

INSTRUCTIONS FOR THE APPLICANTS FOR ACCOUNT OPENING

Applicant shall fill up the KYC Application form as specified by the KYC Registration Agency for individuals or for Non-Individuals as the case may be and additional KYC Form for opening a Demat Account for Individuals (Annexure 2.1) or for Non-Individuals (Annexure 2.2) and submit the same to the DP. The applicant should submit any one of the documents as valid Proof of Identity and Proof of address as specified by SEBI from time to time. If the investor is already KRA compliant, the investor should disclose such details of KRA with whom he / she is registered. Such investor need not submit KYC documents and KYC application form again. A Power of Attorney holder cannot open a demat account on behalf of the BO. DP must collect separate KYC application forms from sole / first holder, second holder and third holder in case of Joint Accounts. In case, if sole holder is a minor, KYC application form should be collected from the guardian also. Separate KYC application form to be collected from the HUF entity, Karta, Trust and Trustees in case of unregistered Trust and Partnership Firms. In order to open an account, the investor needs to fill up KYC Application form (if not KRA compliant) and Additional KYC form for opening a demat account. As per the format provided by CDSL (Annexures 2.1 or 2.2). The investor shall complete the standard form in all respects and submit the same to the DP along with the relevant documents as prescribed by SEBI vide circular no. MIRSD/SE/CIR-21/2011 dated October 5, 2011 & circular no. MIRSD/CIR-26/2011 dated December 23, 2011. However, the DPs can obtain a single form from the CM for opening the multiple accounts of same exchange, e.g. CM Principal and CM USA accounts for BSE and CM Clearing Member for exchanges other than BSE. Instructions to the applicants / BOs for account opening as given in Annexure 2.3 may also be printed on the account opening forms or given to the BOs as a separate sheet along with the account opening form. Those section of the application form, which are not relevant to any particular type of BO, shall be marked "Not Applicable".

BO must provide photocopies of documents submitted on regular paper and not on thermal facsimile paper.
Obtaining PAN Card details of all holders is compulsory for all categories of demat account holder (s) & updation of the same in CDSL system. In some cases, the PAN is not required to be entered. Such cases are to be handled by entering appropriate exemption code. The exemption codes provided are as follows:

| Exemption Code | D | G | P | S | U | H |
|--|-----------|----------|--------------------|-----------------|-------------------------------------|-----------------|
| Exemption Description for the account holder | Custodian | Governor | President of India | Sikkim Resident | UN entities / Multilateral Agencies | Holder Deceased |

CHECK-LIST → (All the documents must be self attested by applicant)

(A) Correspondence Address

- This is applicable to all types of investors. • If correspondence address of the BO is not the same as permanent address, then the DP shall obtain proof of correspondence address and enter the same in the system, in case the BO is not registered with KRA.
- If the BO is registered with KRA and wants to use the same correspondence address mentioned in the KRA system, the BO will inform the DP accordingly. • If the BO is registered with KRA and does not want to use the correspondence address mentioned in the KRA system, the BO will inform the DP and submit SEBI specified proof of address document for the address to be entered on CDSL system.
- As per SEBI Circular No. CIR/MRD/DP/37/2010 dated December 14, 2010, address of a third party as a correspondence address, may be captured in a BO account provided that the Depository Participant (DP) ensures that all prescribed 'Know Your Client' norms are fulfilled for the third party also. The DP shall obtain proof of identity and proof of address for the third party. The DP shall also ensure that customer due diligence norms as specified in Rule 9 of Prevention of Money Laundering Rules, 2005 are complied with in respect of the third party.
- Where third party address is accepted as correspondence address, the DP shall ensure that proof of permanent address for the BO has been obtained and the same has been entered in the system. DPs should ensure that the statement of transactions and holdings are sent to the BO's permanent address atleast once in a year. • In case of PMS accounts, portfolio manager's address cannot be captured as correspondence address.

(B) Minor Details

The minor shall be the first and sole holder in the account i.e. there shall not be any joint accounts where a minor is a First / Second / Third joint holder. PAN card details of minor have to be entered in CDSL system.

In case of death of Guardian of existing Minor account holder:

In the case of death of the guardian of an existing minor account holder, the following procedure shall be followed:

- i. Original Death Certificate of the deceased Guardian or a copy of the same, duly notarized or attested by a Gazetted Officer.
 - ii. The minor's account shall be frozen under the appropriate reason code till the new guardian has completed all formalities.
 - iii. Original or copy of the Court Order (duly notarized or attested by a Gazetted Officer), if the new guardian has been appointed by the Court.
 - iv. The new guardian shall submit a new account opening form duly complete in all respects along with KYC application form or details of KRA registered with.
 - v. DP has to provide a copy of Rights and Obligations document to the new guardian and keep an acknowledgement of the same on record.
 - vi. The new guardian shall submit a fresh Nomination Form for the minor's account.
 - vii. After verification of the AOF and documentation, details of the Guardian of the Minor account holder shall be suitably modified in the CDSL system.
 - viii. The signature of the deceased guardian shall be deleted and the signature of the new guardian shall be recorded in the CDSL system.
 - ix. POA documents/details, if any, recorded with the signature of the deceased guardian shall be deleted.
- After the minor has attained majority, DP must collect new KYC application form after the minor has attained majority. The following procedure is to be adopted: • The account holder shall submit KYC application form or details of KRA registered with. • The account holder shall submit a new account opening form duly complete in all respects. The DP shall provide a copy of the Rights and Obligations document to the account holder and shall keep an acknowledgement of the same on record. • The guardian's details shall be deleted and guardian's signature shall be replaced by account holder's signature.

