Integrated Master Securities Pvt Ltd — KNOW YOUR CLIENT (KYC) Application Form - *For Non Individual*

303, 3rd Floor, New Delhi House, 27, Barakhamba Road,New Delhi-110001

☐ **NEW** ☐ **CHANGE REQUEST** (Please tick ✓the appropriate)

Please fill this form in ***ENGLISH*** and in ***BLOCK LETTERS***

(Please tick ✓the box on left margin of appropriate row where ***CHANGE/CORRECTION*** is required and provide the details in the corresponding row)

Acknowledgement No.

A IDENTITY DETAILS

1. **Name of the Applicant**

2a. **Date of incorporation** D D / M M / Y Y Y Y **2b. Place of incorporation**

3. **Date of commencement of business** D D / M M / Y Y Y Y

4a. **PAN**

4b. **Registration No. (e.g. CIN)**

5. **Status** (Please tick ✓the appropriate)

☐ Private Limited Co.	☐ Public Ltd. Co.	☐ Body Corporate	☐ Partnership	☐ Trust
☐ Charities	☐ NGO's	☐ FI	☐ FII	☐ HUF
☐ AOP	☐ Bank	☐ Government Body	☐ Non-Government Organization	☐ Defense Establishment
☐ BOI	☐ Society	☐ LLP	☐ Others (Please specify)	

B ADDRESS DETAILS

1. **Address for Correspondence**

City / Town / Village — Pin Code

State — Country

2. **Specify the Proof of Address submitted for Correspondence Address:**

3. **Contact Details**

Tel. (Off.) — Fax

Tel. (Res.) — Mobile No

E-Mail Id.

4. **Registered Address** (If different from above)

City / Town / Village — Pin Code

State — Country

5. **Specify the Proof of Address submitted for registered Address:**

C OTHER DETAILS

1. **Gross Annual Income Details** (Please Specify) Income range per annum:
☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lac ☐ ₹ 5-10 Lac ☐ ₹ 10-25 Lac ☐ ₹ 25 Lacs-1crore ☐ More than ₹ 1crore

2. **Net-worth** (Net worth should not be older than 1 year) **Amount** ₹ **as on (date)** D D / M M / Y Y Y Y

3. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:
If space is insufficient, enclose these details separately [Illustrative format enclosed]

4. DIN/UID of Promoters/Partners/Karta and whole time directors:
If space is insufficient, enclose these details separately [Illustrative format enclosed]

5. **Please tick, if applicable, for any of your authorised signatories/ Promoters/ Partners/ Karta/ Trustees/ whole time directors:**
☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

6. **Any other information:**

D DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it.

Date: D D / M M / Y Y Y Y

☐ Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV:

Designation: Employee ID:

Name of the Organization:

Date of IPV: D D / M M / Y Y Y Y

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ (Originals Verified) True copies of Documents received

☐ (Self Attested) Self Certified Document copies received

Date

Signature of the Authorised Signatory

1. Name

2. Relationship with Applicant *(i.e. promoters, whole time directors etc.)*

3a. PAN 3b. DIN/ UID

4. Residential/ Registered Address

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant *(i.e. promoters, whole time directors etc.)*

3a. PAN 3b. DIN/ UID

4. Residential/ Registered Address

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant *(i.e. promoters, whole time directors etc.)*

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PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant *(i.e. promoters, whole time directors etc.)*

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City / Town / Village Pin Code

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PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant *(i.e. promoters, whole time directors etc.)*

3a. PAN 3b. DIN/ UID

4. Residential/ Registered Address

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Name & Signature of the Authorised Signatory (ies)

Date: D D / M M / Y Y Y Y

Ref. No._____ CKYC No._____

IMSL Integrated Master Securities Pvt Ltd

Regd. Office: 303, 3rd Floor, New Delhi House, 27, Barakhamba Road, New Delhi-110001
E-mail: ho@integratedmaster.com Website: www.integratedmaster.com
CIN: U74899DL1995PTC070418 Phones: 43074307 (30 Lines)

