



CDSL  
Your Depository



## The Omniscient Securities Pvt. Ltd.

SEBI REGN. NO. : IN-DP-199-2016 • DP ID : 12020900

Regd. Office : 1003, P.J. Towers, 10th Floor, Dalal Street, Mumbai - 400 001.

Phone : 2272 2379/80/81 • Fax : 2272 2383

E-mail : omniscientsecurities@hotmail.com

Website : www.omniscientsecurities.com

### ACCOUNT OPENING FORM FOR INDIVIDUAL

Account No. : 12020900 - 000

Name (1) : \_\_\_\_\_

Name (2) : \_\_\_\_\_

Name (3) : \_\_\_\_\_

DP Internal Ref. No. : \_\_\_\_\_

## INSTRUCTIONS FOR THE APPLICANTS FOR ACCOUNT OPENING

- All correspondence queries shall be addressed to the first sole applicant.
- Signatures can be in English or Hindi or any of the other languages contained in the 8th schedule of the Constitution of India. Thumb Impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal.
- Signatures should be preferably in black ink.
- Details of the Names, Address, and Tel No. etc. of the Magistrate / Notary Public / Special Executive Magistrate are to be provided in case of any attestation done by them.
- In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof must be lodged along with the application.
- All holders of the account will be required to sign all the depository instructions / correspondence.
- Any change in the details given here in required a letter alongwith supporting documents duly signed.
- Strike off whichever is not applicable.
- Kindly update the D P about any changes in address and bank details to ensure proper receipt of Corporate Benefits, correspondence etc.
- Nomination is compulsory for Single Holder.

### CHECK-LIST

**(A) Identity Proof** (any one of the following)

- PAN Card with photograph\*      • MAPIN Card  
(Compulsory for all the Account holders w.e.f. 1/4/08)
- Passport      • Driving License      • Voters Card  
(Copy of Front & Back side compulsory)
- Identity card/document with applicant's Photo, issued by:
  - Central/State Government and its Departments
  - Public Sector Undertakings
  - Public Financial Institutions
  - Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their members
  - Statutory / Regulatory Authorities
  - Scheduled Commercial Banks
  - Colleges affiliated to Universities
  - Credit cards / Debit cards issued by Banks

**(B) Address Proof**

(Compulsory for all the A/c holders)  
(For Permanent & Correspondence Address)  
(any one of the following)

- Ration card      • Bank Passbook
- Bank Statement  
(duly attested by Bank)  
(Not more than 4 months old)
- Voters Card      • Passport      • Driving License  
(Copy of Front & Back side compulsory)
- Residence Telephone Bill (not more than two months old)
- Electricity Bills (not more than two months old)
- Leave & License agreement / Agreement for sale
- Identity card / document with address issued by
  - Central/State Government and its Departments
  - Public Sector Undertakings
  - Public Financial Institutions
  - Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their members; and Self-declaration by High court & Supreme Court judges, giving the new address in respect of their own accounts.
  - Scheduled Commercial Banks

**(C) Correspondence Address**

(If Permanent Address differs from Correspondence address then provide) (any one of the following)

- Electricity Bill & Residence Telephone Bill  
(not more than two months old)
- Consumer Gas Card
- Leave & License Agreement
- Purchase Agreement
- Office Address - Certificate from the employer

**(D) Bank details proof**

- Copy of cheque & any bank documentary proof having Name & A/c No. on it.