The above procedure can be followed only if the word 'minor' is not present in the "Account Holder's name" when the account was opened. If "minor" word is present, then the existing account has to be closed and a new account shall be opened.

(C) HUF

The documents to be obtained are:

- a) The PAN details of the HUF entity would have to be entered in the CDSL system.
- b) Declaration by Karta giving details of the family members of the HUF with their names, sex (male/ female), date of birth and relationship with the Karta.
- c) DPs shall note the following while opening a HUF account:
 - HUF accounts cannot be opened with joint holder(s). • HUF accounts cannot appoint a nominee. • In the account opening form, the Karta shall sign under the HUF stamp. • Account can be opened in the name of - Existing Karta / HUF entity. • The name shall be as it appears in the PAN card, e.g. A H Doshi & Sons, Bal Govind Zangle (HUF). • In case POA is to be given by the karta to some other entity to operate the HUF Account, the POA shall be signed by all the members of the HUF account in addition to the karta.

Procedure to be adopted in the event of death of Karta is as follows:

- HUF, being a Hindu Undivided Family, the property of the family is managed by the Karta, • HUF does not come to an end in the event of death of the Karta. In such a case, the members of the HUF will appoint the new Karta. • The new karta shall submit the new list of members and a no objection from the surviving members of the HUF for him to act as Karta of the HUF. • The new Karta will submit to the DP the account modification form and record change in signature of the new Karta to operate the account. • The previous account need not be closed and the same account can continue.

Procedure to be followed in case of partition of HUF:

In case of partial partition of the HUF, if one or two members of the HUF have left, the others can still continue the HUF in the existing name. In case of full partition, the entire HUF is dissolved. In both the above cases, the Karta can transfer shares to the members who seek partition. If the issue of transfer cannot be amicably settled, the family members can go to court and transfer of shares can then be based on the Court directions.

Procedure to be followed in case of POA being given for the HUF

The Power of Attorney (POA) document shall be signed by the Karta of the HUF and all the co-parceners.

(D) NRI

- a) In case of foreign address, if address with P.O. Box No. has been submitted as Permanent and/or Correspondence address. Additionally the DPs shall obtain the complete residential address of the NRI BO, under declaration at the time of opening of the account. Such BO shall give an undertaking that whenever there is a change in the residential address, the BO shall inform the DP.
- b) A declaration duly signed by the NRI that he/she has complied with and will continue to comply with, FEMA regulations and other applicable laws. Change of status from NRI to Resident and vice versa: It is the responsibility of the individual to inform the change of status to the DP with whom he/she has opened the demat account. Subsequently, a new demat account in the new status will have to be opened, securities shall be transferred from the old demat account to the new demat account and then the old demat account shall be closed.

(E) Foreign Nationals

- a) Documents – same as NRI. • b) If the foreign address with P.O. Box No. is given as Permanent and/or Correspondence address, additionally, the DPs should obtain the complete residential address of the Foreign National BO, under declaration at the time of opening of the account. Such BO shall give an undertaking that whenever there is a change in the residential address, the BO shall inform the DP.

(F) **Association of Persons (AOP)**

- a) Object of the association. b) Powers of the Managing Committee. c) Copy of the Bye Laws.

(G) **Proprietary / Partnership Firms**

BO accounts in the name of the Proprietorship Concern or Partnership Firm cannot be opened in CDSL system. KYC application form / KRA details are to be obtained for proprietor / partners and partnership firm. For Partnership firm, Partnership deed is also to be obtained. The pan card details of the partnership firm / proprietor is to be updated in the CDSL system.

BO's Account can have a maximum of three names associated with it: the Sole/ First Account holder, the First Joint holder and the Second Joint holder. One passport-size photograph of each applicant shall be pasted on the form along with their signatures across the photograph and Account Opening Form.

(H) **Foreign Corporate**

A duly signed declaration that the corporate has complied with, and will continue to comply with, FEMA Regulations and other applicable laws.

(I) **Clearing Member (CM)**

- a) If CM is a corporate body: True copy of certificate of registration with SEBI, certified by Managing Director/Company Secretary / notarized.
b) If CM is a not a corporate body: • The CM account (CM Pool / CM Principal / 1 / Early Pay-in) may be opened in the CDSL system:
i)- either in the name of the partnership firm/entity as mentioned on the Certificate of Registration with SEBI, or ii)- in the name of the proprietor or partners (up to three partners). • Photocopy of Certificate of Registration with SEBI, duly notarized.
c) Asset Management Company (AMC) Pool Account: • This account is linked with a stock exchange.
Following document is to be submitted by the AMC for opening the pool account with any DP of CDSL for the purpose of settlement of mutual fund units:
• Letter / circular / instructions issued by the concerned Stock Exchange indicating the CM ID.

(J) **OCBs**

- a) Certified true copy of Board Resolution, certified by Managing Director/Company Secretary for persons authorized by the Board to act as authorized signatory (ies).
b) Names of the authorized signatory (ies), designation, photographs and their specimen signatures, certified by Managing Director/Company Secretary.
c) Memorandum and Articles of Association of the Company.
d) RBI Registration Certificate.
e) Declaration from the OCB that it meets with the guidelines issued by RBI / Ministry of Finance.
f) Certificate from overseas auditors in Form OAC or OAC – 1, as may be applicable.
g) Statement of account from the Bank.

