit photocopy# of the PAN with photo or any other valid photo identity proof for each of the UBO specified)

**If any of the UBO is resident / citizen of a Country other than India or citizen / tax resident / green card holder of United States of America (USA), please provide TaxPayer Identification Number / US Social Security Number (SSN) ***

| S.No | Name of Ultimate Beneficiary Owner<br>PAN (for Residents/NRIs)<br>ID Proof (Foreign / PAN Exempt Individuals) | | Permanent Address | Country of:<br>Birth (COB),<br>Citizenship (COC),<br>Nationality (CON) | Country of Tax Residency | Tax Identification Number (TIN) | UBO Code @ |
|---|---|---|---|---|---|---|---|
| | Name | | | COB: | 1. | 1. | |
| | PAN | | | COC: | 2. | 2. | |
| | ID Proof | | | CON: | 3. | 3. | |
| | Name | | | COB: | 1. | 1. | |
| | PAN | | | COC: | 2. | 2. | |
| | ID Proof | | | CON: | 3. | 3. | |
| | Name | | | COB: | 1. | 1. | |
| | PAN | | | COC: | 2. | 2. | |
| | ID Proof | | | CON: | 3. | 3. | |
| | Name | | | COB: | 1. | 1. | |
| | PAN | | | COC: | 2. | 2. | |
| | ID Proof | | | CON: | 3. | 3. | |

* - If the given rows are not sufficient, investor can submit multiple declarations covering all Beneficial Owners.

# - Attached document should be self certified by the UBO and certified by the Applicant / Investor's Authorized signatory.

@ - UBO Codes

| UBO Code | Description | UBO Code | Description |
|---|---|---|---|
| UBO-1 | Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company | UBO-2 | Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership |
| UBO-3 | Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person[Investor], where the juridical person is an unincorporated association or body of individuals | UBO-4 | Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under clause 4 (a) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests] |
| UBO-5 | Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above] | UBO-6 | The settlor(s) of the trust |
| UBO-7 | Trustee(s) of the Trust | UBO-8 | The Protector(s) of the Trust [if applicable]. |
| UBO-9 | The beneficiaries with 15% or more interest in the trust if they are natural person(s) | UBO-10 | Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership |

**Declaration**

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

**Authorized Signatory(ies)** [with Company/Trust/Firm/Body Corporate seal]

**Date :** ____/_____/_____ **Place :** _____

# Ultimate Beneficial Ownership (UBO)

## BACKGROUND

Pursuant to SEBI master circular vide ref. no. CIR/ISD/AML/3/2010 dated December 31, 2010 on anti money laundering standards and guidelines on identification of Beneficial Ownership issued by SEBI vide its circular ref. no. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of Ultimate Beneficial Owner(s) ("UBO(s)") and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s).

The Ultimate Beneficial Owner means:

- **For Investor other than Trust:**

  A 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of / entitlements to:

  i. more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;

  ii. more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or

  iii. more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

  In cases where there exists doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity details should be provided of the natural person who is exercising control over the juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner). However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

- **For Trust:**

  The settler of the trust, the trustees, the protector, the beneficiaries with 15% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

**Exemption in case of listed companies:**

The provisions w.r.t. Identification of UBO are not applicable to the investor or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company.

**Applicability for foreign investors:**

The identification of beneficial ownership in case of Foreign Institutional Investors (FIIs), their sub-accounts and Multilateral Funding Agencies / Bodies Corporate incorporated outside India with the permission of Government of India / Reserve Bank of India may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012.

# Know Your Client (KYC)
# Application Form (For Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**Application Number:**

**Application Type*:** ☐ New KYC ☐ Modification KYC

**KYC Mode*:** ☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker

## 1. Identity Details (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____ _____ _____ _____

Maiden Name+ (if any) _____ _____ _____ _____

Fathers/Spouse's Name* _____ _____ _____ _____

Mother Name _____ _____ _____

Date of Birth* D D M M Y Y Y Y

Photo

Gender* ☐ Male ☐ Female ☐ Transgender

Marital Status* ☐ Single ☐ Married

Nationality* ☐ Indian ☐ Other _____

Residential Status* ☐ Resident Individual ☐ Non Resident Individual

Please Tick (✓) ☐ Foreign National ☐ Person of Indian Origin
(Passport mandatory for NRIs, PIOs and Foreign Nationals)

3 _____
Required Cross Sign on Photo

**Proof of Identity (POI) submitted for PAN exempted cases** (Please tick)

☐ A - Adhaar Card XXXX XXXX __ __ __ __

☐ B - Passport No. _____

☐ C - Voter ID Card _____ Expiry Date D D M M Y Y Y Y

☐ D - Driving License _____ Expiry Date D D M M Y Y Y Y

☐ E - NREGA Job Card _____

☐ F - NPR Letter _____

☐ Z - Others _____ (any document notified by Central Government)

Identification Number _____

## 2. Address Details* (please refer guidelines overleaf)

**A. Correspondence/ Local Address***

Line 1* _____

Line 2 _____

Line3 _____

City/ Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

**Gross Annual Income Details** (Please tick (✓) :

☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ More than 25 Lacs

**Net-worth in ₹** (*Net worth should not be older than 1 year) **as on (date)** d d / m m / y y y y

Applicant Wet Sign

4 _____

Applicant e-SIGN

5 _____

INDIRA
Gateway to Prosperity

## B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line3 _____

City/ Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A - Adhaar Card XXXX XXXX __ __ __ __

☐ B - Passport No. _____

☐ C - Voter ID Card _____ Expiry Date D D M M Y Y Y Y

☐ D - Driving License _____ Expiry Date D D M M Y Y Y Y

☐ E - NREGA Job Card _____

☐ F - NPR Letter

☐ Z - Others _____ (any document notified by Central Government)