Important Instructions:

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

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

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

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

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

Date of Birth* D D – M M – Y Y Y Y

PHOTO

Signature / Thumb Impression

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

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

GROSS ANNUAL INCOME DETAILS:— Income Range per annual (please tick any one)

☐ Below Rs. 1 Lac. ☐ Rs. 1-5 Lac ☐ Rs. 5-10 Lac
☐ Rs. 10-25 Lac ☐ More than Rs. 25 Lac

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

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

ISO 3166 Country Code of Jurisdiction of Residence*
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)*

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

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

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

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

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

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

Address

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

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

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

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

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

Line 1*

Line 2

Line 3 City / Town / Village*

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

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) – Tel. (Res) – Mobile –

FAX – Email ID

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1')

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

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

Name* Prefix First Name Middle Name Last Name

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

PROOF OF IDENTITY [PoI] OF RELATED PERSON*

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

☐ B- Voter ID Card

☐ C- PAN Card

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

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

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

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

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

[Signature / Thumb Impression]

- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

IPV & KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name Integrated Master Securities Private Limited

Code I N 0 0 6 5

[Institution Stamp]

Ref. No._____ CKYC No._____

IMSL Integrated Master Securities Pvt Ltd

Regd. Office: 303, 3rd Floor, New Delhi House, 27, Barakhamba Road, New Delhi-110001
E-mail: ho@integratedmaster.com Website: www.integratedmaster.com
CIN: U74899DL1995PTC070418 Phones: 43074307 (30 Lines)

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A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
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H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

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

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

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

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

Date of Birth* D D – M M – Y Y Y Y

PHOTO

Signature / Thumb Impression

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

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

GROSS ANNUAL INCOME DETAILS:— Income Range per annual (please tick any one)

☐ Below Rs. 1 Lac. ☐ Rs. 1-5 Lac ☐ Rs. 5-10 Lac
☐ Rs. 10-25 Lac ☐ More than Rs. 25 Lac

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

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

ISO 3166 Country Code of Jurisdiction of Residence*
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)*

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

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

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

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

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

Address

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

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

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

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

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

Line 1*

Line 2

Line 3 City / Town / Village*

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

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) – Tel. (Res) – Mobile –

FAX – Email ID

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1')

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

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

Name* Prefix First Name Middle Name Last Name

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

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☐ B- Voter ID Card

☐ C- PAN Card

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

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

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

[Signature / Thumb Impression]

- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

IPV & KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name Integrated Master Securities Private Limited

Code I N 0 0 6 5

[Institution Stamp]

IMSL Integrated Master Securities Pvt Ltd

AdditionalKYCFormforOpeningaDematAccount

Annexure2.2

ForNon-individuals

DepositoryParticipantName/Address/DPID

(TobefilledbytheDepositoryParticipant)

ApplicationNo.									Date	D	D	M	M	Y	Y	Y	Y
DPInternalReferenceNo.															
DPID									ClientID								

(Tobefilledbytheapplicantin**BLOCKLETTERS**inEnglish)

I/Werequestyoutoopenademataccountinmy/ournameasperfollowingdetails:-

HoldersDetails

Sole/ First Holder'sName		Search Name		PAN											
				UCC											
				Exchange Name&ID											
				PAN											
SecondHolder's Name				UID											
				PAN											
ThirdHolder's Name				UID											

***Exchange ID**

Name*	_____

*IncaseofFirms,AssociationofPersons(AOP),PartnershipFirm,UnregisteredTrust,etc.,althoughtheaccountis 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.