(K) **Society**

Registered Society: The account shall be opened in the name of the society.

Unregistered Society: a) The account shall be opened in the names of the members under "Individual" category (maximum three accountholders).

b) All the documents, as applicable for account opening under individual category, shall be obtained.

(L) **Trust**

Public Trust/ Charitable Trust and Trust capable of holding property in its name (Registered Trust /Public Trust):

- a) Account shall be opened in the name of the Trust.
b) Certificate of Registration of Trust under the Societies Registration Act/Public Trust Act, 1860 / Bombay Public Trust Act, 1950 / Public Trust Act, of relevant State.
c) Certified true copy of Board Resolution to open the demat account and specifying the persons authorized by the Board to act as Authorized signatory(ies) to operate the demat account.
d) Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee.

Private Trust:

- a) The Board of Trustees shall specify the names of the trustee/s who shall hold/ operate the demat account.
b) The account shall be opened in the names of the trustees under "Individual" category of the first named trustee (maximum three account holders).
Recognized' Funds / Trusts/ Other similar entities.

The Funds/ Trusts/ Entities presently included under this category are as follows:

- a) Employees Provident Fund, which have been recognized by the Provident Fund Commissioner under Employee's Provident Funds & Miscellaneous Provisions Act, 1952.
b) Employees Gratuity Fund, which are formed under Payment of Gratuity Act, 1972.
c) Superannuation Fund which are formed under the guidelines issued by Income Tax Department.
d) Venture Capital Funds which are registered by SEBI.
(e) ESOP Trust formed pursuant to the guidelines issued by SEBI).

Accounts of the above Funds/ Trusts/ Entities shall be opened in the name of above Funds/ Trusts/ Entities as they are recognized either under the Income Tax Act or Securities & Exchange Board of India Act, etc.

Documents to be furnished by the above Funds/ Trusts/ Entities and other Funds/ Trusts/ Entities, which are similarly placed, are:

- Certificate of Registration, if any, issued by the authority recognizing the Fund / Trust / Entity as such; • Trust Deed and Rules and/or any document or charter defining their constitution and providing for management thereof; • List of Members on the Board of Trustees/Governing Body; • Certified true copy of the Resolution passed by the Board of Trustees/Governing Body to open the demat account and specifying the persons authorized by the Board to act as Authorized signatory(ies) to operate the demat account; • Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee;

(M) **Banks**

- a) Certified true copy of Board Resolution, or b) Letter on the letterhead of the bank, signed by the Chairman/MD authorizing opening of account and authority given to authorized signatories to open and operate the demat account.

(N) **Mutual Funds**

SEBI Registration Certificate clearly indicating the name of the Mutual Fund.

(O) **Escrow Account**

• KYC form / KRA details of entity that is opening the account (RTA / Clearing Member / Manager to the Issue). • The photographs of the authorized signatory (ies) who would be operating the account. • PAN card of both parties i.e. Corporate entity & Escrow Agent. The PAN details of the Corporate entity would have to be captured in the CDSL system.

Procedure for opening Escrow account.

- The escrow account shall be opened in the name and form of < Issuer name> - <Reason for opening the escrow account>-operated by-<Operator Name> for e.g. Infosys Technologies Ltd. – Buyback Account - Operated by – Karvy Consultants Ltd. • The photographs of authorized signatories who will be opening the account as well as who will be operating the account along with name, designation shall also be obtained. • The escrow account shall be active for the limited period of the activity for which it has been opened. Such period shall be as specified by SEBI / CDSL or any such regulating authority from time to time. After the specified period is over the account shall be closed by the DP irrespective of whether the closure instruction is received from the account holder or not.

(P) **Limited Liability Partnership Firm**

Demat Account for Limited Liability Partnership Firm [which is registered under the Limited Liability Partnership Act (2008)]

Such an account shall be opened as: <"Company Name" Limited Liability Partnership> or <"Company Name" LLP>. For example, if the company name is "ABC" then the demat account shall be opened in the name of <ABC Limited Liability Partnership> or <ABC LLP>.

The following documents shall be obtained :

- (i) Registration Certificate granted by the Registrar to the LLP under the LLP Act 2008. (ii) Declaration, on the letterhead of the LLP signed by all the designated partner/s clearly stating that the within named persons, who are designated partners of the LLP, have been nominated as authorized signatories to open and operate the said demat account on behalf of the LLP. (iii) The declaration shall specify the manner in which the account will be operated, that is: jointly or severally and shall give details of the names, addresses and DPIN [Designated Partner Identification Number allotted by the Registrar for each designated partner]/DIN [Directors Identification Number] along with their signatures and photographs. (iv) PAN Card details of the LLP are to be entered in the CDSL system. (v) The bank details in the name of the LLP, as sole / first holder in the bank account. (vi) PAN card of the authorized signatories to be kept on record. (vii) In case of change in registered office address of the LLP, the DP should take on record the notice of change of address filed by the LLP with the Registrar

• Joint holders in the demat account may be allowed. • Nomination in such demat accounts shall not be allowed. • Such demat accounts shall be opened under "Corporate" status in the CDSL system with the sub-status "Limited Liability Partnership".

