



# ACCOUNT OPENING FORM

Client Name \_\_\_\_\_

Form No. \_\_\_\_\_ Trading Code \_\_\_\_\_

Demat Account No. \_\_\_\_\_ Branch Code/Name \_\_\_\_\_

Authorise Person Code / Name \_\_\_\_\_

Date of Activation \_\_\_\_\_

## ACCOUNT OPENING KIT – ACKNOWLEDGEMENT

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI UNDER NOTIFICATION NO. CIR/MIRSD/16/2011 (22.08.2011)

Sr.No.	Name of the document	Brief significance of the document	Page No.
1	Know Your Client or Account Opening Form	KYC Form - Document captures basic information about the constituent (for Individuals)	4
2	Demat and Trading Account Details	Details of Constituent pertaining to bank account/ Depository/ Past actions and other Details.	5 – 7
3	BO Nomination Form	Details pertaining to Beneficiary Owner	8 – 9
4	Schedule of Charges (BO Account) & Brokerage Tariff Details	Tariff details pertaining to BO Account . Document detailing the rate/amount of brokerage and other charges levied on the constituent for trading on the Stock & Commodity Exchanges.	10
5	Undertaking and Authorizations	Undertaking and authorizations for BSDA/CAS	11
6	Running Account Authorization	Authorization letter to maintain constituents account on Running Account basis.	12
7	ECN	Declaration for Commodity Exchange	12

### Important Note

### Signature Types

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
First/Sole Holder Signature	Second Holder Signature	Third Holder Signature
Signature of Guardian	Signature of First Witness	Signature of Second Witness
Signature of Introducer		



## KNOW YOUR CLIENT (KYC) APPLICATION FORM INDEX

Dear Sir,

This has reference to necessary Know Your Client Form containing basic information, additional Information and other documents executed by me. I hereby acknowledge receipt of following documents from you:-

### S.NO. PARTICULARS (MANDATORY AS PRESCRIBED BY EQUITY EXCHANGE) PAGE NOS.

1	Documents containing mandatory Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories	
2	Documents containing voluntary Rights & Obligations of stock broker, sub-broker and client forming part of documents as mentioned in clause 1 above.	
3	Internet & wireless technology based trading facility provided by stock brokers to client	
4	Risk Disclosure Documents.	
5	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	
6	Policy and Procedures document. (Voluntary as prescribed by Member Broker)	

### PARTICULARS (VOLUNTARY AS PRESCRIBED BY MEMBER BROKER)

1	Containing Clause Voluntary documents pertaining to non-mandatory documentation and tariff sheet duly signed by me.	
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### MANDATORY DOCUMENTS AS PRESCRIBED BY COMMODITY EXCHANGE

1	Uniform Risk Disclosure Document (RDD) - Document detailing risks associated with dealing in the commodities market.	
2	Rights and Obligations of Members, Authorized Persons and Clients - Document stating the rights & obligations of member, authorized person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	
3	Internet & wireless technology based trading facility provided by members to client	
4	Do's and Don't for the Investors - Document detailing do's and don't for trading on exchange, for the education of the investors.	
5	Policies & Procedure - Policies & Procedure for commodities.	

I state that I have read and understood all above documents and these documents are binding upon me. Thanking You,

Signature Types

(X)

First/Sole Holder Signature

(X)

Second Holder Signature

(X)