TypeofAccount(Pleasetickwhicheverisapplicable)

Status									**Sub – Status**
❑BodyCorporate❑Banks❑Trust ❑CM ❑FI ❑ClearingHouse❑Other(Specify) _____				❑MutualFund		❑OCB		❑FII	**TobefilledbytheDP**
SEBIRegistrationNo. (If Applicable)			SEBIRegistration date	D	D	M	M	Y	Y	Y	Y
RBIRegistrationNo. (If Applicable)			RBIApprovaldate	D	D	M	M	Y	Y	Y	Y
Nationality	❑Indian	❑Others(specify)_____							

I/WeinstructtheDPtoreceiveeachandeverycreditinmy/ouraccount (Ifnotmarked,thedefaultoptionwouldbe`Yes')		[AutomaticCredit] ❑Yes ❑No
I/WewouldliketoinstructtheDPtoacceptallthepledgeinstructionsin my /ouraccountwithoutanyotherfurtherinstructionfrommy/ourend (If not marked, the default option would be 'No')		❑Yes ❑No
AccountStatement Requirement	❑AsperSEBI Regulation ❑Daily ❑Weekly ❑Fortnightly ❑Monthly	
I /WerequestyoutosendElectronicTransaction-cum-HoldingStatementattheemailID		❑Yes ❑No
I/WewouldliketosharetheemailIDwiththeRTA		❑Yes ❑No
I / Wewould like to receive the Annual Report ❑Physical/❑Electronic/❑BothPhysicalandElectronic (Tick the applicable box.If notmarkedthe default option would be Physical)		

ClearingMemberDetails(TobefilledbyCMsonly)

NameofStockExchange			
NameofCC/ CH			
ClearingMember Id		Tradingmember ID	

I/Wewishtoreceivedividend/interestdirectlyintomybankaccountgivenbelow throughECS(ifnotmarked,thedefaultoptionwouldbe'Yes')[ECSismandatoryfor locations notified by SEBI from time to time]	❑Yes ❑No

BankDetails[DividendBankDetails]

BankCode(9digitMICRcode)	
IFSCode(11character)	
Accountnumber	
Account type	❑Saving ❑Current ❑Others (specify)________________
BankName	
BranchName	
BankBranch Address	
City	State	Country	PINcode

(i) Photocopyofthecancelledchequehavingthenameoftheaccountholderwherethechequebookisissued,(or)
(ii) PhotocopyoftheBankStatementhavingnameandaddressoftheBO
(iii) PhotocopyofthePassbookhavingnameandaddressoftheBO,(or)
(iv) Letterfromthe Bank.

- Incaseofoptions(ii),(iii)and(iv)above,MICRcodeofthebranchshouldbepresent/mentionedonthe document.

OtherDetails	
GrossAnnualIncome Details	IncomeRangeper annum: ❑UptoRs1,00,000❑Rs1,00,000toRs.5,00,000 ❑Rs.5,00,000toRs.10,00,000 ❑Rs.10,00,000toRs.25,00,000❑Rs.25,00,000toRs.1,00,00,000 ❑MorethanRs.1,00,00,000
	Networthason (Date) D D M M Y Y Y Y Rs
	[Networthshouldnotbeolderthan1year]
PleasetickIfanyoftheauthorizedsignatories/Promoters/Partners/Karta/Trustees/WholeTimeDirectorsiseither PoliticallyExposedPerson(PEP)orRelatedtoPoliticallyExposedPerson(RPEP)❑. PleaseprovidedetailsasperAnnexure 2.2 A.	
Anyotherinformation:	
SMSAlertFacility Refer to Terms &Conditions givenas**Annexure-2.4**	MOBILE NO.+91________________ [(Mandatory,ifyouaregivingPowerofAttorney(POA)] (ifPOAisnotgranted&youdonotwishtoavailofthisfacility,cancelthis option).
Easi	Toregisterfor**e**asi,pleasevisitourwebsitewww.cdslindia.com. **E**asiallowsaBOtoviewhisISINbalances,transactionsandvalueofthe portfolio online.