Identification Number _____

## 3. Contact Details

Email Id _____

Mobile No. _____

Tel. (Off.) _____ Tel (Resi.) _____

**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. Applicant Declaration

| | Applicant e-SIGN | Applicant Wet Signature |
|---|---|---|
| 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.<br>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.<br>I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby 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 have a business relationship for KYC purposes only.<br>DATE: _____ (DD-MM-YYYY)<br>PLACE: _____ | | 6 _____ |

## 5. For Office Use Only

| In-Person Verification (IPV) carried out by* | Intermediary Details* |
|---|---|
| IPV Date _____<br>Emp./AP Name _____<br>Emp. Code/AP Reg. No. _____<br>Emp. Desig./AP Emp. Desig. _____ | ☐ Self certified document copies received (OVD)<br>☐ True Copies of documents received (Attested)<br>AMC / Intermediary Name :<br>INDIRA SECURITIES PVT. LTD. |
| [Employee/AP Signature] | Indira Securities Private Limited Indore (M.P.) |

**Annexure 2.2**

**For Non-individuals** **Additional KYC Form for Opening a Demat Account**

(To be filled by the Depository Participant)

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Application No. | | | | | | | | | Date | | | | | | | | | |
| DP Internal Reference No. | | | | | | | | | | | | | | | | | | |
| DP ID | 1 | 2 | 0 | 1 | 7 | 0 | 0 | 0 | Client ID | | | | | | | | | |

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details:-

**Holders Details**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sole / First Holder's Name | Search Name | | PAN | | | | | | | | | | | |
| | | | UCC | | | | | | | | | | | |
| | | | Exchange Name & ID | | | | | | | | | | | |
| | | | UID | | | | | | | | | | | |
| Second Holder's Name | | | PAN | | | | | | | | | | | |
| | | | UID | | | | | | | | | | | |
| Second Holder's Name | | | PAN | | | | | | | | | | | |
| | | | UID | | | | | | | | | | | |

***Exchange ID**

| | |
|---|---|
| **Name *** | _____ |

*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

**Type of Account** (Please tick whichever is applicable)

| **Status** | | | **Sub – Status** |
|---|---|---|---|
| ❑ Body Corporate ❑ Banks ❑ Trust ❑ Mutual Fund ❑ OCB ❑ FII ❑ CM ❑ FI ❑ Clearing House ❑ Other (Specify) _____ | | | **To be filled by the DP** |
| SEBI Registration No. (If Applicable) | | SEBI Registration date | |
| RBI Registration No. (If Applicable) | | RBI Approval date | |
| Nationality | ❑ Indian ❑ Others (specify)_____ | | |

| | |
|---|---|
| I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be `Yes') | [Automatic Credit] ❑ Yes ❑ No |
| I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No') | ❑ Yes ❑ No |
| Account Statement Requirement | ❑ As per SEBI Regulation ❑ Daily ❑ Weekly ❑Fortnightly ❑Monthly |
| I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____ | ❑ Yes ❑ No |
| I / We would like to share the email ID with the RTA | ❑ Yes ❑ No |
| I / We would like to receive the Annual Report ❑ Physical / ❑ Electronic / ❑ Both Physical and Electronic (Tick the applicable box. If not marked the default option would be Physical) | |

**Clearing Member Details (To be filled by CMs only)**

| | | | |
|---|---|---|---|
| Name of Stock Exchange | | | |
| Name of CC / CH | | | |
| Clearing Member Id | | Trading member ID | |

| | |
|---|---|
| I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time ] | ❑ Yes ❑ No |

**Bank Details [Dividend Bank Details]**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Bank Code (9 digit MICR code) | | | | | | | | | | | |
| IFS Code (11 character) | | | | | | | | | | | |
| Account number | | | | | | | | | | | |
| Account type | ❑ Saving ❑ Current ❑ Others (specify) _____ | | | | | | | | | | |
| Bank Name | | | | | | | | | | | |
| Branch Name | | | | | | | | | | | |
| Bank Branch Address | | | | | | | | | | | |
| City | | State | | Country | PIN code | | | | | | |

| **Other Details** | | |
|---|---|---|
| Gross Annual Income Details | Income Range per annum:<br>❑ Up to Rs 1,00,000 ❑ Rs 1,00,000 to Rs.5,00,000 ❑ Rs.5,00,000 to Rs. 10,00,000<br>❑ Rs. 10,00,000 to Rs. 25,00,000 ❑ Rs.25,00,000 to Rs. 1,00,00,000 ❑ More than Rs.1,00,00,000 | |
| | Net worth as on (Date) D D M M Y Y Y Y Rs | |
| | [Net worth should not be older than 1 year] | |
| Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) ❑. Please provide details as per Annexure 2.2 A. | | |
| Any other information: | | |

| | | |
|---|---|---|
| **SMS Alert Facility** Refer to Terms & Conditions given as **Annexure - 2.4** | MOBILE NO. +91 _____<br>[(Mandatory , if you are giving Power of Attorney ( POA)]<br>(if POA is not granted & you do not wish to avail of this facility, cancel this option). | |
| **E**asi | To register for **e**asi, please visit our website www.cdslindia.com. **E**asi allows a BO to view his ISIN balances, transactions and value of the portfolio online. | |

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

| | **Sole / First Authorised Signatory** | **Second Authorised Signatory** | **Third Authorised Signatory** |
|---|---|---|---|
| Name | | | |
| Designation | | | |
| Signature | | | |

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