Third Holder Signature



### CHECKLIST FOR KYC (PLEASE TICK WHEREVER APPLICABLE)

CKYC Reference No.:		14 DIGITS KYC NUMBER	
Valid Documents (Copies of all documents to be self attested)			Please Tick
PAN Card	Account Holder & Joint Holder's (If any)		
Photograph	One Colored Passport Size Photograph		
Additional Proof of Identity (Any One)	a. PAN Card	KRA document Used (Email Id & Phone number to be provided on given KRA Form)	
	b. Voter ID		
	c. Valid Passport		
	d. Valid Driving License		
	e. Unique Identification Number (UID) (Aadhaar)		
	f. Other (Pls. Specify):		
Proof of Address (Any One) Permanent / Correspondence	a. Voter ID	KRA document Used	
	b. Valid Passport		
	c. Valid Driving License		
	d. Unique Identification Number (UID) (Aadhaar)		
	e. Bank Statement/Passbook (not more than 3 months Old must contain complete address of client)		
	f. Electricity Bill (not more than 3 months old)		
	g. Resident Landline Tel. Bill (not more than 3 months old)		
	h. Other (Pls. Specify)		
Bank Proof With MICR / IFSC Code (1st Holder only)	a. Bank Statement / Bank Passbook with cheque leaf (not more than 3 Months old)		
	b. Banker's Certificate on letter head of the Bank (ORIGINAL)		
	c. Cancelled Personalized Cheque leaf		
Proof of Income (Any One) Mandatory for Derivatives Segments (1st Holder only)	a. Copy of latest ITR acknowledgment		
	b. In case of salary income - Salary Slip, Copy of Form 16		
	c. Net-worth certificate (Not more than 1 year old)		
	d. Copy of Demat Account Holding Statement (not more than 3 months old)		
	e. Bank Account Statement for last 6 months reflecting income		

### FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUAL

Client Name		First Holder	Second Holder	Third Holder
1	Are you Indian Resident Person? (Refer Risk Disclosure Document at <a href="http://www.vselindia.com">www.vselindia.com</a> )	Yes / No	Yes / No	Yes / No
2	Specify country of residence for tax purpose (If above clause is no)			
3	Specify Tax Identification No. / Others			

Note: If you are a U.S. person and / or if your tax residency / nationality / citizenship is other than India, then please provide declaration / self certification under FATCA / CRS. This declaration form can be downloaded from [www.vselindia.com](http://www.vselindia.com) or write to [compliance@vselindia.com](mailto:compliance@vselindia.com)

Signature Types

(X)

First/Sole Holder Signature

(X)

Second Holder Signature

(X)

Third Holder Signature



## KNOW YOUR CLIENT (KYC) | APPLICATION FORM (FOR INDIVIDUALS ONLY)

Please fill in ENGLISH & in BLOCK LETTERS with black/blue ink & tick the appropriate options

Application No.

### A. IDENTITY DETAILS

1	Name of Applicant				<b>PHOTOGRAPH</b> Paste color passport Size photo & sign Across it
	Father's/ Spouse Name				
2	Mother Name				
3	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	4	Date of birth DD/MM/YYYY	
5	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	6	Nationality India	
7	Residential Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual			
8	PAN		9	Aadhar	
10	Specify the proof of identity submitted				Signature

### B. ADDRESS DETAILS

Correspondence Address					
1	City/Town/Village		Pin Code		
	State		Country		
2	Contact Mobile No		Tel (Res.)		
	Tel (Off.)		Email id		
3	Specify the proof of address submitted for Correspondence Address				
	Permanent Address		Same as correspondence address		
4	City/Town/Village		Pin Code		
	State		Country		
5	Occupation (Please tick)	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt 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			
6	Specify the proof of address submitted for Permanent Address:				
7	Gross Annual Income	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs Net Worth in (*Net worth should not be older than 1 year) as on date DD/MM/YYYY			
8	Is the Client Politically Exposed Person (PEP) or Related to a PEP ? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place   
 Date  DD/MM/YYYY Signature of Applicant ☒ First/Sole Holder Signature

### FOR OFFICE USE ONLY

Details of Employee/SB/AP	VSE Documents verified with Originals & In-Person Verification done by			VSE Seal/Stamp Of the Intermediary
Name & E Code				
Designation				
Date	DD/MM/YYYY	Place		
Signature				



### ADDITIONAL KYC DETAILS FOR DEMAT & TRADING ACCOUNT

Type of Account - Individual (please tick whichever is applicable)

Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual - Director	<input type="checkbox"/> Individual HUF/AOP
	<input type="checkbox"/> Individual Director's Relative	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Minor
	<input type="checkbox"/> Individual Margin Trading A/C		<input type="checkbox"/> Other (specify)
NR	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Repatriable Promoter	<input type="checkbox"/> NRI - Depository Receipts
	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> Other (specify)
Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depositor Receipts	<input type="checkbox"/> Other (specify)

Guardian details (where sole holder is a minor)

[For account of a minor, two KYC Application Forms 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