**(E) Minor Details** All Mandatory

- Birth certificate
- Proof of address and identity documents of the Guardian as per list A and B above.
- One passport size photograph of minor, guardian and each of the applicant with their signatures across the photograph. (Guardian will sign across the photograph of Minor)

**(F) HUF** All Mandatory (Stamp must be as per HUF, PAN Card)

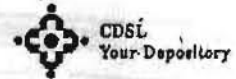
- All the documents as mentioned above for account opening of individual investors will be applicable.
  - Declaration giving details of the family members of the HUF with their names, date of birth and relationship with the Karta.
  - HUF PAN Card
- Note: (HUF accounts cannot be opened with joint holder(s) and nominee cannot be appointed.)  
(In the account opening form, the Karta should sign under the HUF stamp.)  
(In the event of death of Karta, his death certificate and succession certificate must be taken)

**(G) NRI** All Mandatory

- PAN Card
- Proof of foreign address and Indian address (if any)
- Proof of identity
- Bank a/c details (Indian)
- Power of Attorney, If any
- Copy of passport (Full set)

# The Omniscient Securities Pvt. Ltd.

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## ACCOUNT OPENING FORM FOR INDIVIDUAL

Type of Account		(Please tick whichever is applicable)										
Status		Sub - Status										
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual - Resident	<input type="checkbox"/> Individual-Director	<input type="checkbox"/> Individual - Director's Relative									
<input type="checkbox"/> NRI	<input type="checkbox"/> Individual - HUF / AOP	<input type="checkbox"/> Individual - Promoter	<input type="checkbox"/> Individual - Margin Trading A/C (MANTRA)									
<input type="checkbox"/> Foreign National	<input type="checkbox"/> NRI - Repatriable	<input type="checkbox"/> NRI Non - Repatriable	<input type="checkbox"/> NRI - Depository Receipts									
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign - National	<input type="checkbox"/> Foreign National - Depository Receipts										
Application No.								Date				
DP Internal Reference No.												
DP ID	1	2	0	2	0	9	0	0	Client ID	0	0	0
(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 the following details:-												
<b>Sole / First Holders Details</b>												
First Name												
Middle Name												
Last Name												
Father / Husband Name												
Title			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other							Suffix		
Correspondence Address						Permanent Address (If different from Correspondence Address)						
City		State		City		State						
Country		PIN		Country		PIN						
Tel. No.		Fax No.		Tel. No.		Fax No.						
PAN No. (Compulsory)*												
IT Circle Ward / District												
E-mail ID												
MAPIN Code												
Date of Birth												
Nationality			<input type="checkbox"/> Indian			<input type="checkbox"/> Others (specify)						
Sex			<input type="checkbox"/> Male			<input type="checkbox"/> Female						
Occupation			<input type="checkbox"/> Service		<input type="checkbox"/> Professional		<input type="checkbox"/> Business		<input type="checkbox"/> Student		<input type="checkbox"/> Retired	
			<input type="checkbox"/> Housewife		<input type="checkbox"/> Others (Specify)							
I/We instruct the DP to receive each and every credit in my / our account in accordance with regulation 42 (B) of SEBI (D&P) regulation.											<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Statement Requirement			<input type="checkbox"/> Daily		<input type="checkbox"/> End of week		<input type="checkbox"/> Twice a month (15 <sup>th</sup> & Last day)		<input type="checkbox"/> End of month			
Do you wish to receive dividend / Interest directly in to your bank account through ECS?											<input type="checkbox"/> Yes <input type="checkbox"/> No	



**Details of Guardian**

(If First Holder or Second Holder or Thrd Holder is a minor)

First Name												
Middle Name												
Last Name												
Relationship with the applicant.												
Correspondence Address												
City						State						
Country						PIN						
Telephone No.						Fax No.						
PAN No. (Compulsory)*												
IT Circle Ward / District												
E-mail ID												

**For NRIs**

Foreign Address												
City						State						
Country						PIN						
RBI Ref no.						RBI Approval date						

I/We have read the terms & conditions DP-BO agreement 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 / 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	Second Joint Holder	Thrd Joint Holder
Name			
Signatures	X	X	X
Latest Passport size colour photograph	X Sign across photo (Please sign across the photograph) (Excluding face)	(Please sign across the photograph) (Excluding face)	(Please sign across the photograph) (Excluding face)

(Signatures should be preferably in black ink)

(In case of minor holders Photograph of Guardian has to affixed along with minors Photograph)

(Please confirm & check that all the A/c holder has to do the signature in same order in all the places wherever required)

(Please preserve this Acknowledgement Receipt) (Please Fear here)

(Please preserve this Acknowledgement Receipt)

Acknowledgement Receipt

Date :

DP ID	1	2	0	2	0	9	0	0	Client ID	0	0	0				
-------	---	---	---	---	---	---	---	---	-----------	---	---	---	--	--	--	--

We hereby acknowledge the receipt of the Account Opening Application Form :

(To be filled up by Saikripa Securities Ltd.)

