CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update
KYC Number _____ *(Mandatory for KYC update request)*
Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

PHOTO

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence* ☐☐

Tax Identification Number or equivalent (If issued by jurisdiction)* _____

Place / City of Birth* _____ ISO 3166 Country Code of Birth* ☐☐

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction **C** at the end)

(Certified copy of <u>any one</u> of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number _____ Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card _____
☐ C- PAN Card _____
☐ D- Driving Licence _____ Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar) _____
☐ F- NREGA Job Card _____
☐ Z- Others (any document notified by the central government) _____ Identification Number _____
☐ S- Simplified Measures Account - Document Type code ☐☐ Identification Number _____

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

(Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted)

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

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others _____ please specify _____ ☐ Simplified Measures Account - Document Type code ☐☐

Address

Line 1* _____
Line 2 _____
Line 3 _____ City / Town / Village* _____
District* _____ Pin / Post Code* _____ State / U.T Code* ☐☐ ISO 3166 Country Code* ☐☐

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1**')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off) – Tel. (Res) – Mobile –

FAX – Email ID

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (**H**) at the end)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my 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 aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

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

CDSL VENTURES LIMITED

....Exploring New Horizons

Intermediary Logo

Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC

KYC Mode*: Please Tick (✓)

☐ 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* _____ _____ _____ _____

Date of Birth* _____

Gender* ☐ Male ☐ Female ☐ Transgender

Marital Status* ☐ Single ☐ Married

Nationality* ☐ Indian ☐ Other _____

Residential Status* ☐ Resident Individual ☐ Non Resident Indian

Please Tick (✓) ☐ Foreign National ☐ Person of Indian Origin+

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)

Recent passport size Applicant Photo

X

Cross Signature across photograph

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

☐ A — Aadhaar Card XXXX XXXX __ __ __ __

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____ (Expiry Date) _____

☐ D —Driving License _____

☐ E —NREGA Job Card _____

☐ F — NPR _____

☐ 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

Applicant e-SIGN

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 — Aadhaar Card XXXX XXXX __ __ __ __

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____

☐ D —Driving License _____ (Expiry Date) _____

☐ E —NREGA Job Card _____

☐ F — NPR Letter _____

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

Identification Number _____

3. Contact Details (in CAPITAL)

Email ID* _____

Mobile No. * _____ _____

Tel (Off) _____ _____ Tel (Res) _____ _____

4. Applicant Declaration

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.

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

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.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN	Applicant Wet Signature
	X

5. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date _____	☐ Self certified document copies received (OVD)
Emp. Name _____	☐ True Copies of documents received (Attested)
Emp. Code _____	AMC / Intermediary Name :
Emp. Designation _____	
Employee Signature and Stamp	Institution Name and Stamp

MEHTA VAKIL & CO. PVT. LTD.

Charges For Depository Services

Charges	Regular Demat A/c Holder	Basic Service Demat Accounts (BSDA)
Account Opening/Closing	NIL	NIL
Account Maintenance Charges(once in Year)	Individuals –Rs.350.00 Corporates- Rs.600.00	Holding Value Up to 4 lakhs-NIL Holding Value From More than ` 4 lakhs but up to ` 10 lakhs – 100 More than ` 10 lakhs Not a BSDA. Regular AMC.
Transaction Charges	Transaction Per ISIN: Purchase(Cr.).-NIL Sale(Dr.) - 0.01%+Rs.10	Transaction Per ISIN: Purchase(Cr.).-NIL Sale(Dr.) - 0.01%+Rs.10
Dematerialization/Rematerialisation Charges	Rs.45/- per request upto 20 certificate. For every additional certificate Rs.2/- per certificate.	Rs.45/- per request upto 20 certificate. For every additional certificate Rs.2/- per certificate
Pledge/Unpledge	Rs.30/- per Transaction	Rs.30/- per Transaction
Failed Instruction Charges	Rs.10	Rs.10
Every Extra Holding –cum-Transaction Statement	NIL	NIL

☐ Regular Demat Account Charges.(I don't want Basic Service Demat Account (BSDA) facility)

☐ Basic Service Demat Account(BSDA) Charges.

Holder Name **Signature**

1. _____
2. _____
3. _____

Note: All Payments to be made in the Name of Mehta Vakil & Co. Pvt. Ltd. Via Cheque/DD payable the local branch where the account is opened.