### A. BANK ACCOUNT DETAILS (BANK 1 WILL BE CONSIDERED FOR PAYOUT OF FUNDS)

Bank 1 : Bank Name & Branch Location			
Account No.		<input type="checkbox"/> Savings	<input type="checkbox"/> Current
MICR Code		IFSC Code	
Bank 2 : Bank Name & Branch Location			
Account No.		<input type="checkbox"/> Savings	<input type="checkbox"/> Current
MICR Code		IFSC Code	

### B. DEPOSITORY ACCOUNT DETAILS (DP1 DETAILS CONSIDERED FOR PAYOUT OF SECURITIES IF FILLED)

	DP 1 Details	DP 2 Details	
	CDSL	CDSL	NSDL
Depository			
DP Name			
Client Name			
DP ID			
BO ID			

### C. TRADING PREFERENCE

Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client

Exchanges	Segment		Client Signature
NSE / BSE	Cash	Signature of Applicant	(X)
NSE	F&O	Signature of Applicant	(X)
NSE / BSE	Currency Derivative	Signature of Applicant	(X)
MCX/NSE/BSE	Commodity Derivative	Signature of Applicant	(X)
FOR ALL SEGMENTS PLEASE SIGN HERE		Signature of Applicant	(X)

### DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes there in, 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.

Place

Date DD/MM/YYYY

Signature of Applicant (X)

First Holder Signature



#### D. PAST ACTIONS

Details of any action/proceedings initiated/pending/taken by SEBI/Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors /authorized persons in charge of dealing in securities during the last 3 years:

☐ No ☐ If yes, please specify \_\_\_\_\_

#### E. INTRODUCER DETAILS

Status of Introducer	<input type="checkbox"/> AP <input type="checkbox"/> Employee <input type="checkbox"/> Existing Client <input type="checkbox"/> Others (Specify):	
Introducer Name	SB/AP/Emp/Client Code	
Address of SB/AP		
Mobile No	Relation CKYC No	

Signature of the Introducer \_\_\_\_\_

#### F. DEALING THROUGH AUTHORISED PERSON (AP) / OTHER STOCK BROKERS

If Yes, please specify			
Name of AP	Registration No		
Name of Exchange	Trading Code		
Details of disputes/dues pending from/to such stock broker/sub-broker			
Whether you are a Member/AP of any Exchange			<input type="checkbox"/> Yes <input type="checkbox"/> No

#### G. STANDING INSTRUCTIONS / OTHER DETAILS / EMAIL-SMS ALERT / CONTRACT NOTE PREFERENCE

To send Electronic Transaction, Holding Statement, ECN/Bill & all correspondence at 1st Holder Email ID Stated in KYC	<input type="checkbox"/> Yes <input type="checkbox"/> No
To share email id with Registrar & Transfer Agent (RTA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dividend/Interest to receive in bank account stated in KYC via ECS	<input type="checkbox"/> Yes <input type="checkbox"/> No
To avail facility of Internet Trading & Wireless Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No
To receive Annual Report in Electronic mode	<input type="checkbox"/> Yes <input type="checkbox"/> No
To receive Rights & Obligations, RDD, Guidance Note, Policies & Procedures & all non mandatory Documents in electronic and also displayed for information on website www.vselindia.com	<input type="checkbox"/> Yes <input type="checkbox"/> No
To receive Delivery Instruction Slip	<input type="checkbox"/> Yes <input type="checkbox"/> No
DP Account Statement	<input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/> As per SEBI Regulation
Declaration for Email & Mobile Number	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent

Note: To register for Easi please visit website [www.cdslindia.com](http://www.cdslindia.com), where BO can view ISIN balances, transactions & portfolio online.

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
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## H. INFORMATION FOR PREVENTION OF MONEY LAUNDERING ACT, 2002 & OTHER DETAILS

Experience	Number of years of Investment / Trading Experience			
Gross Annual Income	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs
	Net Worth in	(*Net worth should not be older than 1 year)		as on date DD/MM/YYYY
Nature of Business	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Trading <input type="checkbox"/> Consultancy <input type="checkbox"/> Others, please specify			
Guardian Details	Name	PAN		
	CKYC Reference No.	Relation		
Is the Client Politically Exposed Person (PEP) or Related to a PEP				<input type="checkbox"/> Yes <input type="checkbox"/> No

Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure - 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility I have read and understood the Terms and Conditions prescribed by CDSL for the same.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	I/We wish to register the following clearing member Ids under my/our below mentioned BOID registered for TRUST		
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID ( Optional)