I/Wehavereceivedandreadthedocumentof'RightsandObligationofBO-DP'(DP-CMagreementforBSEClearingMember 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 andtothebestofmy/ourknowledgeasonthedateofmakingthisapplication.I/Wefurtheragreethatanyfalse/misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	Sole/FirstAuthorised Signatory	**SecondAuthorisedSignatory**	**ThirdAuthorisedSignatory**
Name			
Designation			
Signature			

(Incaseofmoreauthorisedsignatories,pleaseaddannexure)

(**Signatures shouldbepreferablyinblackink**).

============================(PleaseTearHere)================================

AcknowledgementReceipt

ApplicationNo.: **Date:**

Weherebyacknowledgethereceiptof the AccountOpeningApplicationForm:

NameoftheSole/First Holder	

NameofSecond Holder	
NameofThird Holder	

DepositoryParticipantSealandSignature

==========(PleaseTearHere)==========

Annexure–2.2A

DetailsofPoliticallyExposedPersons(PEP)/RelatedtoPoliticallyExposedPerson(RPEP).[For-non-individual]

Name of holder_____**PANoftheholder**_____

Sr.No	NameoftheAuthorizedsignatories/Promoters /Partners/Karta/Trustees/WholeTimeDirectors	Relation with the holder (i.e. promoters,wholetimedirectorsetc	Please tick the relevantoption.
			☐ PEP ☐ RPEP
			☐ PEP ☐ RPEP
			☐ PEP ☐ RPEP
			☐ PEP ☐ RPEP
			☐ PEP ☐ RPEP

Name&SignatureoftheAuthorisedSignatoriesDate_____/_____/_____

PEP:PoliticallyExposedPerson**RPEP:**RelatedtopoliticallyExposedPerson

Annexure2.3

InstructionstotheApplicants(BOs)foraccountopening:

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India.Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signaturesshouldbepreferablyinblackink.
3. DetailsoftheNames,Address,TelephoneNumber(s),etc.,oftheMagistrate/NotaryPublic /SpecialExecutiveMagistrate/SpecialExecutiveOfficeraretobeprovidedincaseof attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. Allcorrespondence/queriesshallbeaddressedtothefirst/soleapplicant.
7. Strikeoffwhicheveroption,intheaccountopeningform,isnotapplicable.

TermsAndConditions-cum-Registration/ModificationFormforreceivingSMSAlertsfromCDSL

[SMSAlertswillbesentbyCDSLtoBOsforalldebits]

Definitions:

IntheseTermsandConditionsthetermsshallhavefollowingmeaningunlessindicatedotherwise:

1. "Depository"meansCentralDepositoryServices(India)LimitedacompanyincorporatedinIndiaundertheCompaniesAct1956andhavingits 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'meansDepositoryParticipantofCDSL.ThetermcoversalltypesofDPswhoareallowedtoopendemataccountsforinvestors.
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. SMSmeans"ShortMessagingService"
5. "Alerts"meansacustomizedSMSsenttotheBOoverthesaidmobilephonenumber.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing theSMS alerts to the BO.
7. "Service"meanstheserviceofprovidingSMSalertstotheBOonbesteffortbasisasperthesetermsandconditions.

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 whohaveprovided 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. TheserviceiscurrentlyavailabletotheBOswhoareresidinginIndia.
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. TheBOisresponsibleforpromptlyintimating tothedepositoryintheprescribedmanneranychangeinmobilenumber,orloss ofhandset,onwhich 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 besent tothe lastregisteredmobile phonenumber.TheBOagrees to indemnifythe depository for any loss ordamagesufferedbyitonaccountof SMS alerts sent on such mobile number.

ReceivingAlerts:

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 replacedand 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. TheBO acknowledgesthatthealertswillbereceivedonlyifthemobilephoneisin'ON'andinamodetoreceivetheSMS.Ifthemobilephoneisin'Off" modei.e.unabletoreceivethealertsthentheBOmaynotget/getafterdelayanyalertssentduringsuchperiod.
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 erroras 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 securitiesfrom his BO account, immediately, which may come to hisknowledge onreceiving SMS alerts.The BO may send an emailto 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 backto 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 without proper authorization, the BO should immediately inform the DP in writing.