- E- National Population Register Letter
- F- Proof of Possession of Aadhaar
- II E- KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed proof of Address - Document Type code
- V Self Declaration

Address

Line 1*

Line 2

Line 3

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

4. CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

5. REMARKS (If any)

6. 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. 
- Incase 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: ----- Place:

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC Process Equivalent e-document Video Based KYC IPV Done

| KYC VERIFICATION CARRIED OUT BY | INSTITUTION DETAILS |
|--|---|
| Date: <input type="text"/> - <input type="text"/> - <input type="text"/> | Name Nayan M Vala Securities Pvt. Ltd. |
| Emp. Name: <input type="text"/> | Code <input type="text"/> |
| Emp. Code: <input type="text"/> | [Institution Stamp] |
| Emp. Designation: <input type="text"/> | |
| Emp. Branch: <input type="text"/> | |
| [Employee Signature] | |

- E- National Population Register Letter
- F- Proof of Possession of Aadhaar
- II E- KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed proof of Address - Document Type code
- V Self Declaration

Address

Line 1*

Line 2

Line 3

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

4. CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

5. REMARKS (If any)

6. 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: ----- Place:

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC Process Equivalent e-document Video Based KYC IPV Done

| KYC VERIFICATION CARRIED OUT BY | INSTITUTION DETAILS |
|--|---|
| Date: <input type="text"/> - <input type="text"/> - <input type="text"/> | Name Nayan M Vala Securities Pvt. Ltd. |
| Emp. Name: <input type="text"/> | Code <input type="text"/> |
| Emp. Code: <input type="text"/> | [Institution Stamp] |
| Emp. Designation: <input type="text"/> | |
| Emp. Branch: <input type="text"/> | |
| [Employee Signature] | |

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OC Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRIs, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): - List of documents admissible as Proof of Address:

- (*Documents having an expiry date should be valid on the date of submission.)
1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.

F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

| Types of entity | Documentary requirements |
|--|---|
| Corporate | <ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. • Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. • Copies of the Memorandum and Articles of Association and certificate of incorporation. • Copy of the Board Resolution for investment in securities market. • Authorised signatories list with specimen signatures. |
| Partnership firm | <ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered partnership firms only). • Copy of partnership deed. • Authorised signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners. |
| Trust | <ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered trust only). Copy of Trust deed. • List of trustees certified by managing trustees/CA. • Photograph, POI, POA, PAN of Trustees. |
| HUF | <ul style="list-style-type: none"> • PAN of HUF. • Deed of declaration of HUF/ List of coparceners. • Bank pass-book/bank statement in the name of HUF. • Photograph, POI, POA, PAN of Karta. |
| Unincorporated Association or a body of individuals | <ul style="list-style-type: none"> • Proof of Existence/Constitution document. • Resolution of the managing body & Power of Attorney granted to transact business on its behalf. • Authorized signatories list with specimen signatures. |
| Banks/Institutional Investors | <ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. • Authorized signatories list with specimen signatures. |
| Foreign Institutional Investors (FII) | <ul style="list-style-type: none"> • Copy of SEBI registration certificate. • Authorized signatories list with specimen signatures. |
| Army/ Government Bodies | <ul style="list-style-type: none"> • Self-certification on letterhead. • Authorized signatories list with specimen signatures. |
| Registered Society | <ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members. • Committee resolution for persons authorised to act as authorised signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary. |

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. to their Members.
7. For FI/sub account, Power of Attorney given by FI/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

- (*Sufficient documentary evidence in support of such claims to be collected.)
1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
 2. Investors residing in the state of Sikkim.
 3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
 4. SIP of Mutual Funds upto Rs 50, 000/- p.a.
 5. In case of institutional clients, namely, FIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

Details of Promoters / Partners / karta / Trustees and whole time directors forming a part of KYC Application Form for Non-Individuals

Name of Applicant: _____ PAN of the Applicant: _____

| | |
|--|-----------------------------------|
| Name: _____ Regd./Residential Address: _____ _____ Tel./Mobile No.: _____ DIN Number: _____ Unique Identification Number(UID) / AADHAAR if Any: _____ Relationship with Applicant: _____ PAN: _____ | Signature across Photograph |
|--|-----------------------------------|

Please tick, if applicable: Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (RPEP)
 No

| | |
|--|-----------------------------------|
| Name: _____ Regd./Residential Address: _____ _____ Tel./Mobile No.: _____ DIN Number: _____ Unique Identification Number(UID) / AADHAAR if Any: _____ Relationship with Applicant: _____ PAN: _____ | Signature across Photograph |
|--|-----------------------------------|

Please tick, if applicable: Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (RPEP)
 No

| | |
|--|-----------------------------------|
| Name: _____ Regd./Residential Address: _____ _____ Tel./Mobile No.: _____ DIN Number: _____ Unique Identification Number(UID) / AADHAAR if Any: _____ Relationship with Applicant: _____ PAN: _____ | Signature across Photograph |
|--|-----------------------------------|

Please tick, if applicable: Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (RPEP)
 No

| | |
|--|-----------------------------------|
| Name: _____ Regd./Residential Address: _____ _____ Tel./Mobile No.: _____ DIN Number: _____ Unique Identification Number(UID) / AADHAAR if Any: _____ Relationship with Applicant: _____ PAN: _____ | Signature across Photograph |
|--|-----------------------------------|

Please tick, if applicable: Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (RPEP)
 No

Name & Signature of the Authorised Signatory(ies)

Date

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FATCA/CRS DETAILS

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| Client Code | | | | | | | | | | | Date: _____ |
|-------------|--|--|--|--|--|--|--|--|--|--|-------------|

| | | | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | Client ID | 0 | 0 | | | | | | |
|-------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|

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

| Sr. No. | Details | 1st Holder | 2nd Holder | 3rd Holder |
|---------|---|--|--|--|
| 1 | Are You a Tax Resident of Country other than India? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Is your Country of Birth/Citizenship other than India? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | If your Residence address/Mailing address/Telephone No. other than in India? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Is the POA holder/person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

| Sr. No. | Details | 1st Holder | 2nd Holder | 3rd Holder |
|---------|--|--|--|--|
| 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 | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> 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 **Nayan M Vala Securities 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.

| | First / Guardian Applicant | Second Holder | Third Holder |
|-----------|----------------------------|---------------|--------------|
| Name | | | |
| Signature | | | |

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).



