

Ref. No. \_\_\_\_\_

CKYC No. \_\_\_\_\_

**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**Application Type\*  New  Update

(To be filled by financial institution) 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
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY YY YY	<b>PHOTO</b>	
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian		
Occupation Type*	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		
	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector )		
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)		
	<input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised		

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)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY YY YY
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY YY YY
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

**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* <input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address* <input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/> please specify	<input type="text"/>
<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			
<b>Address</b>				
Line 1* <input type="text"/>				
Line 2 <input type="text"/>				
Line 3 <input type="text"/>				
District* <input type="text"/>	Pin / Post Code* <input type="text"/>	State / U.T Code* <input type="text"/>	ISO 3166 Country Code* <input type="text"/>	City / Town / Village* <input type="text"/>

<input type="checkbox"/> 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)		
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details	<input type="checkbox"/> 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) -      
FAX -      
Tel. (Res) -       
Email ID        
Mobile -

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

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)			
Related Person Type*		<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	
Name*		Prefix	First Name	Middle Name	Last Name
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(If KYC number and name are provided, below details of section 6 are optional)					

PROOF OF IDENTITY [PoI] OF RELATED PERSON\*

<input type="checkbox"/> A- Passport Number	<input type="text" value="          "/>	Passport Expiry Date	<input type="text" value="D D - M M - Y Y Y Y"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text" value="          "/>		
<input type="checkbox"/> C- PAN Card	<input type="text" value="          "/>		
<input type="checkbox"/> D- Driving Licence	<input type="text" value="          "/>	Driving Licence Expiry Date	<input type="text" value="D D - M M - Y Y Y Y"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text" value="          "/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text" value="          "/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text" value="          "/>	Identification Number	<input type="text" value="          "/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text" value="          "/>	Identification Number	<input type="text" value="          "/>

7. REMARKS (If any)

## 8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

- 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 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	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>
Emp. Name							
Emp. Code							
Emp. Designation							
Emp. Branch							

## INSTITUTION DETAILS

Name Integrated Master Securities Private Limited

Code

Date

Client ID

# DEPOSITORY SERVICES

## Account Opening Form

### INDIVIDUAL / NRI / FOREIGN NATIONAL

NAME: INTEGRATED MASTER SECURITIES PVT. LTD.

Branch / Service Centre \_\_\_\_\_

Staff doing 'In person' Verification

Name : \_\_\_\_\_

Place : \_\_\_\_\_

BSDA Facility : Yes  No

Signature : \_\_\_\_\_

Date of in person Verification

1st Holder : \_\_\_\_\_

Signature of Applicant(s)

2nd Holder : \_\_\_\_\_

3rd Holder : \_\_\_\_\_



**Integrated**  
Master Securities Pvt Ltd

### INTEGRATED MASTER SECURITIES PVT. LTD.

DP IN No. : IN300724

SEBI REG. No. : IN-DP-NSDL-74-98

Regd. Off. : 303, 3rd Floor, New Delhi House, 27, Barakhamba Road, New Delhi - 110001.

Phones: 011-43074307 (30 lines), Fax: 011-43074315

Email: dp@integratedmaster.com, Website: www.integratedmaster.com

CIN : U74899DL1995PTC070418

## DEMAT ACCOUNT OPENING REQUIREMENTS

(Please read carefully before filling the form)

### FOR INDIVIDUAL

#### NOTES :

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signature other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. As per NSDL Circular No. NSDL/PI/2004/1622 dated September 7, 2004 pursuant to SEBI Circular No. MRD/DoP/Dep/Cir 29/2004 dated August 24, 2004 a copy of any one of the following documents may be accepted as proof of identity/proof of address (local/ correspondence/ foreign address as the case may be):
  - (a) **PROOF OF IDENTITY** : Aadhar Card, Passport, Voter ID Card, Driving license, PAN card with photograph, MAPIN card, Identity card/document with applicant's Photo, issued by a) Central/State Government and its Departments, b) Statutory/Regulatory Authorities, c) Public Sector Undertakings, d) Scheduled Commercial Banks, e) Public Financial Institutions, f) Colleges affiliated to Universities, g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and h) Credit cards/Debit cards issued by Banks.
  - (b) **PROOF OF ADDRESS** : Aadhar Card, Ration Card, Passport, Voter ID Card, Driving license, Bank passbook, verified copies of Electricity bills (not more than two months old) / Residence Telephone bills (not more than two months old)/ Leave and License agreement / Agreement for sale, Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts, Identity card/document with address, issued by a) Central/State Government and its Departments, b) Statutory/Regulatory Authorities, c) Public Sector Undertakings, d) Scheduled Commercial Banks, e) Public Financial Institutions, f) Colleges affiliated to universities; and g) Professional Bodies such as ICAI, ICWAI, Bar Council etc., to their Members.
  - (c) As per NSDL circular No. NSDL/POLICY/2006/2007 dated March 3, 2006. PAN has become compulsory for all categories of Demat A/c holder. Please submit a photocopy of your PAN CARD.
  - (d) Copy of cancelled cheque of the mentioned bank account.