Fees:

DepositoryreservestherighttochargesuchfeesfromtimetotimeasitdeemsfitforprovidingthisservicetotheBO.

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 functionor their performance or for any loss or damage whenever andhowsoever sufferedor incurred by the BOor 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 theservice 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.

LiabilityandIndemnity:

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 considerationof the depository providing the service, the BO agrees to indemnify and keepsafe, harmless andindemnifiedthe depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depositorymay 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.

GoverningLawandJurisdiction:

ProvidingtheServiceasoutlinedaboveshallbegovernedbythelawsofIndiaandwillbesubjecttotheexclusivejurisdictionofthecourtsinMumbai.

I/We wish to avail the SMSAlerts facility providedby the depository on my/our mobile number providedinthe registrationform subjectto the terms andconditions mentioned below. **I/ We consent to CDSL providing to the service provider such information pertaining toaccount/transactions in my/ouraccount 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 understoodthe terms andconditions mentioned above andagree 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 understandthat the SMS alerts wouldbe sent for amaximum four ISINs at atime. If more thanfour debits take place, the BOs would be requiredto take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any waythat the request hasbeen accepted by the depository for providingthe service.

I/Weprovidethefollowinginformationforthepurposeof **REGISTRATION/MODIFICATION**(Pleasecanceloutwhatisnotapplicable). BOID

	(Pleasewriteyour8digitDPID)							(Pleasewriteyour8digitClientID)							

Sole/FirstHolder'sName : _____

SecondHolder'sName : _____

ThirdHolder'sName : _____

MobileNumberonwhich messagesaretobesent

+91										

(Pleasewriteonlythemobilenumberwithoutprefixingcountrycodeorzero)

Themobilenumberisregisteredinthenameof: _____

Email ID: _____

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

Signatures

_____ Sole/First Holder

_____ Secondholder

_____ ThirdHolder

Place: _____

Date: _____

IMSL Integrated Master Securities Pvt Ltd

Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity

Type of address given at KYC ☑ Residential or Business ☑ Residential ☑ Business ☐ Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

Client ID or Client Code

PAN Date of incorporation D D / M M / Y Y Y Y

City of incorporation

Country of incorporation

Entity Constitution Type *Please tick as appropriate*
a *Partnership Firm* b *HUF* c *Private Limited Company* d *Public Limited Company* e *Society* f *AOP/BOI*
g *Trust* h *Liquidator* i *Limited Liability Partnership* j *Artificial Juridical Person* z *Others specify* _____

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number[%]	Identification Type *(TIN or Other[%], please specify)*

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent[9].
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A *(to be filled by Financial Institutions or Direct Reporting NFEs)*

1. We are a,
   Financial institution[6] ☑
   or
   Direct reporting NFE[7] ☑
   (please tick as appropriate)

GIIN

Note: *If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below*

Name of sponsoring entity

GIIN not available *(please tick as applicable)* ☑ **Applied for**

If the entity is a financial institution, ☑ Not required to apply for - please specify 2 digits sub-category[10]

☑ Not obtained – Non-participating FI

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*

1. Is the Entity a *publicly traded company*[1] *(that is, a company whose shares are regularly traded on an established securities market)*
   Yes ☑ *(If yes, please specify any one stock exchange on which the stock is regularly traded)*
   Name of stock exchange _____

2. Is the Entity a *related entity*[2] of a publicly traded company *(a company whose shares are regularly traded on an established securities market)*
   Yes ☑ *(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)*
   Name of listed company _____
   Nature of relation: ☑ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company
   Name of stock exchange _____

3. Is the Entity an *active*[3] NFE
   Yes ☑ *(If yes, please fill UBO declaration in the next section.)*
   Nature of Business _____
   Please specify the sub-category of Active NFE *(Mention code – refer 2c of Part D)*

4. Is the Entity a *passive*[4] NFE
   Yes ☑ *(If yes, please fill UBO declaration in the next section.)*
   Nature of Business _____