Nayan M Vala Securities Pvt Ltd.

For Individuals

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

Regd. office/Corporate Office: 403-404, Cosmos Court, Above Waman Hari Pethe Jewellers, S.V.Road, Vileparle (W), Mumbai - 400056.

Branch Office: 6, Khairu Place, Behind Broadway Hotel, 2nd Floor, Kolkata - 700 072, West Bengal

DP ID: 12073700 (CDSL) • SEBI REG. NO.: IN-DP-CDSL-539-2020

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 | 7 | 3 | 7 | 0 | 0 | Client ID | 0 | 0 | | | | | | | | | |

(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 the following details: -

Holders Details

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|--|--|--|
| Sole/First Holder's Name | | | | | | | | | | | PAN | | | | | | | | | |
| | | | | | | | | | | | UID | | | | | | | | | |
| Exchange Name & ID | | | | | | | | | | | UCC | | | | | | | | | |
| 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 | | |
|---|---|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual Resident | <input type="checkbox"/> Individual-Director | <input type="checkbox"/> Individual Director's Relative |
| | <input type="checkbox"/> Individual HUF / AOP | <input type="checkbox"/> Individual Promoter | <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) |
| | <input type="checkbox"/> Minor | <input type="checkbox"/> Others (specify) | |
| <input type="checkbox"/> NRI | <input type="checkbox"/> NRI Repatriable | <input type="checkbox"/> NRI Non-Repatriable | <input type="checkbox"/> NRI-Repatriable Promoter |
| | <input type="checkbox"/> NRI Non-Repatriable Promoter | <input type="checkbox"/> NRI - Depository Receipts | <input type="checkbox"/> Others (specify) |
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign - National | <input type="checkbox"/> Foreign National - Depository Receipts | <input type="checkbox"/> 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 [Automatic Credit] (If not marked, the default option would be 'Yes') | <input type="checkbox"/> Yes <input type="checkbox"/> 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') | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|-------------------------------|--|
| Account Statement Requirement | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |
|-------------------------------|--|

| | |
|---|--|
| I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|---|--|
| I/ We would like to share the email ID with the RTA | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|---|--|
| I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> 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] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Bank Details (Dividend Bank Details)**MICR code starting with 000 will not be eligible for ECS.**

| | | | | | | | | | |
|-------------------------------|---|-------|--|---------|--|-----|--|--|--|
| Bank Code (9 digit MICR code) | | | | | | | | | |
| IFS Code (11 character) | | | | | | | | | |
| Account number | | | | | | | | | |
| Account type | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> Others (specify) | | | | | | | | |
| Bank Name | | | | | | | | | |
| Branch Name | | | | | | | | | |
| Bank Branch Address | | | | | | | | | |
| City | | State | | Country | | PIN | | | |

(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 and it shall be self-certified by the BO.

OTHER DETAILS

1. Gross Annual Income details (please specify): Income Range per annum

 Upto Rs. 1,00,000/- Rs. 1,00,001/- to Rs. 5,00,000/- Rs. 5,00,001/- to Rs. 10,00,000/- Rs. 10,00,001/- to Rs. 25,00,000/- Above Rs. 25,00,001/-

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

2. Occupation (please tick any one and give brief details)

 Private Sector Public Sector Government Service Business Student Professional Agriculturist Retired Housewife Others (Specify)

3. Please tick, if applicable

 Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP)

4. Any other information

| | | |
|--|---|-----------------------------|
| SMS Alert Facility Refer to Terms & Conditions given as Annexure-2.4 | <input type="checkbox"/> Yes 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). | <input type="checkbox"/> No |
| easi | <input type="checkbox"/> Yes. To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. | <input type="checkbox"/> No |

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 Authorised Signatory | Second Authorised Signatory | Third Authorised Signatory |
|-------------|---|---|---|
| Name | | | |
| Designation | | | |
| Signature |  |  |  |

(Signatures should be preferably in black ink).

(In case of more authorised signatories, please add annexure)

