

# ANNEXURE - 1 ACCOUNT OPENING KIT



| No. | Name of the Document | Brief Significance of the Document | Page No. |
|-----|----------------------|------------------------------------|----------|
|-----|----------------------|------------------------------------|----------|

## MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

|    |                                        |                                                                                                                            |       |
|----|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------|
| 1. | KAR Form                               | Individual & Non-Individual                                                                                                |       |
| 2. | Addition KYC<br>Annexur 2 & Annexure-3 | KYC Form : additional information about the constituent relevant to Trading and Demat Account and instruction / check list | 1-5   |
| 3  | Tariff Sheet                           | Document detailing the rate/amount of brokerage and other charges levied on the client for trading on stock exchange(s)    | 6     |
| 4  | Rights & Obligations                   | Rights & Obligation of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories.                 | 7-9   |
| 5  | DP Tariff Sheet                        | Tariff Structure For Depository Services                                                                                   | 10    |
| 6  | Nomination Form                        | Nomination Form                                                                                                            | 11-13 |
| 7  | Declaration Form                       | Declaration Form For Opting Out of Nomination                                                                              | 14    |

## VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

|    |                                                             |                                                                                                                                                                                                                                                          |       |
|----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 8  | Runniing Account Authorization                              | Running Account Authorization                                                                                                                                                                                                                            | 15    |
| 9  | ECN                                                         | Electronic Contract Note Concern                                                                                                                                                                                                                         | 16    |
| 10 | Terms & Conditions                                          | Terms & Conditions - cum - Registration / Modification from for receiving SMS Alert from CDSL.                                                                                                                                                           | 17-18 |
| 11 | HUF Declaration                                             | HUF Declaration                                                                                                                                                                                                                                          | 19    |
| 12 | Auth. Person/sub-broker introduction and mobile declaration | Auth. Person/Sub * Broker consent to indemnity us against probable losses arising as a result of client's trading activity and mobile intimation by client of his/her its mobile number and the consent to receive information on the said mobile number | 20    |
| 13 | DDPI                                                        | Demat Debit and Pledge Instruction                                                                                                                                                                                                                       | 21-23 |

|                                                     |                                                                                     |                                 |                                 |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|---------------------------------|
| Name of Stock-broker/Trading Member/Clearing Member | SAMYAG BROKING PVT. LTD.                                                            |                                 |                                 |
| SEBI Single Registration No.                        | INZ000181631                                                                        |                                 |                                 |
| Registered office address                           | C-9, Ground Floor, Satyam Shopping Centre, M. G. Road, Ghatkopar-E, Mumbai-400 077. |                                 |                                 |
| Correspondence office address                       | C-9, Ground Floor, Satyam Shopping Centre, M. G. Road, Ghatkopar-E, Mumbai-400 077. |                                 |                                 |
| Phone :                                             | 022-40971500 Fax : 022-40971510                                                     | Website : www.samyagbroking.com |                                 |
| Compliance officer Name, Phone No. And E-mail Id    | Name : MILAN PANCHAMIA Tel. : 022-40971521                                          |                                 | E-mail : sbpl@samyagbroking.com |
| CEO Name, Phone No. And E-mail Id                   | Name : NIKHIL S. UDANI Tel. : 022-40971500                                          |                                 | E-mail : nikhiludani@gmail.com  |

For any grievance/dispute please contact stock broker M/s. Samyag Broking Pvt. Ltd. at the above address or email id- [complaints@samyagbroking.com](mailto:complaints@samyagbroking.com) and Phone no. 40971500 . In case not satisfied with the response, please contact the concerned exchange(s) at BSE (Tel No: 022 2272 8097 & Email: [is@bseindia.com](mailto:is@bseindia.com)), NSE (Tel. No: 022 26598190 & Email: [ignse@nse.co.in](mailto:ignse@nse.co.in) ) and MCX-SX (Tel. No: 022 6731 8933 / 9000 & Email : [investorcomplaints@mcx-sx.com](mailto:investorcomplaints@mcx-sx.com))

**Pro-Trading Declaration :**

**The Clients are hereby intimated that we are doing Trading in proprietary A/c. in addition to clientele business.**

(This disclosure made in pursuance of SEBI the circular no. SEBI/MRD/SE/Cirth42/2003

DATED : 19 NOVEMBER 2003)

**FOR OFFICE USE ONLY**

☐ (Original verified) True copies of documents received.

