

Stock Holding Corporation of India Limited

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.
Phone: 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website: www.shcil.com CIN: 67190MH1986GOI040506

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '✓' are mandatory fields.
- B) Tick '✓' wherever applicable
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

For office use only

Application Type* New Update

(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

KYC Mode* : Please Tick (✓)

- Normal EKYC OTP EKYC Biometric Online KYC Offline KYC Digilocker

1. PERSONAL DETAILS* (Please refer instruction A at the end)

PAN* Form 60 furnished

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> DD / MM / YYYY		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify) <input type="text"/>		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <small>(Passport mandatory for NRIs, PIOs and Foreign Nationals)</small>		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others (Please specify) <input type="text"/>		
Differently Aabled status Flag <input type="checkbox"/> Y / <input type="checkbox"/> N	Type of impairment <input type="text"/> (to be checked from page 3 of KYC form)		
Percentage of impairment <input type="text"/>	UDID number <input type="text"/> Alpha numeric (2 character and 16 digit)		

2. PROOF OF IDENTITY AND PERMANENT ADDRESS* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of Possession of Aadhaar
- II E- KYC Authentication
- III Offline verification of Aadhaar

PHOTO*



Address

Line 1*

Line 2

Line 3

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

Address Type* Residential / Business Residential Business Registered Office Unspecified

3. CURRENT / CORRESPONDENCE ADDRESS DETAILS (Please refer instruction **B** at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number _____
- B- Voter ID Card _____
- C- Driving Licence _____
- D- NREGA Job Card _____
- E- National Population Register Letter _____

F- Proof of Possession of Aadhaar _____

II E- KYC Authentication _____

III Offline verification of Aadhaar _____

IV Deemed Proof of Address - Document Type code _____

V Self Declaration

Address

Line 1* _____

Line 2 _____

Line 3 _____

District* _____ Pin/Post Code* _____ City / Town / Village* _____ State/U.T Code* _____ ISO 3166 Country Code* _____

Address Type* Residential / Business Residential Business Registered Office Unspecified

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) _____ Tel. (Res) _____ Mobile _____

Email ID _____

5. REMARKS (if any)

6. APPLICANT DECLARATION

- "I/We hereby declare that the KYC details furnished by me 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.
- I/We hereby consent to receiving information from KRA & CKYCR through SMS / Email on the above registered number / Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.
- I/We accord my/our voluntary consent for sharing/fetching/verifying my/our records maintained in Central KYC Registry and KYC Registration Agency.

(Signature / Thumb Impression)

Date : - -

Place:

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

IPV DONE / KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name _____

Code _____

(Employee Signature)

(Institution Stamp)

A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory : Mother's name, Spouse's name, Father's name.

B Clarification / Guidelines on filling 'Current Address details' section

- 1 In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- 3 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses
- 4 In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- 6 List of documents for 'Deemed Proof of Address':

Document Code Description

- | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01 | Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, pipe gas, water bill) |
| 02 | Property or Municipal tax receipt. |
| 03 | Pension or family pension payment orders (PPOs) issued or retired employees by Government Department or Public Sector Undertakings, if they contain the address. |
| 04 | Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector Undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation. |

- 7 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- 8 "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Provide Digital Locker Facilities) Rules, 2016.
- 9 "Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.

C Clarification / Guidelines on filling 'Contract 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.

D Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person, if available.

E Clarification on Minor

- 1 Guardian details are optional for minors above 10 years of age for opening of Bank account only.
- 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

F Type of Impairment

Code	Type of Impairment
1	Blindness
2	Low Vision
3	Hearing Impairment
4	Locomotor Disability
5	Leprosy Cured
6	Cerebral Palsy
7	Intellectual Disability
8	Mental Illness
9	Muscular Dystrophy
10	Parkinson's Disease
11	Acid Attack Victim
12	Sickle Cell Disease
13	Hemophilia
14	Thalassemia
15	Speech and Language Disability
16	Multiple Sclerosis
17	Specific Learning Disabilities
18	Chronic Neurological Conditions
19	Autism Spectrum Disorder
20	Dwarfism

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
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	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
Aland 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	Macao	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	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

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FATCA/CRS Declaration for Individual

