

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.

IDENTITY DETAILS

1. Name of the Applicant

2a. Date of incorporation / / 2b. Place of incorporation

3. Date of commencement of business / /

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) | |

ADDRESS DETAILS

1. Address for Correspondence

City / Town / Village

State

Country

Pin Code

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

State

Country

Pin Code

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

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) / /

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:

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: / /

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: / /

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>(i.e. promoters, whole time directors etc.)</i>																					
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>(i.e. promoters, whole time directors etc.)</i>																															
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>(i.e. promoters, whole time directors etc.)</i>																															
3a. PAN											3b. DIN/ UID																				
4. Residential/ Registered Address																															
City / Town / Village															Country																
State															Pin Code																

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

1. Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	PHOTOGRAPH Please affix your recent passport size photograph and sign across it	
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
3a. PAN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		3b. DIN/ UID <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4. Residential/ Registered Address <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">City / Town / Village</div> <div style="width: 10%;">Country</div> <div style="width: 10%;">Pin Code</div> <div style="width: 35%;">State</div> </div>		

1. Name																					
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i>																					
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

Ref. No. _____

CKYC No. _____


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**

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

☐ Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth*

 - -

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

 - -
☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

Driving Licence Expiry Date

 - -
☐ 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☐ Simplified Measures Account - Document Type code

please specify

Address

Line 1*

Line 2

Line 3

District*

City / Town / Village*

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

Prefix

First Name

Middle Name

Last Name

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 --
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date --
☐ 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 : --

Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

IPV & KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date --
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch


Name Integrated Master Securities Private Limited

Code

[Employee Signature]

[Institution Stamp]

FORM 11
PART II – ACCOUNT OPENING FORM
(FOR NON-INDIVIDUALS)

		Client –ID (To be filled by Participant)													
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>						Date		D	D	M	M	Y	Y	Y	Y
A)	Details of Account holder(s):														
			Name						PAN						
	Sole/ First Holder														
	Second Holder														
	Third Holder														
B)	Type of account														
	<input type="checkbox"/> Body Corporate				<input type="checkbox"/> FI				<input type="checkbox"/> FII						
	<input type="checkbox"/> Qualified Foreign Investor				<input type="checkbox"/> Mutual Fund				<input type="checkbox"/> Trust						
	<input type="checkbox"/> Bank				<input type="checkbox"/> CM				<input type="checkbox"/> HUF						
	<input type="checkbox"/> Other (Please specify) _____														
C)	For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:														
	a) Name								b) PAN						
D)	Income Details (please specify)														
	Income Range per annum						and	Networth							
	<input type="checkbox"/> Below ` 20 Lac							Amount (`) _____							
	<input type="checkbox"/> ` 20 – 50 Lac							As on (date) D D M M Y Y Y Y							
	<input type="checkbox"/> ` 50 Lac – 1 crore							(Networth should not be older than 1 year)							
	<input type="checkbox"/> Above ` 1 crore														
E)	In case of FIIs/Others (as may be applicable)														
	RBI Approval Reference Number														
	RBI Approval date						D	D	M	M	Y	Y	Y	Y	
	SEBI Registration Number (for FIIs)														
F)	Bank details														
	1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____													
	2	Bank Account Number													
	3	Bank Name													
	4	Branch Address													
									City/town/village				PIN Code		
								State				Country			

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory/Karta of HUF		X
Second Signatory		X
Third Signatory		X
<u>Other Holders</u>		
Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes:

- In case of additional signatures, separate annexures should be attached to the application form.
- 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.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - 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.
- Strike off whichever is not applicable.

=====

Acknowledgement

Participant Name, Address & DP ID

Received the application from M/s _____ 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 (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Participant Stamp & Signature



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

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	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
	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 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 NSDL charges)
8	Pledge & Margin Pledge Closure	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
9	Pledge & Margin Pledge Closure Confirmation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL 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 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)

Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity														
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										
"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	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI Please tick as appropriate <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> 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 ⁸ , please specify)

^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent⁸.

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 <input checked="" type="checkbox"/> or Direct reporting NFE ⁷ <input checked="" type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/>	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 <input type="text"/>
GIIN not available (please tick as applicable) <input checked="" type="checkbox"/> Applied for If the entity is a financial institution, <input checked="" type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="text"/>		
<input checked="" type="checkbox"/> 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 <i>publicly traded company</i> 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 <i>related entity</i> 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 checked="" type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an <i>active</i> 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 <input type="text"/> (Mention code – refer 2c of Part D)
4. Is the Entity a <i>passive</i> ⁴ NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

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's⁵ 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		Tax ID Type		Address	
Country		Type Code			
Tax ID No. %		AddressType	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	ZIP <input type="text"/>	State: <input type="text"/> Country: <input type="text"/>
2. Name		Tax ID Type		Address	
Country		Type Code			
Tax ID No. %		AddressType	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	ZIP <input type="text"/>	State: <input type="text"/> Country: <input type="text"/>
3. Name		Tax ID Type		Address	
Country		Type Code			
Tax ID No. %		AddressType	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	ZIP <input type="text"/>	State: <input type="text"/> Country: <input type="text"/>

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence/NREGA Job Card, Others)		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		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name			Others <input checked="" type="checkbox"/>
2. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name			Others <input checked="" type="checkbox"/>
3. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name			Others <input checked="" type="checkbox"/>

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

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 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.

⁵It 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	

<div>Signature</div>	<div>Signature</div>	<div>Signature</div>	Place _____ Date __/__/____
----------------------	----------------------	----------------------	--------------------------------

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

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

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no

charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

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

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

Liability of the Depository

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

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

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

Freezing/ Defreezing of accounts

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

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

Redressal of Investor grievance

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

Authorized representative

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

Law and Jurisdiction

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

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

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

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

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

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

Annexure B

Option 1

**Integratedd Master Securities Pvt Ltd
existing stationery of Account Opening Form]**

Acknowledgement

To,

Date	D	D	M	M	Y	Y	Y	Y
:								

Integratedd Master Securities Pvt Ltd
IN300724
303-304, 3RD FLOOR
New Delhi House
27, Barakhamba Road
New Delhi-110001

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		