Annexure 2.1

Additional KYC Form for Opening a Demat Account

For Individuals

Depository Participant Name/Address

(To be filled by the Depository Participant)

Application No.										Date	D	D	M	M	Y	Y	Y	Y	
DP Internal Reference No.																			
DP ID										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		PAN															
		UID															
		UCC															
		Exchange Name & ID															
Second Holder's Name		PAN															
		UID															
Third Holder's Name		PAN															
		UID															

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**
❑ Individual	❑ Individual Resident ❑ Individual-Director ❑ Individual Director's Relative ❑ Individual HUF / AOP ❑ Individual Promoter ❑ Minor ❑ Individual Margin Trading A/C (MANTRA) ❑ Others(specify) _____
❑ NRI	❑ NRI Repatriable ❑ NRI Non-Repatriable ❑ NRI Repatriable Promoter ❑ NRI Non-Repatriable Promoter ❑ NRI – Depository Receipts ❑ Others (specify) _____
❑ Foreign National	❑ Foreign National ❑ Foreign National - Depository Receipts ❑ Others (specify)_____

Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN	
Relationship with the applicant			

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 in Physical)	

I/ We wish to receive dividend / interest directly in to **my** bank account as 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							

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.

- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details Gross Annual Income Details	**Income Range per annum:** ❑ Up to Rs.1,00,000 ❑ Rs 1,00,000 to Rs 5,00,000 ❑ Rs 5,00,000 to Rs 10,00,000 ❑ Rs 10,00,000 to Rs 25,00,000 ❑ More than Rs 25,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs
	[Net worth should not be older than 1 year]									
Occupation	❑ Private / Public Sector ❑ Govt. Service ❑ Business ❑ Professional ❑ Agriculture ❑ Retired ❑ Housewife ❑ Student ❑ Others (Specify) _____									
Please tick , if applicable:	❑Politically Exposed Person (PEP) ❑ Related to Politically Exposed Person (RPEP)									
Any other information:										

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

MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)

❑ Jointly	❑ Anyone of the Holder

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be **first holder**.		
❑ first Holder	❑ All Holder	Email id
	☐ Second Holder	
	☐ Third Holder	

$I / We have received and read the Rights and Obligations document and 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 agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. 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.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures	X		

(S*ignatures should be preferably in black ink*).

Nomination Details- opt in and opt out form

$Nomination Form for Demat Accounts

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our demise, as trustee and on behalf of my / our legal								
Nomination Details								
	Mandatory Details						Additional Details ****	
	Name of nominee	Share of nominee (%)**	Relation ship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								

*Joint Accounts:

Event	Transmission of Account
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving License or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the DP as follows; (please tick, as appropriate)

   ○ Name of nominee(s)

   ○ Nomination: Yes / No

[

2) Signature(s) – As per the mode of holding in demat account(s)

Name(s) of holder(s)		Signature(s) of holder /	Signature of two witnesses*	Name of Witness & Address
Sole / First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

[$]Rights, Entitlement and Obligation of the investor and nominee:

- **You can make nomination or change nominee any number of times without any restriction.**
- **You are entitled to receive acknowledgement from the DP for each instance of providing or changing nomination.**
- **The signatories for this nomination form shall be as per mode of holding in the demat account(s) i.e.**
  - **'Either or Survivor' Accounts - any one of the holder can sign**
  - **'First holder' Accounts - only First holder can sign**
  - **'Jointly' Accounts - all holders have to sign**

Transmission aspects

- **DPs shall transmit the account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.**
- **In case of a joint account, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.**
- **Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.**

In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% Share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

Declaration Form for opting out of nomination

Date	D	D	M	M	Y	Y	Y	Y

DP ID								
Demat account								

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my our demat 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 demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

Name and Signature of Holder(s)*

1. 2. 3

Witness details*

*** Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature**

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

========== (Please Tear Here)
==========

Acknowledgement Receipt

Application No.: **Date:**

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

========== (Please Tear Here)
==========

DECLARATION FOR UPDATION OF MOBILE NUMBER & EMAIL ID OF JOINT HOLDERS

Date:

To,

Mehta Vakil & Co Pvt Ltd

Subject: Declaration for Updation of Mobile Number & Email ID of Joint Holders

Demat Account (BO ID):

Holder	Name	Mobile	Mobile belongs to (self/other)	Email	Email belongs to (self/other)
1st Holder					
2nd Holder					
3rd Holder					

We hereby declare that the above information is true and correct. We understand that if the mobile number or email ID belongs to a person other than the respective holder, the same has been provided with the consent of the concerned person.

We request you to update the above details in the records maintained with the Depository.

Signatures:

1st Holder: X

2nd Holder: X

3rd Holder: X

Instructions to the Applicants (BOs) for account opening:

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.

2. Signatures should be preferably in black ink.

3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.

4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.

5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.