[1]Refer 2a of Part D | [2]Refer 2b of Part D | [3]Refer 2c of Part D | [4]Refer 3(ii) of Part D | [6]Refer 1 of Part D | [7]Refer 3(vii) of Part D | [10]Refer1A of Part D

UBO Declaration

Category *(Please tick applicable category):* ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust ☐ Others (please specify_____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's[5] should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - *Beneficial owner / Controlling person* **Country** - *Tax Residency** **Tax ID No.** - *Or functional equivalent for each country[%]*	**Tax ID Type** - *TIN or Other, please specify* **Beneficial Interest** - *in percentage* **Type Code**[11] - *of Controlling person*	**Address** - *Include State, Country, PIN / ZIP Code & Contact Details* **Address Type** -
1. Name Country Tax ID No.[%]	Tax ID Type Type Code AddressType ○ Residence ○ Business ○ Registered office	Address ZIP ☐☐☐☐☐☐ State: Country:
2. Name Country Tax ID No.[%]	Tax ID Type Type Code AddressType ○ Residence ○ Business ○ Registered office	Address ZIP ☐☐☐☐☐☐ State: Country:
3. Name Country Tax ID No.[%]	Tax ID Type Type Code AddressType ○ Residence ○ Business ○ Registered office	Address ZIP ☐☐☐☐☐☐ State: Country:

(Please attach additional sheets if necessary)

 # If passive NFE, please provide below additional details.

PAN / Any other Identification Number *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving LicenceNREGA Job Card, Others)* **City of Birth - Country of Birth**	**Occupation Type** - *Service, Business, Others* **Nationality** **Father's Name** - *Mandatory if PAN is not available*	**DOB** - *Date of Birth* **Gender** - *Male, Female, Other*
1. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender ☐ Male ☐ Female ☐ Others
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender ☐ Male ☐ Female ☐ Others
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender ☐ Male ☐ Female ☐ Others

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

[%]In case Tax Identification Number is not available, kindly provide functional equivalent

[5]**Refer 3(iii) of Part D** | [6]**Refer 3(vi) of Part D** | [11]**Refer 3(iv) (A) of Part D**

FATCA - CRS Terms and Conditions

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 such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. 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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Integrated Master Securities Private Limited or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

[5]It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm 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 below and hereby accept the same.

Name

Designation

Signature | Signature | Signature

Place _____

Date __/__/_____

(Member: BSE, NSE, MSEI, MCX, Depository Participant of NSDL & CDSL)
Corporate Off.: 303, New Delhi House, 27, Barakhamba Road, New Delhi-110001
Phones: 011 43074307, CIN: U74899DL1995PTC070418
Website: www.integratedmaster.com;Email Id:compliance@integratedmaster.com