(Each account holder has to submit separate FATCA/CRS Declaration)

Section I

DP ID		Client ID(s)	
Name of the Client			
Father Name / Spouse Name			
Occupation Type	Service <input type="checkbox"/>	Business	<input type="checkbox"/>
Occupation details (Short Description)			
PAN			

Are you a Tax Resident (i.e. your Citizen/ Resident/ Green Cardholder /Tax Resident in a country and accessed for Tax) in any country other than India?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Are you US Person (Yes means FATCA applicable. No means CRS applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section II

(Only applicable when Client select "Yes" * for Tax Residence details other than India)

Correspondence Address		Permanent address	
City/Town		City/Town	
State code		State code	
Postal Code		Postal Code	
Country Code		Country code	
Citizenship/Nationality		Date of Birth	
Country for Tax Resident		Country for Tax Resident	
Country of Birth		Place of Birth	
TAX Identification Number (TIN) or Equivalent			
TIN is not available	(A) <input type="checkbox"/>	The Country where the account holder is liable to pay tax does not issue TIN to its residents.	
	(B) <input type="checkbox"/>	No TIN required (Select the reason only if the authorities of the respective country of tax residence does not require TIN to be collected)	
	(C) <input type="checkbox"/>	Encircle relevant option - 1 Student / 2 Home-maker/ 3 House-Wife/ 4 Retired / 5 Diplomat/ 6 Other reason (Please Specify) _____	

Section III

(Undertaking & consent)

I understand that SHCIL is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. SHCIL is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions. I also undertake to keep SHCIL informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I agree that as may be required by domestic regulators/tax authorities the SHCIL may also be required to report, reportable details to CBDT or close or suspend my account. I certify that I/we provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

I hereby agree to share / update my FATCA/CRS self-declaration with other products of StockHolding linked with my aforesaid PAN. (Please strike off, if not required)

Client Signature

Notes:

A. Following supporting documents required alongwith aforesaid declaration:

1. Self attested PAN (Mandatory) documents required alongwith self-certification
2. Self attested copy of TIN Card or Equivalent only if Client is US person or Tax Resident in any country other than India
3. Self attested copy of Passport / Driving License / Election Card / UIDAI / NREGA Card / Govt. Issued ID Card only when Client is not US person or Tax Resident in India
4. Self attested copy of document related to Relinquishment of Citizen only in case Client is US Person but not Citizen of US
5. Any other relevant documents in support of details mentioned in FATCA/CRS self-certification

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions such as the Banks/other financial entities 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 (Insert FI's name) 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 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 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 Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: <ul style="list-style-type: none"> Certified Copy of "Certificate of Loss of Nationality <i>or</i> Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; <i>or</i> Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India;

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PART II ACCOUNT OPENING FORM (FOR INDIVIDUALS) NATIONAL SECURITIES DEPOSITORY LTD.

C-KYC Number :

DP ID :

DP Temp ID :

Client ID :

Scheme Code :

AWT :

I/We request you to open a depository account in my/our name as per the Following details :

Date

Please fill in ENGLISH and in BLOCK LETTERS with BLACK INK

A) Details of Account holder(s):			
Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Government Services <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others <small>(please specify)</small>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Government Services <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others <small>(please specify)</small>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Government Services <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others <small>(please specify)</small>
Fax / GST No.			
TAN No.			
Social Media Information			
Facebook/Twitter/Linkedin ID			
Gross Annual Income Details	Income Range per annum for the year ended : _____ <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1 - 5 Lac <input type="checkbox"/> ₹ 5 - 10 Lac <input type="checkbox"/> ₹ 10 - 25 Lac <input type="checkbox"/> More than ₹ 25 Lac Net worth as on (Date) <input type="text"/> Rs. <i>[Net worth should not be older than 1 year]</i>		

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

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

D) In case of NRIs/ Foreign Nationals	
RBI Approval Reference Number	
RBI Approval date	<input type="text"/>

E) Please tick , if applicable	
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Close Relative of Politically Exposed Person(RPEP) <input type="checkbox"/> Family Member of Politically Exposed Person(FPEP) <input type="checkbox"/> Close Associate of Politically Exposed Person(CAPEP)	