6. All correspondence / queries shall be addressed to the first / sole applicant.

7. Strike off whichever option, in the account opening form, is not applicable.

****

X

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date	D	D	M	M	Y	Y	Y	Y

DP ID									Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

To,
Depository Participant Name
Address

Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]

❑ **OPTION 1:**

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our CDSL account though I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with _____(name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney holder -Clearing Member / by PMS manager/ for executing delivery instructions through eDIS.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	X		

OR

❑ **OPTION 2:**

I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a POA/ registered for eDIS / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

========== (Please Tear Here) ==========

Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID									Client ID								
Name of the Sole / First Holder																	
Name of Second Joint Holder																	
Name of Third Joint Holder																	

Depository Participant Seal and Signature

Public
Classification - Internal

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 2018, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars / Notifications / Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.

2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.

4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "*no charges are payable for opening of demat accounts*"

6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.

7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.

Classification - Public

10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 2018 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.

12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

13. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.

Statement of account

14. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.

15. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.

16. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.

17. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

18. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

Public

Classification - Public

19. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of [$]**2** days as per procedure specified from time to time by the depository **[$]incase of no outstanding dues and in case of outstanding dues, shall provide 30 days notice. In case of non-payment of dues, DP shall reject the account closure request and in case the dues are cleared by BO, respective account shall be closed by DP within 2 working days of clearing the dues**. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the **[$](BO)** or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

20. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.

21. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

22. As per Section 16 of Depositories Act, 1996,
    1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

    2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

23. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.

24. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

25. The Joint holders are aware that in case of any Statutory Order for freezing any one joint holder, the demat account will be frozen and the other joint holders will have to obtain a specific Order for unfreezing their percentage of joint ownership by submitting the relevant documentary proof to the Order issuing authority.

Redressal of Investor grievance

Public

Classification - Public

26. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

27. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

28. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.

29. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.

30. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.

31. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI

32. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.

33. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

$Refer Communique no. CDSL/OPS/DP/POLCY/2026/354 dated May 27, 2026

Public

Classification - Public

Date : _____

From :

To,
MEHTA VAKIL & CO. PVT. LTD.
PG-11, Rounda Bldg., B. S. Marg,
Mumbai - 400 001.

RE : BENEFICIAL OWNER (BO) ACCOUNT NO. 12019700.....

I/We _____
_____[name(s) of the BO(s)] had entered into agreement dated _____with you at the time of opening of the aforesaid BO account.

Pursuant to the amendment in Clause 3 of the agreement (Annexure C to the Bye Laws of CDSL). I/We confirm having opted to receive the statement of accounts pertaining to the above mentioned BO account in electronic mode in lieu of physical copy of the statement of account.

I/We confirm that the dispatch of statement of account to me/us at the following email address shall constitute full and absolute discharge of your obligation under the above agreement to provide me/ us with statement of my/our BO account. But, I/We reserve my/our right to receive the physical copy of statement of accounts despite receiving the same in electronic mode, if such a demand is made in writing on you.

(Email address : _____**)**

I/We confirm that any change in the aforesaid email address or any other instructions with regard to dispatch service of my/our statement of account on me/us shall not be binding upon you unless you are intimated in writing by me/us by acknowledged delivery.

Yours faithfully,

Name/s of the Beneficial owner/s	**Signature/s**
Sole/First Holder	X_____
Second Holder	X_____
Third Holder	X_____

MEHTA VAKIL & CO. PVT. LTD.

Depository Participant of CDSL (dp Id : 19700) SEBI REGN. NO. : IN - DP-CDSL - 92-2000

PG-11, Ground Floor, Stock Exchange Rotunda Bldg., B. S. Marg, Mumbai – 400 001.
Tel. : (022) 2272 1082, 2272 2620 • Fax : (022) 2272 1179 • E-mal : mevacoy@vsnl.com, info@mehtavakil.com

TERMS AND CONDITIONS-CUM-REGISTRATION / MODIFICATION FORM FOR RECEIVING SMS ALERTS FROM CDSL

Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off" mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.

X

8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees:

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments:

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/ We consent to CDSL providing to the service provider such information pertaining to account/ transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of **REGISTRATION / MODIFICATION** (Please cancel out what is not applicable).

DPID	1	2	0	1	9	7	0	0	Client ID								

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent	+91											

(Please write only the mobile number without prefixing country code or zero)

The mobile number is registered in the name of: _____

Email ID: _____

(Please write only ONE valid email ID on which communication; if any, is to be sent)

Signatures

_____ Sole / First Holder

_____ Second holder

_____ Third Holder

Place: _____

Date: _____

FATCA/CRS DETAILS

Client Code	Date: _____

The below information is required for all applicant(s) / guardian / PoA holder.