	First/Sole Holder	Second Holder	Thrd Holder
Name			
Specimen Signature	X	X	X

KINDLY REGISTER YOUR DEMAT ACCOUNT WITH 'www.cdslindia.com' UNDER 'EASI' FOR VIEWING OF HOLDING AND TRANSACTION STATEMENT FREE OF CHARGE.

For The Omniscient Securities Pvt. Ltd.

(Authorised Signatory)



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) (Please refer instruction F at the end)

Tel. (Off)  Tel. (Res)  Mobile

FAX  Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

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

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\*  Prefix  First Name  Middle Name  Last Name

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

PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

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 misrepresented, I am aware that I may be held liable for it.

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

Date :  Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<input type="text"/>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>

**CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form**

**General Instructions:**

- 1 Fields marked with "\*" are mandatory fields.
- 2 Tick "✓" wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

**A Clarification / Guidelines on filling 'Personal Details' section**

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

**B Clarification / Guidelines on filling details if applicant residence for tax purposes in Jurisdiction(s) outside India**

- 1 Tax Identification Number (TIN); TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high Integrity number with an equivalent level of Identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

**C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section**

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention Identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

**D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section**

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

**E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section**

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

**F Clarification / Guidelines on filling 'Contact details' section**

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

**G Clarification / Guidelines on filling 'Related Person details' section**

- 1 Provide KYC number of related person if available.

**H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [PoI] of Related Person' section**

- 1 Mention Identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two - digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Havelli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macau	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AC	Falkland Islands (Malvinas)	FK	Malaysia	MY	Sierra Leone	SL
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Finland	FI	Mali	ML	Singapore	SG
Armenia	AM	France	FR	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	French Guiana	GF	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Polynesia	PF	Martinique	MQ	Slovenia	SI
Austria	AT	Gabon	GA	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	Gambia	GM	Mauritius	MU	Somalia	SO
Bahamas	BS	Georgia	GE	Mexico	MX	South Africa	ZA
Bahrain	BH	Germany	DE	Moldova, Republic of	MD	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Ghana	GH	Moldova, Republic of	MD	Spain	ES
Barbados	BB	Gibraltar	GI	Moldova, Republic of	MD	Sri Lanka	LK
Belarus	BY	Greece	GR	Mongolia	MN	Sudan	SD
Belgium	BE	Greenland	GL	Montenegro	ME	Suriname	SR
Belize	BZ	Grenada	GD	Montserrat	MS	Swaziland	SZ
Benin	BJ	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bermuda	BM	Guam	GU	Myanmar	MM	Switzerland	CH
Bhutan	BT	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bolivia, Plurinational State of	BO	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Bonaire, Sint Eustatius and Saba	BQ	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bosnia and Herzegovina	BA	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Botswana	BS	Guyana	GY	New Caledonia	NC	Thailand	TH
Bouvet Island	BV	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brazil	BR	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
British Indian Ocean Territory	IO	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Brunei Darussalam	BN	Honduras	HN	Nigeria	NG	Tonga	TO
Bulgaria	BG	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Burkina Faso	BF	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Burundi	BI	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cabo Verde	CV	India	IN	Norway	NO	Turkmenistan	TM
Cambodia	KH	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cameroon	CM	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Canada	CA	Iraq	IQ	Palestine, State of	PS	Uganda	UG
Cayman Islands	KY	Ireland	IE	Pakistan	PK	Ukraine	UA
Central African Republic	CF	Israel	IL	Pakistan	PK	United Arab Emirates	AE
Chad	TD	Italy	IT	Papua New Guinea	PG	United Kingdom	GB
Chile	CL	Japan	JP	Paraguay	PY	United States	US
China	CN	Jersey	JE	Peru	PE	United States Minor Outlying Islands	UM
Christmas Island	CX	Jordan	JO	Philippines	PH	Uruguay	UY
Cocos (Keeling) Islands	CC	Kazakhstan	KZ	Pitcairn	PN	Uzbekistan	UZ
Colombia	CO	Kenya	KE	Poland	PL	Vanuatu	VU
Comoros	KM	Kiribati	KI	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Congo	CG	Korea, Democratic People's Republic of	KP	Puerto Rico	PR	Viet Nam	VN
Congo, the Democratic Republic of the	CD	Korea, Republic of	KR	Qatar	QA	Virgin Islands, British	VG
Cook Islands	CK	Kuwait	KW	Reunion (Reunion)	RE	Virgin Islands, U.S.	VI
Costa Rica	CR	Kyrgyzstan	KG	Romania	RO	Wallis and Futuna	WF
Cote d'Ivoire (Côte d'Ivoire)	CI	Laos People's Democratic Republic	LA	Russian Federation	RU	Western Sahara	EH
Croatia	HR	Latvia	LV	Rwanda	RW	Yemen	YE
Cuba	CU	Lebanon	LB	Saint Barthelemy (Saint-Barthélemy)	BL	Zambia	ZM
Curacao (Curaçao)	CW	Lesotho	LS	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Cyprus	CY	Liberia	LR	Saint Kitts and Nevis	KN		
Czech Republic	CZ			Saint Lucia	LC		
Denmark	DK			Saint Martin (French part)	MF		
Djibouti	DJ						
Dominica	DM						