SCHEDULE OF CHARGES -DEPOSITORY SERVICES
CDSL: 18800, EFFECTIVE FROM 01.04.2025

1	Advance/Deposit	NIL
2	Account Maintenance	Rs. 325/- for individuals.
		Rs. 1000/- for Corporates (exclusive of CDSL charges)
		BSDA (Basic Service Demat Account) Opening Annual Maintenance Fee:-a) Case 1:- If the value in the Demat Account (Debt as well as other than debt securities combined) is upto Rs. 4,00,000/- then the AMC is NIL.b) Case 2:- If the value in the Demat Account (Debt as well as other than debt securities combined) is more than Rs. 4,00,000/- but upto Rs. 10,00,000/- then the AMC is Rs. 100/- c) Case 3:- If the value in the Demat Account (Debt as well as other than debt securities combined) more than Rs. 10,00,000/- then it is not fall under the BSDA and the AMC is may be levied as regular AMC. Transaction (Debit) 0.02% (Subject to minimum Rs. 50/-)
	CDSLL charges	Rs. 500/- for Corporates
3	Demat	Rs. 50/- Request + Rs. 10 per Certificate
4	Remat	Rs. 25/- per 100 Securities or Part quantity or Rs. 25/- per Certificate whichever is higher, subject to maximum fee of ₹ 5,00,000 (exclusive of NSDL charges)
	DP	(a) Rs. 10/- for every hundred securities or part thereof subject to maximum fee of ₹ 5,00,000; or Flat fee of Rs. 10 per certificate, whichever is higher
	CDSL	Rematerialisation(no rematerialisation fee charged for Government Securities)
		a)₹ 10/- for every hundred securities or part thereof subject to maximum fee of ₹5,00,000/-
		b) a flat fee of ₹ 10/- per certificate, whichever is higher
5	Transaction (Debit)	0.02% (Subject to minimum Rs. 16/- per ISIN) (exclusive of CDSL charges)
	CDSL	Rs. 3.50/- per instruction
6	Pledge & Margin Pledge Creation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of CDSL charges)
	CDSL Pledge and Margin Pledge Charges	CDSL Pledge Rs. 25/- per instruction
		Margin Pledge Initiation from client account to TM ₹ 5/- per instruction
		Re-Pledge from TM account to CM account ₹ 1/- per instruction
		Re-Pledge from CM account to CC account ₹ 1/- per instruction
		Re-pledge release by CM to TM account ₹ 1/- per instruction
		Margin Pledge release by TM / CM to Client Account ₹ 5/- per instruction , Invocation by CM or TM
7	Pledge, Plede creation , confirmation, closure, & Margin Pledge Creation Confirmation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of CDSL charges)
8	Pledge & Margin Pledge Closure	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of CDSL charges)
9	Pledge & Margin Pledge Closure Confirmation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of CDSL charges)
10	Pledge & Margin Pledge Invocation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
11	DIS& Failed Instruction Charges	Rs. 20/- per Instruction
12	Other Charges	Rs. 100/- per Instruction: Change in Nomination/Address/Bank Particulars/Transmission Charges Rs. 50/- per Instruction book Charges

Out of Pocket Expenses

· GST : As Per Govt. Notified rate.· As per CDSL rules, the clients are required to submit the delivery instruction slips before 24 hour of the execution date. In case of delay, the delivery instruction slips will be accepted at clients' sole Risk and will be charged extra @ Rs. 20/- per delivery instruction in addition to the normal transaction charges.· In case of foreign correspondence address, in addition to annual account maintenance charges, statement/communication charges @ Rs. 50/- per communication shall be charged extra.· In case of non-payment of bill/dues within 30 days of due date interest shall be charged @ 1% per· Month on the outstanding dues or Rs. 25/- whichever is higher.· For CORPORATE Accounts, AMC. Rs.1500/- P.A. will be charged.

Signature of the Applicant(s)

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

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 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.

13. The DP shall execute 'non-pay in' related instructions not later than next working day from the date of submission of instruction by the Beneficial Owner. Further, if the date of submission and the execution date of instruction are same, DP may execute such instructions on the same day at Beneficial owner's risk on a "best efort basis".

Statement of account

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

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

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

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

Manner of Closure of Demat account

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

19.Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of 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

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

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

Liability of the Depository

22. As per Section 16 of Depositories Act, 1996,

1.Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

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

Freezing/ Defreezing of accounts

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

24.In case of any statutory order for freezing of demat account of any one joint holder, the demat account will be frozen and the other joint holder(s) will have to obtain specific order from the relevant order issuing authority for unfreezing the holdings in respect of their percentage of joint ownership.

Redressal of Investor grievance

25. 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

26. 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

27.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.

28.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.

29.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.

30. 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

31.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.

32.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.

****

With reference to my / our application for opening a depository account, I/we acknowledge the receipt of copy of the document, “Rights and Obligations of the Beneficial Owner and Depository Participant”.

	Name	**Signature(s) of Account Holder(s)**
Sole/First Holder		
Second Holder		
Third Holder		

Witness

1.

2.