



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 DD / MM / YYYY 2b. Place of incorporation _____

3. Date of commencement of business DD / MM / YYYY

4a. PAN _____

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

5. Status (Please tick ✓ the appropriate)

<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> HUF
<input type="checkbox"/> AOP	<input type="checkbox"/> Bank	<input type="checkbox"/> Government Body	<input type="checkbox"/> Non-Government Organization	<input type="checkbox"/> Defense Establishment
<input type="checkbox"/> BOI	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> 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) DD / MM / YYYY

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: DD / MM / YYYY

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: DD / MM / YYYY

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				PHOTOGRAPH Please affix your recent passport size photograph and sign across it
2. Relationship with Applicant (i.e. promoters, whole time directors etc.)				
3a. PAN		3b. DIN/ UID		
4. Residential/ Registered Address				
City / Town / Village		Country	Pin Code	
State				

1. Name				PHOTOGRAPH Please affix your recent passport size photograph and sign across it
2. Relationship with Applicant (i.e. promoters, whole time directors etc.)				
3a. PAN		3b. DIN/ UID		
4. Residential/ Registered Address				
City / Town / Village		Country	Pin Code	
State				

1. Name				PHOTOGRAPH Please affix your recent passport size photograph and sign across it
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2. Relationship with Applicant (i.e. promoters, whole time directors etc.)				
3a. PAN		3b. DIN/ UID		
4. Residential/ Registered Address				
City / Town / Village		Country	Pin Code	
State				

Name & Signature of the Authorised Signatory (ies)

Date: DD / MM / YYYY

Ref. No. _____

CKYC No. _____



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* DD - MM - YY YY

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

PHOTO



Signature / Thumb Impression

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 any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number Passport Expiry Date DD - MM - YY YY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YY YY

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 any one 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*

Ref. No. _____

CKYC No. _____



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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Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YY YY

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

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

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Occupation Type* S-Service (Private Sector Public Sector Government Sector)

O-Others (Professional Self Employed Retired Housewife Student)

B-Business X- Not Categorised

PHOTO



Signature / Thumb Impression

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

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

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F- NREGA Job Card

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S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

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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*

For Non-individuals

Depository Participant Name / Address / DPID

(To be filled by the Depository Participant)

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

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

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

Holders Details

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

***Exchange ID**

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

Type of Account (Please tick whichever is applicable)

Status		Sub - Status	
<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		To be filled by the DP	
<input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____		SEBI Registration date	D D H M Y Y
SEBI Registration No. (If Applicable)		RBI Approval date	D D H M Y Y
RBI Registration No. (If Applicable)			
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 (If not marked, the default option would be 'Yes')	[Automatic Credit] <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 Physical)	

Clearing Member Details (To be filled by CM only)

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

I/We wish to receive dividend/interest directly into my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

BankDetails[DividendBankDetails]

BankCode(9digitMICRcode)									
IFSCCode(11character)									
Accountnumber									
Account type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> 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: <input type="checkbox"/> UptoRs1,00,000 <input type="checkbox"/> Rs1,00,000toRs.5,00,000 <input type="checkbox"/> Rs.5,00,000toRs.10,00,000 <input type="checkbox"/> Rs.10,00,000toRs.25,00,000 <input type="checkbox"/> Rs.25,00,000toRs.1,00,00,000 <input type="checkbox"/> 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) <input type="checkbox"/> .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	To register foreasi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

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

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

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

(Signatures should be preferably in black ink).

===== (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	

Depository Participant Seal and Signature

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

Annexure-2.2A

Details of Politically Exposed Persons (PEP) / Related to Politically Exposed Person (RPEP). [For non-individual]

Name of holder _____ PAN of the holder _____

Sr.No	Name of the Authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors	Relation with the holder (i.e. promoters, whole time director etc)	Please tick the relevant option.
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

Name & Signature of the Authorised Signatories Date _____ / ____ / ____
 PEP: Politically Exposed Person RPEP: Related to politically Exposed Person

Annexure 2.3

Instructions to the Applicants (BOs) for account opening:

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

TermsAndConditions-cum-Registration/ModificationFormforreceivingSMSAlertsfromCDSL

[SMSAlertswillbesentbyCDSLtoBOsforalldebits]

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 account holders 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. This 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 damages 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 alert 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 errors 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 without proper authorization, the BO should immediately inform the DP in writing.

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 DD / MM / YYYY _____

City of incorporation _____

Country of incorporation _____

Entity Constitution Type Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI
Please tick as appropriate Trust Liquidator Limited Liability Partnership Artificial Juridical Person 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.
 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 institution⁶ or Direct reporting NFE⁷ (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-category¹⁰ _____

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 <input checked="" type="checkbox"/> (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 <input checked="" type="checkbox"/> (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: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ³ NFE	Yes <input checked="" type="checkbox"/> (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 <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

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



Integrated
Master Securities Pvt Ltd

(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/-)
CDSL 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, Pledge 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)