Additional KYC Form for Opening a Demat Account

For Individuals

Depository Participant Name/Address

(To be filled by the Depository Participant)

Application No.	Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.	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	PAN								
	UID								
	UCC								
	Exchange Name & ID								
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"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<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"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify) _____

Details of Guardian (in case the account holder is minor)

Guardian's Name PAN

Relationship with the applicant

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]  
 Yes  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')

Yes  No

Account Statement Requirement  As per SEBI Regulation  Daily  Weekly  Fortnightly  Monthly

I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID  Yes  No

I / We would like to share the email ID with the RTA  Yes  No

I / We would like to receive the Annual Report  Physical /  Electronic /  Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)

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 ]  Yes  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.

BSDA FACILITY  YES  NO

Other Details Gross Annual Income Details	Income Range per annum:	
	<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 Rs
	[Net worth should not be older than 1 year]	
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify)	
Please tick, if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)	
Any other information:		

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	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).
	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.

**Nomination Details**

Nomination Registration No.	Dated
-----------------------------	-------

- I/We hereby confirm that I/We do not wish to appoint any nominee in my 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 demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

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

**Note:**

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature (in both the cases i.e. nomination / opt out nomination -

- I/We nominate the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name	..... ..... .....	..... ..... .....	..... ..... .....
*Percentage of allocation of securities <input type="checkbox"/> Equally <small>(If not equally, please specify percentage)</small> Or <input type="checkbox"/> Share of each Nominee	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>			
Nomination Identification Details – [Please tick any one of following and provide details of same]	Nominee 1	Nominee 2	Nominee 3
<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 <small>[Optional Fields]</small>			
*Address:			
*City			
*State			
*Pin			
*Country			
Mobile no/Telephone No. <small>[Optional Fields]</small>			
Email ID: <small>[Optional Fields]</small>			
FAX No. <small>[Optional Fields]</small>			
*Relationship with the BO:			
<b>To be filled only if nominee(s) is a minor:</b>			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a			

minor) *First Name: Middle Name: *Last Name	..... ..... .....	..... ..... .....	..... ..... .....
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Mobile /Telephone no [Optional Fields]			
Email ID: [Optional Fields]			
Fax No. [Optional Fields]			
*Relationship of the Guardian with the Nominee			
Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Aadhaar Saving Bank account no. Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields]			