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief I undertake to inform you of any changes therein in writing by submitting modification form 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 confirm having read/been explained and understood the contents of the document on policy and procedure of the stock Broker and the tariff sheet, and all voluntary / non-mandatory documents.
- I further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Guidance Note' with 'Policy and Procedures' Do's and Dont's for stock and commodities segment. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set Of documents has been displayed for Information on stock broker's designated website [www.vselindia.com](http://www.vselindia.com)
- The rules and regulations and Bye laws of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and we agree to abide by and to be bound by the rules, regulations and bye laws 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/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. In case non-resident account, I/We also declare that I/We have complied 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".

### Notes:

- In case of additional signatures, separate annexes 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.

Date \_\_\_\_\_ Place \_\_\_\_\_

(X) \_\_\_\_\_
(X) \_\_\_\_\_
(X) \_\_\_\_\_

First/Sole Holder Signature
Second Holder Signature
Third Holder Signature



## Annexure-A

I/We wish to make a nomination. [As per details given below]					
<b>Nomination Details</b>					
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.					
Nomination can be made upto three nominees in the account.		Details of 1 <sup>st</sup> Nominee		Details of 2 <sup>nd</sup> Nominee	
Details of 3 <sup>rd</sup> Nominee					
<b>Mandatory Details</b>					
1	Name of the nominee(s) (Mr./Ms.)*				
2	Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.					
3	Relationship With the Applicant ( If Any)		Photograph & Signature Aadhaar      PAN Saving Bank		
* Date of Birth and Name of Guardian to be provided in case of minor nominee(s)					
<b>Non-mandatory Details</b>					
4	Address of Nominee(s)/ Guardian in case of Minor  City / Place: State & Country:  PIN Code				
5	Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor				
6	Email ID of nominee(s)/ Guardian in case of Minor				
7	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]  <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID				
Name(s) of holder(s)					Signature(s) of holder*



	Name(s) of holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms.)		⊗
Second Holder (Mr./Ms.)		⊗
Third Holder (Mr./Ms.)		⊗

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

**Note:**

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

The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

**Annexure-B**

**Declaration for opting-out of nomination**

<p>I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ 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 MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.</p>		
<p align="center"><b>Name and Signature of Holder(s)*</b></p>		
1. ⊗	2. ⊗	3. ⊗

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.



## BROKERAGE TARIFF DETAILS

### BROKERAGE RATES (Equity / Commodity)

Mention on percentage or paisa very clearly CM segment	Trading / Intra-day first leg- second Leg	Minimum (mention on percentage or Paisa)	Delivery (Cm) / Carry forward (f&O)	Minimum (mention on percentage or Paisa)	Minimum (per Options contract Rs. per lot)
CM Segment					N.A
F&O Segment					
Currency					
MCX					
NCDEX					

### SCHEDULE OF CHARGE STRUCTURE FOR DEMAT SERVICES INDIVIDUAL AND CORPORATE INVESTOR

SERVICE	CHARGE		
	REGULAR*	LIFE TIME	BSDA**
Annual Maintenance Charge	Rs.250/- Rs. 1000 /- for Corporate	Rs.2000/-	NIL (If value of holding is up to 50000) Rs.100/- (If value of holding is between 50001 to 200000)
Transfer (Buy/Credit)	NIL	NIL	NIL
Transfer (Sell/ Debit) Market VSSL Account	Rs.20/- or 0.025%	Rs.20/- of 0.025%	Rs.60/-
Market /off Market Transfer	Rs.20/-	Rs.20/-	
Demat	Rs.5 /- Per Certificate + Rs.100/- Postage Charges per request		
Remat	Rs.40 /-		
Pledge Creation	0.02% Per Instruction + Rs. 12 /-		
Pledge Closure/Invocation	0.02% Per Instruction + Rs. 12 /-		
Freeze-De-Freeze	NIL		
KYC CHARGES	Rs. 35		
MARGIN PLEDGE	Rs. 20		
MARGIN CLOSURE	Rs. 10		

#### Notes:

1. We reserve the rights to change/add charges with 30 days prior notice.
2. Charges/Tariffs shall be revised / changed at VSSL's discretion, intimation of which shall be done by E-mail/Post
4. For account opening charges/annual maintenance, cheques required Payable at Par/DD.
4. All payments should be in favour of "VSE Stock Services Limited".
5. The above rates are exclusive of Stamp Duty, Exchange Transaction charges, Securities Transaction Tax, SEBI Turnover Charges and GST which will be charged extra at the rate prevailing from time to time. Further it is exclusive of any other charges /levies that may be imposed from time to time.
6. For Internet Based Trading (IBT) clients, additional charges with regard to software access etc. will be applicable as per the terms agreed at relevant point in time.