NOMINATION FORM

[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

(To be filled in by individual applying singly or jointly)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|-------------------------------|-------|---|---|---|---|-----------------------------|-------------------------------|-------|-----|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TM/DP Name & Address | NAYAN M VALA SECURITIES PVT. LTD. 403-404, Cosmos Court, S. V. Road, Vileparle (W), Mumbai - 400056. | | | | | | | | | | | | | Nomination Registration No. | | Dated | | | | | | | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | DP ID | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | Client ID | 0 | 0 | | | | | | | | | | | | |
| <input type="checkbox"/> I/We wish to make a nomination. [As per details given below] | | | | | | | | | | | | | | | | | UCC | | | | | | | | | | | | | | | |
| Nomination Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nomination can be made upto three nominees in the account. | Details of 1st Nominee | | | | | | | Details of 2nd Nominee | | | | | | | Details of 3rd Nominee | | | | | | | | | | | | | | | | | |
| 1. First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Share of each Nominee | | | | | | | | % | | | | | | | | % | | | | | | | | % | | | | | | | | |
| Equally (If not equally, please specify percentage) | Any odd lot after division shall be transferred to the first nominee mentioned in the form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Relationship With the Applicant (If Any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Address of Nominee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Mobile No./Tele. No. of nominee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. E-mail ID of nominee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Nominee Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> PAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aadhaar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Saving Bank a/c. no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Proof of Identity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Demat Account ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sr. Nos. 8-14 should be filled only if nominee(s) is a minor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Date of Birth (in case of minor nominee(s)) | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y |
| 9. Name of Guardian (Mr./Ms.) {in case of minor nominee(s)} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---|--|--|--|
| 10. Address of the Guardian(s) | | | |
| City | | | |
| State & Country | | | |
| Pin | | | |
| 11. Mobile/Tele. no. of Guardian | | | |
| 12. E-mail ID of the Guardian | | | |
| 13. Relationship of the Guardian with the Nominee | | | |
| 14. Guardian Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature | | | |
| <input type="checkbox"/> PAN | | | |
| <input type="checkbox"/> Aadhaar | | | |
| <input type="checkbox"/> Saving Bank a/c. no. | | | |
| <input type="checkbox"/> Proof of Identity | | | |
| <input type="checkbox"/> Demat Account ID | | | |

Note: This nomination shall supersede any prior nomination made by the account holder(s), if any.

Declaration Form for opting out of nomination

[Annexure B to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

I/We do not wish to make a nomination.

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

Name and Signature of Nominee applicable for both Annexure A & B

| | First/Sole Holder or Guardian (in case of Minor) | Second Holder | Third Holder |
|-----------|---|---|---|
| Name | | | |
| Signature |  |  |  |

Details of the Witness applicable for both Annexure A & B (Required only if the account holder affixes thumb impression, instead of signature)

| | |
|---|--|
| Names of Witness | |
| Address of Witness | |
| Signature of Witness  | |

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.



Nayan M Vala Securities Pvt Ltd.

For Non-Individuals

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

Regd. office/Corporate Office: 403-404, Cosmos Court, Above Waman Hari Pethe Jewellers, S.V.Road, Vileparle (W), Mumbai - 400056.

Branch Office: 6, Khairu Place, Behind Broadway Hotel, 2nd Floor, Kolkata - 700 072, West Bengal

DP ID: 12073700 (CDSL) • SEBI REG. NO.: IN-DP-CDSL-539-2020

Additional KYC Form for Opening a Demat Account (For entities other than Individuals)

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---|---|---|---|---|---|---|---|-----------|---|------|---|--|--|--|--|--|--|--|--|
| Application No. | | | | | | | | | | | Date | | | | | | | | | |
| DP Internal Reference No | | | | | | | | | | | | | | | | | | | | |
| DP ID | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | Client ID | 0 | 0 | 0 | | | | | | | | |

(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 the following details: -

Holders Details

| | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|--|--|--|
| Sole / First Holder's Name | | | | | | | | | | | PAN | | | | | | | | | |
| Search Name | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | |
|---|---|--------------------------------|--------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|---|--|-------------------------------|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Banks | <input type="checkbox"/> Trust | <input type="checkbox"/> Mutual Fund | <input type="checkbox"/> OCB | <input type="checkbox"/> FII | <input type="checkbox"/> CM | <input type="checkbox"/> FI | <input type="checkbox"/> Clearing House | <input type="checkbox"/> Other (Specify) | To be filled by the DP | | | | | | | | | |
| Date of Incorporation | | | | | | | | | | | | | | | | | | | |
| SEBI Registration No. (If Applicable) | | | | | | SEBI Registration Date | | | | | | | | | | | | | |
| RBI Registration No. (If Applicable) | | | | | | RBI Approval Date | | | | | | | | | | | | | |
| Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____ | | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| I/We instruct the DP to receive each and every credit in my/our account [Automatic Credit] (If not marked, the default option would be 'Yes') | <input type="checkbox"/> Yes <input type="checkbox"/> 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') | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Account Statement Requirement | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly | | | | | | | | | | | | | | | | | | |
| I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| I/We would like to share the email ID with the RTA | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I/We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in 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 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] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Bank Details (Dividend Bank Details)

| | | | | | | | | | |
|-------------------------------|---|-------|--|---------|--|-----|--|--|--|
| Bank Code (9 digit MICR code) | | | | | | | | | |
| IFS Code (11 character) | | | | | | | | | |
| Account number | | | | | | | | | |
| Account type | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> Others (specify) | | | | | | | | |
| Bank Name | | | | | | | | | |
| Branch Name | | | | | | | | | |
| Bank Branch Address | | | | | | | | | |
| City | | State | | Country | | PIN | | | |

(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 and it shall be self-certified by the BO.

MICR code starting with 000 will not be eligible for ECS.

| | |
|---|--|
| OTHER DETAILS | |
| Gross Annual Income details (please specify): Income Range per annum | |
| <input type="checkbox"/> Upto Rs. 1,00,000/- <input type="checkbox"/> Rs. 1,00,001/- to Rs. 5,00,000/- <input type="checkbox"/> Rs. 5,00,001/- to Rs. 10,00,000/- <input type="checkbox"/> Rs. 10,00,001/- to Rs. 25,00,000/- <input type="checkbox"/> Rs. 25,00,001/- to Rs. 100,00,000/- <input type="checkbox"/> More Than Rs. 100,00,000/- | |
| Net worth as on Date : _____ 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) <input type="checkbox"/> Please provide details as per Annexure 2.2 A. | |
| Any other information | |

| | | |
|--|--|-----------------------------|
| SMS Alert Facility | <input type="checkbox"/> Yes MOBILE NO. +91_____ | <input type="checkbox"/> No |
| Refer to Terms & Conditions given as Annexure-2.4 | [(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 | <input type="checkbox"/> Yes. To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. | <input type="checkbox"/> No |

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.