Note : Residual securities in case of multiple nominees remaining after distribution of securities as per percentage of allocation shall be transferred to the first nominee . -

\* Marked is Mandatory field

**Note:**

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination /negative nomination

Details of the Witness	
Witness Details	
Name of witness	
Address of witness	
Signature of witness	

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

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			
Signatures	X		

(Signatures should be preferably in blue ink).

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

**Acknowledgement Receipt**

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

**Depository Participant Seal and Signature**

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

**Instructions to the Applicants (BOs) for account opening:**

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

\*\*\*\*\*

**Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL****[SMS Alerts will be sent by CDSL to BOs for all debits]****Definitions:**

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

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalai Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

**Availability:**

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders 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 about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.



**OPTION FORM FOR ISSUE OF DIS BOOKLET**

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

DP ID											Client ID							
First Holder Name																		
Second Holder Name																		
Third Holder Name																		

To,  
**Depository Participant Name**  
**Address**

Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]

**OPTION 1:**

I / We require you to Issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our CDSL account though I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with \_\_\_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney holder - Clearing Member / by PMS manager/ for executing delivery instructions through eDIS.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	X		

**OR**

**OPTION 2:**

I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a POA/ registered for eDIS / executed PMS agreement in favour of / with \_\_\_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

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

**Acknowledgement Receipt**

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID											Client ID							
Name of the Sole / First Holder																		
Name of Second Joint Holder																		
Name of Third Joint Holder																		

**Depository Participant Seal and Signature**

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**Terms And Conditions for availing Transaction Using Secured Texting (TRUST) Service offered by CDSL**
**1. Definitions:**

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

- i. "Depository" means Central Depository Services (India) Limited (CDSL)
  - ii. TRUST means "Transactions Using Secured Texting" service offered by the Depository.
  - iii. "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into an arrangement for providing the TRUST service to the BO.
  - iv. "Service" means the service of providing facility to receive/give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
  - v. "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
2. The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance of application shall be subject to the verification of the information provided by the BO to the Depository
  3. The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.
  4. The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive messages generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.
  5. The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.
  6. The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.
  7. The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.
  8. The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
  9. BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their OPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the OP.
  10. The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.

11. The BO further acknowledges that the BO/CH shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
12. The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
13. Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
14. The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
15. The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
16. The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.
17. **Indemnity:**  
In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.
18. **Disclaimer:**  
Depository shall be absolved of any liability in case:-
  - a. There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
  - b. There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
  - c. There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

## **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, 2018, 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, 2018 and Bye- Laws/Operating Instructions/Business Rules of the Depositories.

### **Transfer of Securities**

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.
13. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.

### **Statement of account**

14. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
15. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
16. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
17. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

### **Manner of Closure of Demat account**

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

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

### **Default in payment of charges**

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

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

### **Liability of the Depository**

22. As per Section 16 of Depositories Act, 1996,
1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
  2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

### **Freezing/ Defreezing of accounts**

23. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
24. 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**

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

### **Authorized representative**

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

Public

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## **Law and Jurisdiction**

27. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
  28. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/notices issued by SEBI and Rules, Regulations and Bye- laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
  29. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
  30. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and  
/or SEBI
  31. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
  32. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.
  33. The Joint holders are aware that in case of any Statutory Order for freezing any one joint holder, the demat account will be frozen and the other joint holders will have to obtain a specific Order for unfreezing their percentage of joint ownership by submitting the relevant documentary proof to the Order issuing authority.
-