#### Participants must verify the copy of the document with the original.

4. Instructions related to nomination, are as below:
  - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
  - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
  - III. The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
  - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
  - V. Transfer of securities in favor of a Nominee shall be valid discharge by the depository against the legal heir.
  - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
  - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favor of the Nominee.
5. Strike off whichever is not applicable.

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#### NOTE:

1. Please fill the information in CAPITAL LETTERS.
2. Only Self attested and clear photocopy of all documents will be acceptable.
3. Name, Address & Signature of the witness are compulsory. (Please note that 2 witnesses are required to sign on behalf of the client in case of nomination).
4. All documents collected will be verified with the original and the client will have to self attest the photocopies.
5. Standing instruction may be marked as 'yes' for simplified operations.
6. No nomination to be recorded in case of HUF and Corporate A/C.
7. Thumb impression & signature other than English or Hindi or any the languages not contained in the 8th Schedule of Constitution of Indian must be attested by Magistrate / Notary Public /Special Executive Magistrate under his/her official seal.



# Integrated

Master Securities Pvt Ltd

**(Depository Participant - NSDL) CIN : U74899DL1995PTC070418**  
Regd. Off. : 303, 3rd Floor, New Delhi House, 27, Barakhamba Road, New Delhi - 110001.  
**Phones:** 011-43074307 (30 lines), **Fax:** 011-43074315

## PART I-KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS)

Participant Name (DP ID : IN300724)	Client-ID (To be filled by Participant)							
INTEGRATED MASTER SECURITIES PRIVATE LIMITED								
I/We request you to open a depository account in my/our name as per the following details: (Please fill all the details in <b>CAPITAL LETTERS</b> only)	Date							

A)	Details of Account Holder(s):	Sole / First Holder	Second Holder	Third Holder
	Name of Account Holder :			
	Residence Address :			
	City/Town/Village :			
	State :			
	Country :			
	Pin Code :			
	Correspondence Address :			
	Phone :			
	Mobile :			
	Email :			
	UID :			

PAN						PAN					PAN			
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist								
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired								
	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Housewife								
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student								
		<input type="checkbox"/> Professional	<input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others Please Specify							
	Brief Details													

<b>B)</b>	For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:									
	a) Name		b) PAN							

C)	Type of Account		
	<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non Repatriable
	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Promoter
	<input type="checkbox"/> Margin	<input type="checkbox"/> Others (Please specify) _____	

D)	<b>Gross Annual Income Details</b>		
	Income Range per annual (please tick any one)		
<input type="checkbox"/>	Below Rs. 1 Lac	<input type="checkbox"/> Rs. 1-5 Lac	<input type="checkbox"/> Rs. 5-10 Lac
<input type="checkbox"/>	Rs. 10-25 Lac	<input type="checkbox"/> More than Rs. 25 Lac	

Please attach recent passport size photographs in the space provided below:

Sole/First Holder	Second Holder	Third Holder
<b>Photograph</b>	<b>Photograph</b>	<b>Photograph</b>
Signature : .....	Signature : .....	Signature : .....

**E) In Case of NRI/s Foreign Nationals**

RBI Approval Reference Number										
RBI Approval Date										

**F) Bank Details**

1	Bank Account Type	<input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account <input type="checkbox"/> Other (Please Specify _____)							
2	Bank Account Number								
3	Bank Name								
4	Branch Address								
	Citi/Town/Village	PIN Code							
	State	Country							
5	MICR Code								6. IFSC Code :

**G) Please tick, if applicable**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

**H) Standing Instructions**

1	I/We authorise you to receive credits automatically into my/our account	<input type="checkbox"/> Yes		
2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> No		
3	<b>SMS Alert facility</b> (Mandatory if you are giving Power of Attorney (PoA) Ensure that the mobile Number received in the KYC Application Form	<input type="checkbox"/> Yes		
	<b>Sr. No.</b>	<b>Holder</b>	<b>Yes</b>	<b>No</b>
	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>
4	Mode of receiving Statement of Account (Tick any one)	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form (Read Note 4 and ensure that email ID is provided in KYC Application Form)		