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

(Signatures should be preferably in black ink).

(In case of more authorised signatories, please add annexure)

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, EBI (Depositories and Participants) Regulations, 1996, 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.
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, 1996 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.

Statement of account

13. 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.
14. 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.
15. 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.
16. 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

17. 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.

18. 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 thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. 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.

20. 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

21. 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

22. 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.

23. 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.

Redressal of Investor grievance

24. 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

25. 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

26. 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.

27. 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.

28. 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.

29. 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

30. 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.

31. 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.



Sole / First Holder



Second holder



Third Holder

DEMAT DEBIT AND PLEDGE INSTRUCTION

VOLUNTARY

Date: __/__/____

| | | | | | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| Unique Client Code | | | | | | | | | | | | | | | |
| BO ID | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | 0 | 0 | 0 | | | | |
| Name of First Holder | | | | | | | | | | | | | | | |
| Name of Second Holder | | | | | | | | | | | | | | | |
| Name of Third Holder | | | | | | | | | | | | | | | |

To,
Nayan M Vala Securities Pvt. Ltd.
 Regd. Office/Corp. Office: 403-404, Cosmos Court, Above Waman Hari Pethe Jewellers, S.V. Road, Vileparle (W), Mumbai - 400056.
 Branch Office: 6, Khairu Place, Behind Broadway Hotel, 2nd Floor, Kolkata - 700 072, West Bengal

Sub: Execution of 'Demat Debit and Pledge Instruction' (DDPI) for transfer of securities towards deliveries / settlement obligations and pledging/re-pledging of securities as per SEBI circular SEBI/ HO/ MIRSD/ DoP/ P/ CIR/ 2022/ 44 dated April 4, 2022 on Execution of Demat Debit and Pledge Instruction' (DDPI).

1. I/We hereby execute Demat Debit and Pledge Instruction' (DDPI) in the favour of Nayan M Vala Securities Pvt. Ltd. and agree to authorize them to access my/our BO Account specified above for the limited purpose of settlement/margin obligation as specified below:

| Sr. No. | Purpose/Nature of Instruction | Client Signature |
|---------|--|---|
| 1. | Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries/ settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker (TM). |  First Holder: _____  Second Holder: _____  Third Holder: _____ |
| 2. | Pledging/re-pledging of securities in favour of trading member (TM) /clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange. |  First Holder: _____  Second Holder: _____  Third Holder: _____ |
| 3. | Mutual Fund transactions being executed on Stock Exchange order entry platforms |  First Holder: _____  Second Holder: _____  Third Holder: _____ |
| 4. | Tendering shares in open offers through Stock Exchange platforms |  First Holder: _____  Second Holder: _____  Third Holder: _____ |

2. List of Beneficial Owner Accounts that the Member is entitled to operate with DDPI are as follows*:

| Sr. No. | Exchange/ Segment | Account Type | DP Name - Nayan M Vala Securities Pvt. Ltd. Demat Account Number | | | | | | | | | | | | | | | |
|---------|-------------------|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 1 | BSE CM | Pool | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| 2 | BSE CM | Early Pay-in | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 3 | 3 |
| 3 | BSE CM | Principal | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 8 | |
| 4 | NSE CM | Pool | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 7 | |
| 5 | NSE CM | Early-Pay-in | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 9 | 0 | 9 | 3 |
| 6 | All | Client Unpaid Sec. Account | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | 0 | 0 | 0 | 7 | 2 | 8 | 1 | |
| 7 | All | Corp TM/CM CMPA A/c. | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | 0 | 0 | 0 | 7 | 7 | 2 | 9 | |

*Any modification, deletion or addition in the above account shall be intimated to me/us separately.

3. The authorization provided by DDPI shall be applicable for all transactions specified herein from the date of applicability as specified by SEBI/ Exchange.

| | First/Sole Holder | Second Holder | Third Holder |
|-----------|---|---|---|
| Signature |  |  |  |

If HUF, Co-parceners Signature:

1) _____

2) _____

3) _____

4) _____

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.
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).

BOID

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

(Please write your 8 digit DPID)

(Please write your 8 digit 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: _____

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date: _____

| | | | | | | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | Client ID | 0 | 0 | | | | | |
| Sole/First Holder | | | | | | | | | | | | | | | | |
| Second Holder | | | | | | | | | | | | | | | | |
| Third Holder | | | | | | | | | | | | | | | | |

To,
Nayan M Vala Securities Pvt. Ltd.
 DP: CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED (CDSL)
 Registered Office / Corporate Office: 403-404, Cosmos Court, Above Waman Hari Pethe Jewellers, S.V.Road, Vileparle (W), Mumbai - 400056.
 Branch Office: 6, Khairu Place, Behind Broadway Hotel, 2nd Floor, Kolkata - 700 072, West Bengal

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 setting 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 |  |  |  |

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 setting 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.

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

DECLARATION BY HUF

Name:

Address:

Date:

To,

Nayan M Vala Securities Pvt. Ltd.