Consent letter for same email id & mobile number

To,  
The Omniscient Securities Pvt. Ltd.,  
1003, 10<sup>th</sup> floor, P.J. Towers,  
Dalal Street,  
Fort, Mumbai - 400 001

BO ID	1	2	0	2	0	9	0	0											
-------	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Client Code	
-------------	--

Sole / First Holders Name	
Second Holders Name	
Third Holders Name	

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

Client Email ID Belonging to:  Self  Spouse  Dependent Children  
 Dependent Parents

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

Mobile Number on which messages are to be sent																			
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The Mobile number is registered in the Name of: \_\_\_\_\_

Client Mobile No. belonging to:  Self  Spouse  Dependent Children  
 Dependent Parents

	Sole / First Holder	Second Holder	Third Holder
Name			
Signature	X	X	

Date:

Place:

**TARIFF STRUCTURE**

The tariffs as on date of the Depository Participants (DP) of Central Depository Services (India) Limited relating to various services rendered, as received from and updated by DPs, are displayed on the web site for the benefit of investors. However Central Depository Services (India) Limited disclaims any liability for the appropriateness/reasonableness or the correctness of the tariff. The

Statutory charges at the time of account opening

DP Name  
 THE OMNISCIENT SECURITIES PRIVATE LIMITED

DP ID	DP Name	Statutory charges at the time of account opening	Advance/Deposit	Account Maintenance	Demat	Remat	Transaction (Debit)	Pledge Creation	Pledge Creation confirmation	Pledge Closure	Pledge Closure confirmation	Pledge Invocation	Failed instruction charges	Other charges, if any
20900	THE OMNISCIENT SECURITIES PRIVATE LIMITED	STAMP PAPER APPLICABLE	NIL	80-500 CORPORATE - 1000 BASIS	PHYSICAL PER CERTIFICATE POST CHARGES RS.25/- MIN OR ACTUAL BASIS	RS. 25/- PER CERTIFICATE	BUY BIDS (MIN RS.15) TO BE RECOVERED THROUGH THE MONTHLY BILL	RS.25	RS.25	RS.0.01% OF VALUE	RS.0.01% OF VALUE	RS.15/- PER TRANSACTION	PROPOSED TO CHARGE RS.35/-	SERVICE TAX APPLICABLE

X

X

Date - \_\_\_\_\_

To,  
The Omniscient Securities PVT. Ltd.  
10/1003, P.J. Towers,  
Dalal Street,  
Fort,  
Mumbai - 400 001

### Consent Form

Dear Sir/Madam

I, \_\_\_\_\_ S/o / D/o / W/o \_\_\_\_\_, give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry.

I understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number etc.

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

UCC code - \_\_\_\_\_

DP ID - \_\_\_\_\_

**VOLUNTARY****DEMAT DEBIT AND PLEDGE INSTRUCTIONS (DDPI)**

I/We, the (First Holder) \_\_\_\_\_, (Second Holder) \_\_\_\_\_, and (Third Holder) \_\_\_\_\_, do hereby give my/our explicit consent to authorize The Omniscient Securities Pvt. Ltd. to access my/our BO account for "DDPI" as per SEBI Circular No. SEBI/HO/MIRSD-PoD-1/P/CIR/2022/137 dated October 06, 2022, for the following purposes;

Sr. No.	Purpose	Signature of client
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries/settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stockbroker.	x Signature of Client
2.	Pledging / re-pledging of securities in favor of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	x Signature of Client
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	Signature of Client
4.	Tendering shares in open offers through Stock Exchange platforms.	x Signature of Client

As per CDSL Communique No. CDSL/OPS/DP/SYSTEM/2022/332 dated June 14, 2022, and for the purpose of aforesaid acts, the shares which are to be debited/transferred from the Client's BO Account, by exercising the rights/powers granted hereinabove, be transferred/credit/delivered to the following Demat accounts of "The Omniscient Securities Pvt. Ltd.".