Sr. No.	Details	
1	Are You a Tax Resident of Country other than India?	☐ Yes ☐ No
2	Is your Country of Birth/Citizenship other than India?	☐ Yes ☐ No
3	Is your Residence address/Mailing address other than in India?	☐ Yes ☐ No
4	Is the POA holder/person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	☐ Yes ☐ No

If you have answered YES to any of above, please provide the below details

Sr. No.	Details	
1	Country of Residence	
2	Nationality	
3	Tax Identification No. or Reason for not providing TIN	
4	Identification Type (TIN or Other, please specify)	
5	Residence address for tax purposes (include City, State, Country & Pin code)	
6	Address Type ❑ Residential ❑ Business ❑ Regd. Office	
7	City of birth	
8	Country of birth	

Certification: I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions), and hereby certify 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.

I/We agree to indemnify Mehta Vakil & Co. Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes or in respect of any other information as may be required under applicable tax laws.

	Applicant / Guardian Applicant
Name	
Signature	☛
PAN	

FATCA-CRS Instruction

Details under FATCA/CRS/Foreign Tax Laws: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In certain circumstances (including if we do not receive a valid self -certification from you) we may be obliged to share information on your account with relevant tax authorities/appointed agencies. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

Additional information to be obtained along with the SARAL Account Opening Form for Resident Individuals

Date	D	D	M	M	Y	Y	Y	Y

To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		Client ID								

Holders Details

Sole / First Holder's Name		UID	
Second Holder's Name		PAN	
		UCC	
		Exchange Name & ID	
		UID	
Third Holder's Name		PAN	
		UID	

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.

Status	**Sub – Status**
❑ Individual	❑ Individual Resident

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 in Physical)	

I/ We wish to receive dividend / interest directly in to **my** bank account as given in SARAL AOF 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

Other Details Gross Annual Income Details	**Income Range per annum:** ❑ Up to Rs.1,00,000 ❑ Rs 1,00,000 to Rs 5,00,000 ❑ Rs 5,00,000 to Rs 10,00,000 ❑ Rs 10,00,000 to Rs 25,00,000 ❑ More than Rs 25,00,000	
	Net worth as on (Date) D D M M Y Y Y Y	Rs
	[Net worth should not be older than 1 year]	
Occupation	❑ Private / Public Sector ❑ Govt. Service ❑ Business ❑ Professional ❑ Agriculture ❑ Retired ❑ Housewife ❑ Student ❑ Others (Specify) _____	
Please tick , if applicable:	❑Politically Exposed Person (PEP)	❑ Related to Politically Exposed Person (RPEP)
Any other information:		

Classification - Public

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

$I / We have received and read the Rights and Obligations document and 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 agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. 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.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(S*ignatures should be preferably in black ink*).

Nomination Details - opt in and opt out form

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)

Nomination Details

	Mandatory Details						Additional Details ****	
	Name of nominee	Share of nominee (%)**	Relation ship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								

***Joint Accounts:**

Event	Transmission of Account
Demise of one or more joint holder(s)	**Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as**
Demise of all joint holders simultaneously – having nominee	**Nominee**
Demise of all joint holders simultaneously – not having nominee	**Legal heir(s) of the youngest holder**

**** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').**

***** Provide only number: PAN or Driving License or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.**

****** to be furnished only in following conditions / circumstances:**

- **Date of Birth (DoB): please provide, only if the nominee is minor.**
- **Guardian: It is optional for you to provide, if the nominee is minor.**

1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the DP as follows; (please tick, as appropriate)

Classification - Public

- **Name of nominee(s)**
- **Nomination: Yes / No**

[

2) Signature(s) – As per the mode of holding in demat account(s) for nomination

Name(s) of holder(s)		Signature(s) of holder /	Signature of two witnesses*	Name of Witness & Address
Sole / First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

*** Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.**

Rights, Entitlement and Obligation of the investor and nominee:

- **You can make nomination or change nominee any number of times without any restriction.**
- **You are entitled to receive acknowledgement from the DP for each instance of providing or changing nomination.**
- **The signatories for this nomination form shall be as per mode of holding in the demat account(s) i.e.**
  - **'Either or Survivor' Accounts - any one of the holder can sign**
  - **'First holder' Accounts - only First holder can sign**
  - **'Jointly' Accounts - all holders have to sign**

Transmission aspects

- **DPs shall transmit the account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.**
- **In case of a joint account, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.**
- **Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.**

Classification - Public

In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% Share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

Declaration Form for opting out of nomination

Date	D	D	M	M	Y	Y	Y	Y
DP ID								
Demat account								

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my our demat 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 demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

Name and Signature of Holder(s)*

1. 2. 3

Witness details*

*** Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature**

Classification - Public

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

========== Please Tear Here) ==========

Acknowledgement Receipt

Application No.: **Date:**

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

Classification - Public