F) Bank Details												
1	Bank account type <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____											
2	Bank Account Number											
3	Bank Name											
4	Branch Address											
	State						Country					
5	MICR Code											
6	IFSC											

G) Standing Instructions												
1	We authorize you to receive credits automatically in our account						<input type="checkbox"/> Yes <input type="checkbox"/> No					
2	Account to be operated through Power of Attorney(PoA)						<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	Receive Annual Report, AGM notices and other communications from Issuers & RTAs in physical form						<input type="checkbox"/> 1st Holder <input type="checkbox"/> 2nd Holder <input type="checkbox"/> 3rd Holder					
4	Account to be operated through Demat Debit and Pledge instruction (DDPI)						<input type="checkbox"/> Yes <input type="checkbox"/> No					
5	Auto Pledge Confirmation Flag						<input type="checkbox"/> Yes <input type="checkbox"/> No					
SMS Alert facility												
6	Sr.No.		Holder				Yes			No		
	1		Sole/First Holder				<input type="checkbox"/>			<input type="checkbox"/>		
	2		Second Holder				<input type="checkbox"/>			<input type="checkbox"/>		
	3		Third Holder				<input type="checkbox"/>			<input type="checkbox"/>		
7	Mode of Receiving Statement of Account, Rights Obligations and Welcome Kit [Tick any one]						<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form					
8	For Joint accounts, communication to be sent to						<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders					
9	NACH facility						<input type="checkbox"/> (kindly submit NACH mandate)					
10	Basic Service Demat Account(BSDA) Required						<input type="checkbox"/> Yes <input type="checkbox"/> No (I / We hereby elect to opt out of the BSDA facility)					
11	Delivery Instruction Book Required						<input type="checkbox"/> Yes <input type="checkbox"/> No I do not wish to receive the DIS booklet on account opening & if required shall request StockHolding Branch for the same.					
12	<input type="checkbox"/> I/we give our consent to StockHolding Corporation of India Limited for sharing the DP account details for other products or services offered by Stockholding or it's Subsidiaries.											
13	PMS Registration PMS Flag Y/N (If yes than PMS Registration No.)						<input type="checkbox"/> Yes <input type="checkbox"/> No PMS Registration Number_____					

H) Guardian Details (where sole holder is minor):[For account of minor, two KYC Application Forms must be filled i.e one for the guardian and another for minor (to be signed for guardian)]													
Guardian Name													
PAN													
Relationship of Guardian with minor													
I)	Nomination Option (Refer note 8 for joint accounts)						<input type="checkbox"/> I / We wish to make a Nomination. (Details are provided in Nomination Form prescribed by SEBI)						<input type="checkbox"/> I / We wish to opt out of Nomination (Declaration Form opting out of Nomination as prescribed by SEBI)
J)	Mode of Operations for Joint Accounts: <input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the holder or Survivor(s) <input type="checkbox"/> First named holder only												
If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze / unfreeze of account and /or securities and /or specific number of securities will be permitted.													

Consent for promotional sms				Consent for promotional e-mail			
Holder 1				Holder 1			
Holder 2				Holder 2			
Holder 3				Holder 3			

IN PERSON VERIFICATION DETAILS.

- (a) Name of the DP and DP id : _____
- (b) Name / Details of Branch / Service Centres _____
- (c) Name of the DP Staff who had carried out 'in - person' verification.
(Name, Employee code, Designation & Signature) _____
- (d) Date and place where 'in - person' verification was carried out _____
- (e) **Signature of the Applicant (signed in the presence of DP Staff)**

⊗

⊗

⊗

Signature

1) _____ 2) _____ 3) _____

Declaration

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. In case nonresident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations.

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

(Signatures should be preferably in black ink).

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate.
3. 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.
4. The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required.
5. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
6. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents for deletion of name of the deceased account holder(s) in the demat account.
7. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 5. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 5 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
8. In case of joint account, the option to select 'Choice of Nomination' i.e. I / We wish to make a nomination or I / We wish to opt out of a nomination is not mandatory.
9. Strike off whichever is not applicable.