Demat A/C No.	Particulars
1100001100015576	CDSL NSE Early Pay -In A/c
1100001000013521	CDSL BSE Early Pay - In A/c.
1202090000003606	CDSL NSE SLB CLEARING MEMBER-A/c
1202090000003551.	CORORATE -TM/CM CMPA A/C
1202090000000434	CDSL NSE Pool A/c
1202090000000400	CDSL BSE Pool A/c

Demat A/C No.	Particulars
1202090000003703	Corporate TM/CM CUSPA
IN30133017994559	NSDL NSE Pool A/c(CMBP ID: IN560870)
IN30133017994590	NSDL BSE Pool A/c(CMBP ID: IN653296)
IIN301330 40380824	NSDL Margin Re- Pledge/UnPledge A/c
1100001100020926	CDSL Margin Re-Pledge/UnPledge A/c
CM ID 390	BSE Clearing a/c
CM ID 10474	NSE Clearing a/c

Client Demat account number (BO ID): 12020900 \_\_\_\_\_

Client UCC Code : \_\_\_\_\_

Beneficial Owner Name : \_\_\_\_\_

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

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

x  
Signature of Client

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

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

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

X

**Annexure-A**

**Nomination Form**

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>	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>				
3	Relationship With the Applicant ( If Any)			
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 PAN <input type="checkbox"/> Aadhaar Saving Bank account no. Proof of Identity Demat Account ID			
Name(s) of holder(s)				Signature(s) of holder*

Sole / First Holder (Mr./Ms.)		X
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**

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.

**Name and Signature of Holder(s)\***

1. X 2. 3.

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



## FATCA & CRS - SELF-CERTIFICATION FORM FOR INDIVIDUALS

### CBOT Terms and Conditions

The Central Board of Direct Taxes (CBDT) has notified Rule 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Custodian / Depository 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 demat account with us. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

### CBOT Terms and Conditions

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

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such certificates. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In case customer has the following indicia pertaining to a foreign country, and yet declares self to be non-tax resident in the respective country, customer to provide relevant Supporting Documents as mentioned below.

FATCA/CRS indicia observed (tick)		Documentation required for Dept. of FATCA/CRS indicia
		If customer does not agree to be classified U.S. person / reportable person status
1	U.S. place of birth	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport by any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite holding US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2	Residence/mailing address in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
4	Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by the relevant government body
2. Valid identification issued by an authorized government body (i.e. Passport, National Identity card, etc.)
3. Government or agency thereof or municipality

**FATCA/CRS Annexure - Individuals (including sole-proprietors)**  
(Applicable for Resident and Non-Resident Customers)

Date \_\_\_\_\_

Place \_\_\_\_\_

AOF Reference Number \_\_\_\_\_

Details under FATCA / CRS			
<i>Please fill the information below as requested</i>	FIRST ACCOUNT HOLDER	SECOND ACCOUNT HOLDER	THIRD ACCOUNT HOLDER
Name of the Account Holder			
Customer ID			
Residence Address for Tax purpose (including city, state, country and pin code)			
Address Type: 1- Residential or Business, 2- Residential, 3-Business, 4-Registered Office			
Mobile/ Telephone Number (incl ISD and STD code)			
Date of Birth (DD-MON-YYYY)			
City of Birth			
Country of Birth			
Nationality (if of more than one country, please mention all the countries separated by a comma)			
Gender (Male, Female, Others)			
PAN			
Father's Name (mandatory if PAN not provided)			
Aadhar Number (optional)			
Spouse's Name (optional)			
Identification Type- Documents submitted as proof of identity of the individual			
Identification Number - for the identification type mentioned above (mandatory if PAN or Aadhaar not provided)			
<p>Are you a tax resident of any country other than India?</p> <p>First Account Holder    <input type="checkbox"/> Yes    <input type="checkbox"/> No      Second Account Holder    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Third Account Holder    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<p>If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below</p>			

X

ACCOUNT HOLDER DETAILS	NAME OF THE CUSTOMER	COUNTRY(IES) OF TAX RESIDENCY*	TAX IDENTIFICATION NUMBER (TIN)**	IDENTIFICATION TYPE (TIN or other, specify)**
First Holder				
Second Holder				
Third Holder				

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

\*\* In case Tax Identification Number is not available, please provide functional equivalent

Certification: I / We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA/CRS Terms and Conditions below and hereby accept the same.