I/We accept above Charges Structure.

DP ID 1 3 0 1 6 7 0 0

Client ID

(X)

First/Sole Holder Signature

(X)

Second Holder Signature

(X)

Third Holder Signature





VSE Stock Services Limited  
Regi. Office: 3rd Floor Fortune Tower  
Sayajigunj Vadodara -390005  
Gujarat,INDIA

Dear Sir,

I/We hereby undertake that no criminal case or civil proceedings by any enforcement agency worldwide is against me/us

Yours Faithfully,

_____	_____	_____
First/Sole Holder Name	Second Holder Name	Third Holder Name
⊗ _____	⊗ _____	⊗ _____
First/Sole Holder Signature	Second Holder Signature	Third Holder Signature

**Sub: BSDA Facility Not Required**

I/We hereby request to DP-VSSL not to convert my/our regular demat account into BSDA account in future even though if falls under BSDA category subject to SEBI/CDSL guidelines.

I/We agree to pay my/our bill amt as per rules of regular account as decided by the VSSL

_____	_____	_____
First/Sole Holder Name	Second Holder Name	Third Holder Name
⊗ _____	⊗ _____	⊗ _____
First/Sole Holder Signature	Second Holder Signature	Third Holder Signature

**Sub: Cas Not required**

Dear Sir,

I/We hereby give my/our consent that I/We do not wish to receive CAS statement through email/physical as send by CDSL i.e. NO CAS REQUIRED

BO ID: 1301670000

_____	_____	_____
First/Sole Holder Name	Second Holder Name	Third Holder Name
⊗ _____	⊗ _____	⊗ _____
First/Sole Holder Signature	Second Holder Signature	Third Holder Signature



# VSE STOCK SERVICES LIMITED

(Wholly Owned Subsidiary of erstwhile Vadodara Stock Exchange LTD.)

(Depository Participant of Central Depository Service (India) Limited)

3rd Floor, Fortune Tower, Sayajigunj, Vadodara - 390 005.

Ph. : 0265-2361036 Intercom : 327/331

DP ID No. : 13016700, SEBI Reg. No. IN-DP-CDSL-705-2013, UID : 100009571

CIN : U67120GJ2002PLC040360



## Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL

### Definition :

In these Terms and Conditions the terms shall have following meaning unless indicate otherwise:

1. "Depository" Means Central Depository Services (India) Limited a company incorporated in the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and a 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. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

### Receiving Alerts :

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaints@cdslindia.com](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.



**Fees :**

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

**Disclaimer :**

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warrant the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized user or access to the information and/or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/misuse of such information by any third person.

**Liability and Indemnity:**

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third persona due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

**Amendments :**

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

**Governing Law and Jurisdiction :**

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purpose of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/We further undertake to pay fee/charges as may be levied by the depository from time to time.

I/We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

BOID

1	3	0	1	6	7	0	0		0	0							
---	---	---	---	---	---	---	---	--	---	---	--	--	--	--	--	--	--

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name : \_\_\_\_\_

Second Holder's Name : \_\_\_\_\_

Third Holder's Name : \_\_\_\_\_

Mobile Number on which message are to be sent

+91																	
-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please write only the mobile number without prefixing country code or zero)

The mobile number is registered in the name of : \_\_\_\_\_

Email ID : \_\_\_\_\_

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

 Signature ☒ \_\_\_\_\_  
 Sole / First Holder

☒ \_\_\_\_\_  
 Second Holder

☒ \_\_\_\_\_  
 Third Holder

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

Date : \_\_\_\_\_



# VSE STOCK SERVICES LIMITED

(Wholly Owned Subsidiary of erstwhile Vadodara Stock Exchange Limited)

[ Member : BSE, NSE, MSEI, DP-CDSL (DPID-13016700)]

Registered Office: 3rd Floor, Fortune Tower, Sayajigunj, Vadodara - 390 005.