(To be filled in by SHCIL)

I Verify that the Account Opening Form is in order

Name:

Employee Code:

Signature:

Checked by
Entered in ISA
Authenticated in ISA
Released in DPM

Stock Holding Corporation of India Ltd.[®]

Regd. Office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.
Phone : 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website : www.shcil.com CIN : U67190MH1986GOI040506

NOMINATION FORM FOR DEMAT ACCOUNTS				
I/We wish to make a nomination. [As per details given below]				
Nomination Details				
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 can be made upto ten nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee	
Mandatory Details				
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of 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			
4	Date of Birth (in case of minor nominee(s))			
5	Name of Guardian (Mr. & Ms) in case of minor nominee(s)			
6	Postal Address* Guardian in case of Minor			
	City / Place: State & Country:			
	PIN Code			
7	Mobile No. of nominee(s) / Guardian in case of Minor			
8	Email ID of nominee(s)/ Guardian in case of Minor			
9	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide number of same] <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar (last 4 digit) <input type="checkbox"/> Passport / OCI / PIO			

***Joint Accounts:**

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

1) I / We want the details of my / our 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/We hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my / our incapacitation. He / She is authorized to encash my assets upto ____ % of assets in the account or Rs. _____ (Optional) (Strike off portions that are not relevant)

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

4) Signature(s) - As per the mode of holding in demat account(s)

Name(s) of holder(s)		Signature(s) of holder / Thumb Impression
Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		
Two Witnesses details are mandatory, if the account holder affixes thumb impression, instead of wet signature.		
Name:	1)	2)
Address	_____	_____
	_____	_____
Signature		

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account, you have to provide nomination.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgment from the DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option of either continue as joint holders with other nominees or for each nominee(s) to open separate account.
- The signatories for this nomination from shall be as per mode of holding in the demat account(s) i.e.
 - 'Either of 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.

Notes:

- Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
- Nomination can be made upto ten nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
- On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
- Nominees(s) shall extended 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 Share	% initial	% 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%

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Declaration Form for opting-out of nomination

Date <input style="width: 20px; height: 20px;" type="text"/>							
DP ID							
Demat Account							
<p>I / We hereby confirm that I /We do not wish to appoint any nominee(s) in my / our 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 trading / demat account.</p>							
Name and Signature of Holder(s)							
1. _____ 2. _____ 3. _____							
Two Witnesses details are mandatory, if the account holder affixes thumb impression, instead of signature.							
Name:	1)			2)			
Address	_____			_____			
	_____			_____			
Signature							

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Format of Request (Declaration for same email & mobile number) / updation request
[Please tick (v) wherever applicable]

DP ID: _____ Client ID: _____

I/we the undersigned hereby request StockHolding to update following details in my/our aforesaid demat account:

	1st Holder	2nd Holder	3rd Holder
MOBILE NO	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 100px; height: 20px;" type="text"/> </div> SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship with mobile Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children* <input type="checkbox"/> Dependent Parents	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 100px; height: 20px;" type="text"/> </div> SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship with mobile Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children* <input type="checkbox"/> Dependent Parents	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 100px; height: 20px;" type="text"/> </div> SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship with mobile Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children* <input type="checkbox"/> Dependent Parents
EMAIL ID	<hr style="border: 0.5px solid black;"/> Relationship with email Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children* <input type="checkbox"/> Dependent Parents	<hr style="border: 0.5px solid black;"/> Relationship with email Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children* <input type="checkbox"/> Dependent Parents	<hr style="border: 0.5px solid black;"/> Relationship with email Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children* <input type="checkbox"/> Dependent Parents

*For dependent children holder age should be upto 25 years

Signature of Holders: _____

First Holder
Second Holder
Third Holder

SAMPLE NACH FORM

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM

UMRN Date

Tick **CREATE** Sponsor Bank Code Utility Code

MODIFY I/We hereby authorize Bank to debit (tick) SB CA CC SB-NRE SB-NRO Other

CANCEL a/c number

with Bank IFSC or MICR

an amount of Rupees Rs.

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 (Mandate Reference No.) Phone No.