**I) Guardian Details** (where sole holder is a minor) : [For account of a minor, two KYC Application form must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian Name	
PAN	
Relationship of guardian with minor	

## DECLARATION

The rules and regulations of the Depository and Participants Pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/hour 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. In case non-resident account, I/we also declare that I/we have comlied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant". I, the holder of the above stated Aadhaar number, hereby give my consent to Integrated Master Securities (P) Limited to obtain my Aadhaar Number for authentication with UIDAI. Integrated Master Securities (P) Limited has informed me that my identity information would only be used for demographic authentication/validation/e-KYC purpose and also informed that my biometric will not be stored/shared and will be submitted to CIDR only for the purpose of authentication.

Name(s) of holder(s)	Signature(s) of Holder(s)
<b>Sole / First Holder / Guardian (in case sole holder is minor) (Mr./Ms.)</b>	
<b>Second Holder (Mr./Ms.)</b>	
<b>Third Holder (Mr./Ms.)</b>	

Notes : (1) All communication shall be sent at the address of the Sole/First holder only. (2) Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate. (3) Instructions related to nomination, are as below: (I) The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form. (II) A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner. (III) The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time. (IV) Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities. (V) Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the participant against the legal heir. (VI) The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form. (VII) On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee. (4) For Receiving statement of Account in electronic form: (I) Client must ensure the confidentiality of the password of the email account. (II) Client must promptly inform the Participant if the email address has changed, (III) Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice. (5) Strike off whichever is not applicable.

### SCHEDULE OF CHARGES

**DP-ID : IN300724 - DEPOSITORY SERVICES**

1.	Advance / Deposit	<b>NIL</b>
2.	Account Maintenance	Rs. 325/- for Individuals Rs. 1,500/- for Corporate
3.	Demat	Rs. 25/- Request + Rs. 5/- per certificate
4.	Remat	Rs. 25/- per 100 Securities or Part quantity or Rs. 25/- per Certificate whichever is higher
5.	Transaction (Debit)	0.02% (Subject to minimum Rs. 17/-)
6.	Margin Pledge & Pledge	0.02% (Subject to minimum Rs. 100/- per ISIN)
7.	Pledge Creation Confirmation	N.A.
8.	Margin Pledge & Pledge Closer	0.02% (Subject to minimum Rs. 100/- per ISIN)
9.	Pledge Closure Confirmation	N.A.
10.	Pledge Invocation	0.02% (Subject to minimum Rs. 100/- per ISIN)
11.	DIS & Failed Instruction Charges	Rs. 17/- per Instruction
12.	DIS Booklet Charges	Rs.20/- (First DIS Booklet at the time of Account Opening: No Charges)
13.	Other Charges	Rs. 100/- per Instruction: Change in Nomination/Address/Bank Particulars/Transmission
14.	BSDA Charges	Account Opening Annual Maintenance Fee (If the value of Holdings does not exceed Rs.50,000 at any point of time) Rs. 100/- (If the value of Holding is between Rs. 50,001 to Rs. 2, 00,000) Debit Transaction Rs. 25/-or 0.02% per case, whichever is higher

**Out of Pocket Expenses:**  Goods and Service Tax (GST) : As Per Govt. Notified rate.  As per NSDL 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 transaction charges.  In case of foreign correspondence address, in addition to annual account maintenance charges, statement/communication charges @ Rs. 50/- per mail shall be charged extra.  In case of non-payment of bill/dues within 30 days of due date interest shall be charged @ 2% percent per month.  For Corporate Accounts, AMC. Rs.1500/- P.A. will be charge.

#### Signature of the Applicant(s)

Sole/First \_\_\_\_\_

For Office Use

Second \_\_\_\_\_

Client ID \_\_\_\_\_

Third \_\_\_\_\_

# 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.

## 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 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/notifications 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/notifications issued there under by the depository and for 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.



**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](http://www.integratedmaster.com); Email Id:dp@integratedmaster.com

UCC/DP ID	I	N						
Client ID (only for Demat account)								

**Nomination Form for Demat Accounts and Mutual Fund (MF) Folio**

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

**Nomination Details**

	Mandatory Details						Additional Details ****	
	Name of nominee	Share of nominee (%)**	Relationship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								
Nominee 4								
Nominee 5								
Nominee 6								
Nominee 7								
Nominee 8								
Nominee 9								
Nominee 10								

\*Joint Accounts:

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

\*\* If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects'). \*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

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

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

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

Name of nominee(s)  Nomination: Yes / No

I hereby authorize \_\_\_\_\_ (nominee number \_\_) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to \_\_\_% of assets in the account / folio or Rs. \_\_. (Optional) (strike off portions that are not relevant)

2) This nomination shall supersede any prior nomination made by me / us, if any.