Tel.: (0265) 2361534 • Fax: (0265) 2361452 • E-mail: vse@vselindia.com

Website: www.vselindia.com • For Investor Grievance: igcvssl@vselindia.com

UID No.: 100009571 CIN: U67120GJ2002PLC040360, For DP: vsecdsl@yahoo.co.in



Annexure A

## Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

1. Your trading account has a "Unique Client Code" (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker's Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

(X)

First /Sole Holder Signature

(X)

Second Holder Signature

(X)

Third Holder Signature



**MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Trasfer, Pledge & Freeze)**

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the Holder
----------------------------------	---

Consent for Communication to be received by First Account Holder / All Account Holder : (Tick the Applicable Box.)  
If not marked the default option would be **First Holder**.

First Holder	<input type="checkbox"/> All Holder	Email ID
	<input type="checkbox"/> Second Holder	
	<input type="checkbox"/> Third Holder	

⊗ \_\_\_\_\_

**First Holder**

⊗ \_\_\_\_\_

**Second Holder**

⊗ \_\_\_\_\_

**Third Holder**



### STANDING INSTRUCTION TO MAINTAIN RUNNING ACCOUNT (VOLUNTARY)

I/We request you to maintain my/our accounts for funds and securities on running accounts basis instead of 'bill to bill' settlement basis, unless I/We specifically request you for a payout of available free funds or securities in the account. You may settle the accounts at Monthly/Quarterly (Strike off whichever is not applicable, else the option will be considered as Quarterly) or at such other intervals as SEBI/Stock Exchanges may specify from time to time. I/We further authorize you to retain securities and/or funds as may be permitted by Stock Exchanges/SEBI from time to time or towards other unbilled services and/or charges applicable on my account, while settling the accounts. I/We further authorize you to also retain Funds as may be permitted by SEBI/Stock Exchanges from time to time, while settling my/our account. I/We understand and agree that no interest will be payable on the amount of funds retained by you as above. I/We agree that VSSL shall not be liable for any claim for loss or loss of profit or for any consequential, incidental, special or exemplary damages, or otherwise, caused by retention of such securities/funds. The standing instruction/authorization for maintaining my/our account as running account shall remain valid until revoked in writing, addressed to you.

Client Code \_\_\_\_\_

(X)

First/Sole Holder Signature

### ELECTRONIC CONTRACT NOTES [ECN] DECLARATION (VOLUNTARY)

To,  
VSE Stock Services Limited  
Dear Sir,

I, \_\_\_\_\_ a client with member M/s. VSE Stock Services Ltd of Commodity Exchange undertake as follows:

- 1 I am aware that the member has to provide physical contract note in respect of all the trades placed by me unless I myself want the Same in the electronic form.
- 2 I am aware that the member has to provide electronic contract note for my convenience on my request only.  
Though the member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract
- 3 notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me.
- 4 I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
- 5 My email id is \_\_\_\_\_. This has been created by me and not by someone else.
- 6 I am aware that this declaration form should be in English or in any other Indian language known to me.

The above declaration has been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same

(The above lines must be reproduced in own handwriting of the client.)

Client Name			
Unique Client Code			
PAN			
Address			
Date		Place	

(X)

First/Sole Holder Signature



## CLIENT MASTER - FOR USE BY VSSL

### STRICTLY HO REFERENCE

Initial entries

CALL VERIFICATION		INWARD PARTICULARS		DOCUMENT VERIFICATION	
Date		Date		Date	
Time		Time		Time	
Sign		Sign		Sign	
Remarks					

### PROCEDURE CHECK LIST

- ☐ Call verification of Client
 ☐ Mail sent to Client
 ☐ SMS sent to Client
 ☐ Welcome kit dispatch

Declaration pursuant to PMLA by SEBI vide its circular ISD/AML/CIR-1/2010 dtd 12th February, 2011.