Reference 2 (Unique Client Code-UCC) Email ID

- I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.
 - This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
 - I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

- PERIOD

From	D D	M M	Y Y Y Y	
To	D D	M M	Y Y Y Y	Signature of primary account Holder

Maximum period of validity of this mandate is 40 years only

Signature of account Holder Signature of account Holder Signature of account Holder

Name As per Bank Records 2, Name As per Bank Records 3, Name As per Bank Records

Please use editable NACH form & enclose the typed & filled NACH form alongwith the Account Opening Form.

Instructions to fill NACH Form and Terms and Conditions :

Following fields need to be filled mandatorily:-

1. Date of mandate (right side of mandate corner)
2. Signature on mandate needs to be as per bank Records
3. Signatures on mandate needs to be as per Mode of operation in Bank records. In case of Joint account, all a/c holders have to sign the form as per BR/partnership Deed.
4. Bank A/C Type: Tick is mandatory on the relevant box (Saving, current, CC ...)
5. Biller name on mandate should match with data send by sponsor bank. In case of mismatch reject the mandate.
6. Bank A/C Number & name mentioned on mandate needs to match with Bank records.
7. **Mandate should not be older than 120 days i.e. 4 months**
8. Destination Bank & IFSC/MICR code
9. Amount mentioned on mandate in word and figure should match.
10. Company Stamp required in case mandate is signed by authorized signatories of Company, Partnership firm, sole proprietorship.
11. Frequency of mandate - Relevant box needs to be Ticked.
12. From date & To date are mentioned on mandate

The following applications will be considered as incomplete and are liable to be rejected:

1. In case multiple frequencies are selected or not Tick.
2. Signature mismatch
3. In case Account holder name is not matching with Banks record
4. Stale mandate (older than 4 Months)
5. In case multiple Debit types are selected or not Tick.
6. In case both From and to period has been opted or not mention.
7. In case Account Holder Name does not mention on mandate.
8. In case details not filled in proper place.
9. In case there is cutting / overwriting on form.

**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), Circulations / 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/active demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

BENEFICIAL OWNER INFORMATION

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

FEES/CHARGES/TARIFF

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and /or Depository circulars / directions / notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

DEMATERIALIZATION

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

SEPARATE ACCOUNTS

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or Dp's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and / or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye Laws/Operating Instructions / Business Rules of the Depositories.

TRANSFER OF SECURITIES

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

STATEMENT OF ACCOUNT

13. A Participant shall provide statements of account to a Client in such form and manner and at such time as agreed with the Client and as may be specified by SEBI/depository.
14. If the balance in the account has become Nil during the year, Participant shall send one holding statement annually to such Client through email and shall resume sending the transaction statement as and when there is a transaction in the account. In case of account which has a credit balance but no transaction during the year, an half yearly statement of holdings shall be sent to the Client through email.
15. A Participant shall provide statement of account in an electronic mode, to the Client under its digital signature, as governed under the Information Technology Act, 2000. If the Participant does not have the facility of providing the statement of account in the electronic mode, the Participant shall forward the statement of account in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and /or Depository from time to time.

MANNER OF CLOSURE OF DEMAT ACCOUNT

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances within a period of two working days or rematerialize such security balances as per procedure specified from time to time by the depository. If the Beneficial Owner has outstanding dues at the time of submitting the request, the Participant shall give a maximum of 30 calendar days to clear the outstanding dues. Participant shall process request within two working days from the date of clearance of its outstanding dues from the Beneficial Owner. If the Beneficial Owner fails to clear the dues within the prescribed timeline, the Participant shall reject the request within two working days.

DEFAULT IN PAYMENT OF CHARGES

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5 & 6 specie above, the DP after giving two days' notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the Payment along with interest, if any.

LIABILITY OF THE DEPOSITORY

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

FREEZING / DEFREEZING OF ACCOUNT

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any realtor or court or any statutory authority.
24. 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.

REDRESSAL OF INVESTOR GRIEVANCE

25. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of twenty one 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 official 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.

ADDITIONAL RIGHTS AND OBLIGATIONS

27. 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

LAW AND JURISDICTION

28. In addition to 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.
29. 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.
30. 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.
31. 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.
32. 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.
33. If the rights and obligations or 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.

Acknowledgement Receipt**Stock Holding Corporation of India Ltd.[®]**

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Phone : 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website : www.shcil.com CIN : U67190MH1986GOI040506

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