Signature : 1<sup>st</sup> holder: -----, 2<sup>nd</sup> holder: -----, 3<sup>rd</sup> holder: -----

**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]**

Sole/First Holder Name	
Second Holder Name	
Third Holder Name	
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.	
<b>Nomination Option</b>	

I/We wish to make a nomination.

**I/We do not wish to make nomination.**

[ Details are provided at FORM 10]

**Mode of Operations for Joint Accounts**

Jointly

Anyone of the holder or survivor(s)

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

**Standing Instructions**

1. I/We authorise you to receive credits automatically into my/our account.	Yes / No
2. Account to be operated through Power of Attorney (PoA)	Yes / No
3. Account to be operated through Demat Debit and Pledge Instruction (DDPI)	Yes / No

**SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA/DDPI). Ensure that the mobile number is provided in the KYC Application Form]**

Sr. No.	Holder	Yes	No
1.	Sole/First holder		
2.	Second holder		
3.	Third holder		

**Mode of receiving and Statement of Account [Tick any one]**

Physical form/Electronic form

I hereby declare that the aforesaid mobile number or E-mail ID belongs to (spouse, dependent children and dependent parents).	<input type="checkbox"/> Me or <input type="checkbox"/> My family
Mode of receiving Statement of Account (Tick wherever applicable)	Physical Form <input type="checkbox"/> Electronic Form <input type="checkbox"/>

For Joint accounts, **First holder:**  **All joint account:**   
communication to be sent to (See Note 5)

Signature(s) – As per the mode of holding in demat account(s) / MF folio(s)

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



**(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](http://www.integratedmaster.com); Email Id:compliance@integratedmaster.com**

**SCHEDULE OF CHARGES -DEPOSITORY SERVICES**  
**NSDL: IN300724,IN301887, IN301063, IN302986, EFFECTIVE FROM 01.04.2025**

1	Advance/Deposit	NIL
2	Account Maintenance	Rs. 325/- for individuals.
		Rs. 1000/- for Corporates (exclusive of NSDL 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/-)
		NSDL charges
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
	NSDL	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 NSDL charges)
	NSDL	Rs. 4/- per instruction
6	Pledge & Margin Pledge Creation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
	NSDL Pledge and Margin Pledge Charges	NSDL 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
7	Pledge, Pledge creation , confirmation, closure, & Margin Pledge Creation Confirmation	Margin Pledge release by TM / CM to Client Account ₹ 5/- per instruction , Invocation by CM or TM
	Pledge & Margin Pledge Closure	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
8	Pledge & Margin Pledge Closure Confirmation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
9	Pledge & Margin Pledge Invocation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
10	DIS& Failed Instruction Charges	Rs. 20/- per Instruction
11	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 NSDL 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 @ 2% 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)**



### Third applicant

Name								
Gender	M	F	O	PAN	Occupation Type	Service	Business	Others
Father's Name								
Cust ID / Folio No.								
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes								
Type of address given at KYC	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others							
Date of Birth	Place of Birth							
Country of Birth								
Nationality								
Are you a tax resident of any country other than India?	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/>			

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

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

\*To also include USA, where the individual is a citizen / green card holder of The USA

\*In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### 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.

#### Signatures

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Date

d d m m y y y y

Place

### FATCA & CRS Terms & Conditions

**Details under FATCA & CRS:** The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax 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.

**SIGNED AND DELIVERED BY CLIENT**

	NAME(S) OF HOLDER(S)	SIGNATURE(S)
Sole / First Holder		
Second Holder		
Third Holder		

For &amp; on behalf of

(For &amp; on behalf of the Integrated Master Securities Pvt. Ltd.)

**Integrated Master Securities Pvt. Ltd.**

(Depository Participant)

Witness :

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

(Authorised Signatory)

Place :

Date :

(For &amp; on behalf of the Client)

Witness :

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

**ACKNOWLEDGEMENT**

Participant Name, Address &amp; DP ID

Received the application from Mr./Mrs. \_\_\_\_\_ as the sole/first holder alongwith \_\_\_\_\_ and \_\_\_\_\_ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all all your future correspondence.

Date :

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**Participant Stamp & Signature**