Professional Clearing Member	VSE Stock Services Limited (VSSL) SEBI		
NSE & BSE - F & O	Regn. Nos. :-		
NSE & BSE- CD	NSE Cash (CM)		
MCX	NSE Derivatives (F&O)		
	NSE Currency Derivatives (CD)	INZ 000193839	Dt. 14.08.2018
	BSE Currency Derivatives (CD)		
	BSE Cash (CM)		
	BSE Derivatives (F&O)		
	MCX		
	CDSL DP – 16700	IN-DP- 507 - 2013	Dt. 02.12.2018
	MFSS Segment – AMFI	ARN-	

(This information is the sole property of VSE Stock Services Limited and would not be disclosed to anyone unless required by law or except with express permission of client)

**Director Name** Mr. Baljit Singh  
**Tel No.** 0265 - 2361534  
**Compliance Officer Name** Mr. Narendra Brahmhatt  
**Tel No.** 0265 – 2361534

**Email id:** igcvssl@vselindia.com  
**Email id:** compliance@vselindia.com

For any grievance / dispute please contact VSE Stock Services Limited (VSSL) at the above address or email id – igcvssl@vselindia.com and Tel. No. 0265-2361534 or visit our website: www.vselindia.com. In case not satisfied with the response, please contact the Concerned exchange(s). For NSE for - ignse@nse.co.in or TollFree No. 1800-266-0058 / For BSE- dis@bseindia.com or 022 – 22728517/ For MCX- compliance@mcxindia.com or 022-66494090./ For MSEI investorcomplaints@msei.in or 022-67319000 (Extn. 9028)/For CDSL complaints@cdslindia.com/TollFree No. 1800-22-5533/ For SEBI SCORES sebi@sebi.gov.in/TollFree No. 1800-266-7575



# KNOW YOUR CLIENT (KYC) APPLICATION FORM

Annexure-2

## For Non-Individuals

**PHOTOGRAPH of  
Authorised Signatory(ies)**

Please fill this form in ENGLISH and in BLOCK LETTERS WITH BLACK INK ONLY.

Please affix your recent passport size photograph and sign across it

### A. IDENTITY DETAILS

Name of Applicant																									
Date of Incorporation	D	D	M	M	Y	Y	Y	Y	PAN																
Place of Incorporation									Date of Commencement of business								D	D	M	M	Y	Y	Y	Y	
Registration No. (e.g.CIN)																									
Status	<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Limited Co. <input type="checkbox"/> Body Corporation <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"/> Defence Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP      Others(Please Specify)_____																								

### B. ADDRESS DETAILS

Correspondence Address																									
City/Town/Village													State												
Country													PIN Code												
Telephone No.(R)													Fax No.												
Telephone No.(O)													Mobile No. +91												
Email ID																									
Specify the proof of Address submitted for Correspondence Address																									
Registered Office Address (If Different From Correspondence Address)																									
City/Town/Village													State												
Country													PIN Code												
Specify the proof of Address submitted for Registered Address																									



### C. OTHER DETAILS

Gross Annual Income Details (Please Specify)		Income Range per annum : <input type="checkbox"/> Below ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 to ₹ 5,00,000 <input type="checkbox"/> ₹ 5,00,001 to ₹ 10,00,000 <input type="checkbox"/> ₹ 10,00,001 to ₹ 25,00,000 <input type="checkbox"/> ₹ 25,00,001 to ₹ 1,00,00,000 <input type="checkbox"/> ₹ More than ₹ 1,00,00,000	
Net-worth as on (date) should not be older than 1 year		Net-worth (Amount)	
Name, PAN, Residential Address and Photographs of Promoters/Partners/Karta/Trustees and whole time Directors			
DIN/UID of Promoters/ Partners/ Karta and Whole time Directors			
Please tick, if applicable for any of your authorized signatories/ Promoters/ Partners/ Karta/ Trustees/ Whole Time Directors		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person	
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.

\_\_\_\_\_  
Name & Signature of the Authorised Signatory(ies)

Date \_\_\_\_\_(dd/mm/yyyy)

### FOR OFFICE USE ONLY

- ☐ (Originals verified) True Copies of documents received  
☐ (Self-Attested) Self Certified Document copies received

(.....)

Signature of the Authorised Signatory

Date : .....