FIRST/SOLE HOLDER SIGNATURE	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
X		

DATE (DD/MM/YYYY) | | | | | | | |

PLACE \_\_\_\_\_

### FATCA/CRS Terms & 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 RKS Securities India Pvt Ltd 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.

### FATCA/CRS Instructions

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

It is mandatory to supply a TIN or functional equivalent if the country in which you are a tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In case the customer has the following indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below

FATCA/CRS INDICIN OBSERVED (Ticked)	DOCUMENTATION REQUIRED FOR CURE OF FATCA/CRS INDICIN
U.S. place of birth	<ol style="list-style-type: none"> <li>Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes.</li> <li>Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below) AND</li> <li>Any one of the following documents: <ol style="list-style-type: none"> <li>Certified Copy of Certificate of Loss of Nationality or</li> <li>Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or why the customer did not obtain U.S. citizenship at birth</li> </ol> </li> </ol>
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> <li>Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes.</li> <li>Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India (and no telephone number in India provided)	<ol style="list-style-type: none"> <li>Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes.</li> <li>Documentary evidence (refer list below)</li> </ol>
Standing instructions to transfer funds to an account maintained in a country other than India	<ol style="list-style-type: none"> <li>Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes.</li> <li>Documentary evidence (refer list below)</li> </ol>

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body\*
- Valid identification issued by an authorized government body\* (e.g. Passport, National Identity Card, etc.)

\* Government or agency thereof or a municipality.

## Nomination Form for Demat Accounts

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *								
Nomination Details								
	Mandatory Details						Additional Details ****	
	Name of nominee	Share of nominee (%)**	Relation ship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								
Nominee 4								
Nominee 5								
Nominee 6								
Nominee 7								
Nominee 8								
Nominee 9								
Nominee 10								

\*Joint Accounts:

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

\*\* If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

\*\*\* Provide only number: PAN or Driving License or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

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

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

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

- Name of nominee(s)
- Nomination: Yes / No

2) I hereby authorize \_\_\_\_\_ (nominee number \_\_\_) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to \_\_\_% of assets in the account or Rs. \_\_\_\_\_ (Optional) (strike off portions that are not relevant) This nomination shall supersede any prior nomination made by me / us, if any.

3) Signature(s) – As per the mode of holding in demat account(s)

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

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

**Rights, Entitlement and Obligation of the investor and nominee:**

- If you are opening a new demat account, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account.
- In case all your nominees do not claim the assets from the DP, then the residual unclaimed asset shall continue to be with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account, in case of your physical incapacitation, at any point of time and not just during opening of account. This mandate can be changed any time you choose.
- The signatories for this nomination form shall be as per mode of holding in the demat account(s) i.e.
  - 'Either or Survivor' Accounts - any one of the holder can sign
  - 'First holder' Accounts - only First holder can sign
  - 'Jointly' Accounts - all holders have to sign

**Transmission aspects**

- DPs shall transmit the account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- In case of a joint account, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.

In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% Share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

...

**LIST OF DOCUMENTS REQUIRED FOR  
DEMAT A/C OPENING.**

- COPY OF PAN CARD**
- COPY OF PASS PORT**
- COPY OF AADHAR CARD**
- COPY OF BANK STATEMET /  
PASSBOOK (FOR 3 MONTHS)**
- CANCELLED CHEQUE**
- PASSPORT SIZE PHOTO**
- COPY AADHAR CARD FOR  
NOMINEE**
- COPY OF LAST 3 YEARS IT  
RETURN**

*(NOTE: All documents must be self attested by BO.)*