DP: CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED (CDSL)

Reg. Off./ Cor. Off.: 403-404, Cosmos Court, Above Waman Hari Pethe Jewellers, S.V.Road, Vileparle (W), Mumbai - 400056.

Branch Office: 6, Khairu Place, Behind Broadway Hotel, 2nd Floor, Kolkata - 700 072, West Bengal

Dear Sir,

We, the undersigned members of _____
(HUF) are desirous of opening a Demat Account in the above-mentioned name with you. The said account will be operated by _____
(Karta) on behalf of _____

(HUF). We hereby undertake that all the transaction undertaken by the said HUF shall be binding not only on the present members of the said joint family (both adults and minor but also on all future members thereof (both adults and minor) and all persons entitled to a share therein and ourselves personally.

Also that whenever any change occurs in the management or in the constitution of the said joint family of whatsoever nature, we undertake to give notice thereof to you.

Thanking You,

Yours faithfully

Signature under Rubber Stamp

Members of _____ (HUF)

| Sr. No. | Name of Member | Relationship | Date of Birth | Signature | Sex |
|---------|----------------|--------------|---------------|-----------|-----|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

Date:

To,

Nayan M Vala Securities Pvt. Ltd.

DP: Central Depository Services (India) Limited (CDSL)

Reg. Off./ Cor. Off.: 403-404, Cosmos Court, Above Waman Hari Pethe Jewellers, S.V.Road, Vileparle (W), Mumbai - 400056.

Branch Office: 6, Khairu Place, Behind Broadway Hotel, 2nd Floor, Kolkata - 700 072, West Bengal

Sub: Common Mobile number / Email ID

Dear Sir,

I, Mr/Mrs_____ would like to confirm that the Mobile number/E-mail ID _____ is registered in my name. I am enclosing self attested copy of latest ID Proof for your information and record. I am your registered client having trading code as _____ and demat account number _____.

Upon understanding from you that my mobile number/email id is registered with some of the clients who have trading and/or demat accounts with you, I have to state that this is in my full knowledge and I have consented to the below clients who is / are my relative/s to state my mobile number/email id in their KYCs to which I have no objection. All the transactions in their accounts are not only done as per their respective instructions but they are well conveyed by me of all the SMS/Email belonging to them which are sent by you to me on my above mobile number/email id.

All these below clients also do not have any objection to the same, in consent they have also signed:

| Sr. No. | Client Name | Trading Code | Demat A/c | Relation | Signature |
|---------|-------------|--------------|-----------|----------|-----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

However, in case of any further regulatory requirements, I undertake to abide upon hearing from you.

Thanking You,

Yours Faithfully,



(Signature)

To,

Nayan M Vala Securities Pvt. Ltd.

DP: Central Depository Services (India) Limited (CDSL)

Reg. Off./ Cor. Off.: 403-404, Cosmos Court, Above Waman Hari Pethe Jewellers, S.V.Road, Vileparle (W), Mumbai - 400056.

Branch Office: 6, Khairu Place, Behind Broadway Hotel, 2nd Floor, Kolkata - 700 072, West Bengal

Date: _____

Dear Sir/Madam,

I/We do not want to avail the BSDA (Basic Services Demat Account) facility in respect of my/our below mentioned demat account with you.

I/We wish to avail the BSDA facility for the new account for which we have submitted my/our account opening form

I/We wish to avail the BSDA facility for my/our below mentioned demat account number

| | | | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | Client ID | 0 | 0 | | | | | | |
|-------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|

| | Name | PAN | | | | | | | | | | | | | | | |
|-------------------|------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Sole/First Holder | | | | | | | | | | | | | | | | | |
| Second Holder | | | | | | | | | | | | | | | | | |
| Third Holder | | | | | | | | | | | | | | | | | |

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my/our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first/Sole holder also hereby declare that I do not have/propose to have any other demat account across depositories as a first/sole holder.

| | Signature |
|-------------------|---|
| Sole/First Holder |  |
| Second Holder |  |
| Third Holder |  |

----- (Please Tear here) -----

ACKNOWLEDGEMENT RECEIPT

Received BSDA declaration form from:

| | | | | | | | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | Client ID | 0 | 0 | | | | | | |
| Name | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | |

For Nayan M Vala Securities Pvt. Ltd.

Date:

===== (Please Tear here) =====

Received nomination from: **ACKNOWLEDGEMENT RECEIPT**

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|--|---|---|---|---|---|---|-----------|---|---|--|--|--|--|---------------|---|---|-----|---|---|---|---|---|
| DP ID | 1 | 2 | 0 | 7 | 3 | 7 | 0 | 0 | Client ID | 0 | 0 | | | | | | | | UCC | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | |
| Nomination in favour of | | | | | | | | | | | | | | | | | | | | | | | | |
| First Nominee | | | | | | | | | | | | | | | | | | | | | | | | |
| Second Nominee | | | | | | | | | | | | | | | | | | | | | | | | |
| Third Nominee | | | | | | | | | | | | | | | | | | | | | | | | |
| No Nomination | | <input type="checkbox"/> Does not wish to nominate | | | | | | | | | | | | | | | | | | | | | | |
| Registration No. | | | | | | | | | | | | | | | | Registered on | D | D | M | M | Y | Y | Y | Y |

For NAYAN M VALA SECURITIES PVT. LTD.

(Authorised Signatory)

===== (Please Tear here) =====

ACKNOWLEDGEMENT RECEIPT **Application No.:** _____ **Date:** _____

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

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

For Nayan M Vala Securities Pvt. Ltd.

(Authorised Signatory)

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