Seal/Stamp of the Intermediary



**VSE STOCK SERVICES LTD.**

Wholly Owned Subsidiary of Vadodara Stock Exchange Ltd.  
(Depository Participant of Central Depository Services (India) Limited)  
3rd Floor, Fortune Tower, Sayajigunj, Vadodara - 390 005.  
Ph. : 0265 - 2361372, 2361036 | Email : vsedpgrievance@yahoo.co.in  
DP ID No. : 13016700 SEBI Reg. No. IN-DP-CDSL-705-2013, UID No. : 100009571  
GSTIN No. : 24AABCV4258K1Z5 | CIN : U67120GJ2002PLC040360

(To be filled by the Depository Participant)

Application No.											Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																			
DP ID	1	3	0	1	6	7	0	0	Client ID										

(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										
		UID										
Second Holder's Name		PAN										
		UID										
Third Holder's Name		PAN										
		UID										

Name *												
--------	--	--	--	--	--	--	--	--	--	--	--	--

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

**Type of Account (Please tick whichever is applicable)**

Status	Sub - Status
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> Fill <input type="checkbox"/> Cm <input type="checkbox"/> F1 <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (specify) _____	<b>To be filled by the DP</b>
SEBI Registration No. (If Applicable)	SEBI Registration Date
RBI Registration No. (If Applicable)	RBI Approval Date
Nationality	
<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____	

I / We instruct the DP to receive each and every credit in my / our account (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-Holdin Statement at the email ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

**Clearing Member Details (to be filled by CMs only)**

Name of Stock Exchange			
Name of CC / CH			
Clearing Member ID	Trading Member ID		

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



**Bank Details [Dividend Bank Details]**

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

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
 (ii) Photocopy of the Bank Statement having name and address of the BO  
 (iii) Photocopy of the Passbook having name and address of the BO, (or)  
 (iv) Letter from the Bank.  
 ❖ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details	Income Range per annum:														
Gross Annual Income Details	<input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000														
	Net worth as on (Date)    D   D   M   M   Y   Y   Y   Y   Y   Rs														
	[Net worth should not be older than 1 year]														
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Please provide details as per Annexure 2.2.A.															
Any other information:															

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	MOBILE NO. +91 _____ [Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).											
	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No       </div> I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST											
Transactions Using Secured Texting Facility ( <b>TRUST</b> ). Refer to Terms and Conditions <b>Annexure - 2.6</b>	<table border="1" style="width: 100%;"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)									
<b>Easi</b> To register for easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online												



I / WE have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye laws as are in force from time to time. I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Designation			
Signatures			

(In case of more authorizes signatories, please add annexure).

(Signatures should be preferably in Black Ink).

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

#### Acknowledgment 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 ) =====



**FOR OPEN THE CORPORATE DEMAT ACCOUNT FOLLOWING DOCUMENTS ARE REQUIRED :**

1. Copy of Balance Sheets for the Last 2 Years.
2. Copy of Latest Share Holding Pattern.
3. Photograph of Authorised Person.
4. Bank Details WITH CANCELLED CHEQUE, (WITH LATEST TRANSACTION)
5. BOARD RESOLUTION - for investment in securities market, open and operate the Demat Account on behalf of the Company.
6. List of AUTHORISED PERSON
7. Copies of PAN CARD & any one PROOF OF ADDRESS of Authorised person.
8. Copy of Company's PAN CARD
9. Copy of Memorandum.
10. All Documents Should be Certified.







**Details of Promoters / Partners / Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form Non-Individuals**

Name of Applicant \_\_\_\_\_

PAN of the Applicant \_\_\_\_\_

No	PAN	NAME	DIN (For Directions) / UID (For Others)	Residential/ Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

Name of Signature of the Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

PEP : Politically Exposed Person  
RPEP : Related to Politically Exposed Person



## DECLARATION [HUF]

I, \_\_\_\_\_ aged about \_\_\_\_\_ years  
residing at \_\_\_\_\_  
do hereby solemnly declare as under:

I have created HUF of \_\_\_\_\_ on \_\_\_\_\_ and  
I declare myself as a Karta of HUF of \_\_\_\_\_  
My family members consist as under:

SrNo	Name of HUF Members	Age	Relation	Date of Birth
1				
2				
3				
4				
5				
6				
7				

Further I declare that PAN Card of HUF is \_\_\_\_\_ and we  
shall set apart balance mutually agreed between members for opening a Demat  
account in the name of HUF.

The above information is true to the best of my information and belief.

Place :  
Date :

Signed and Stamp of Karta

### TWO WITNESS

Name

Signature

Address

Name

Signature

Address