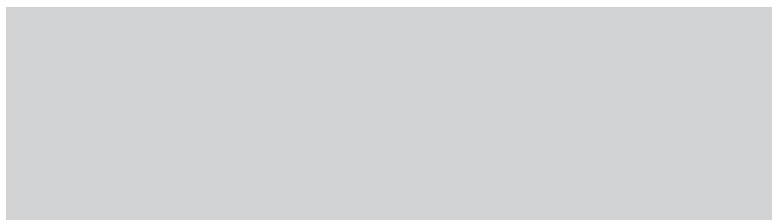
☐ (Self-Attested) Self certified documents copies received.

|                 |                               |                                 |                              |
|-----------------|-------------------------------|---------------------------------|------------------------------|
| Client Category | <input type="checkbox"/> High | <input type="checkbox"/> Medium | <input type="checkbox"/> Low |
|-----------------|-------------------------------|---------------------------------|------------------------------|

**UCC Code allotted to the Client :** \_\_\_\_\_

|                                              | Documents verified with<br>Originals | Client Interviewed By | In-Person Varification<br>done By |
|----------------------------------------------|--------------------------------------|-----------------------|-----------------------------------|
| <u>Name of the Employee</u><br>Employee Code |                                      |                       |                                   |
| Designation of the<br>Employee               |                                      |                       |                                   |
| Date                                         |                                      |                       |                                   |
| Signature                                    |                                      |                       |                                   |

We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. We have given/sent him a copy of all the KYC documents. We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on our website ([www.samyagbroking.com](http://www.samyagbroking.com)), if any, for the information of the clients.



**Signature of the Authorised signatory**

**Seal/Stamp of the Stock Broker**

**Date :**

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

# CKYC & KRA KYC Form

## Know Your Client

### Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)  
Fields marked with '\*' are mandatory fields

Application ☐ New

Type\* ☐ Update KYC Number\*

KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

#### 1. Identity Details (Please refer instruction A at the end)

PAN

Please enclose a duly attested copy of your PAN Card

|                          | Prefix                                                                                                                                                                                                              | First Name | Middle Name | Last Name |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-----------|
| Name* (same as ID proof) | <input type="text"/>                                                                                                                                                                                                |            |             |           |
| Maiden Name (If any*)    | <input type="text"/>                                                                                                                                                                                                |            |             |           |
| Father / Spouse Name*    | <input type="text"/>                                                                                                                                                                                                |            |             |           |
| Mother Name*             | <input type="text"/>                                                                                                                                                                                                |            |             |           |
| Date of Birth*           | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                         |            |             |           |
| Gender*                  | <input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender                                                                                                          |            |             |           |
| Marital Status*          | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others                                                                                                                 |            |             |           |
| Citizenship*             | <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others - Country <input type="text"/> Country Code <input type="text"/> <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                                                                                                                          |            |             |           |
| Occupation Type*         | <input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector                                                        |            |             |           |
|                          | <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student |            |             |           |
|                          | <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized                                                                                                                                      |            |             |           |

Photo

#### 2. Proof of Identity (Pol)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

|                                                                                      |                      |                             |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------|----------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A- Passport Number                                          | <input type="text"/> | Passport Expiry Date        | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> B- Voter ID Card                                            | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> D- Driving Licence                                          | <input type="text"/> |                             |                                                                                                                                                                             |
| <input type="checkbox"/> E- Aadhaar Card                                             | <input type="text"/> |                             |                                                                                                                                                                             |
| <input type="checkbox"/> F- NREGA Job Card                                           | <input type="text"/> |                             |                                                                                                                                                                             |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | <input type="text"/> | Identification Number       | <input type="text"/>                                                                                                                                                        |

#### 3. Proof of Address (PoA)\*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1\*

Line 2

Line 3

City / Town / Village\*

District\*

Zip / Post Code\*

State/UT Code  as per Indian Motor Vehicle Act, 1988

State/U

Country\*

Country Code  as per ISO 3166

Address Type\* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address\*

☐ Passport Number

☐ Voter ID Card

☐ Driving Licence

☐ Aadhaar Card

☐ NREGA Job Card

☐ Others (any document notified by the central government)

Passport Expiry Date   -   -

Driving Licence Expiry Date   -   -

Identification Number

☐ 3.2 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', Submit relevant documentary proof)

Line 1\*

Line 2

Line 3

City / Town / Village\*

District\*

Zip / Post Code\*

State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*

Country\*

Country Code  as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID   
Mobile  -  Tel. (Off)  -  Tel. (Res)  -

**5. FATCA/CRS Information** (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)\* Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166Address  
Line 1\* Line 2 Line 3  City / Town / Village\* District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988State/UT\*  Country\*  Country Code  as per ISO 3166**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available\*) Related Person Type\* ☐ Guardian of Minor ☐ Assignee ☐ Authorized RepresentativeName\* Prefix  First Name  Middle Name  Last Name 

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

☐ Proof of Identity [Pol] of Related Person\* (Please see instruction (H) at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)☐ A- Passport Number  Passport Expiry Date  -  - ☐ B- Voter ID Card ☐ C- PAN Card ☐ D- Driving Licence Driving Licence Expiry Date  -  - ☐ E- Aadhaar Card ☐ F- NREGA Job Card ☐ Z- Others (any document notified by the central government)  Identification Number **7. Remarks (If any)**  
**8. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

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]

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only****Documents Received** ☐ Certified Copies**KYC Verification Carried Out by** (Refer Instruction I)Date  -  - Emp. Name Emp. Code Emp. Designation 

[Employee Signature]

**In-Person Verification (IPV) Carried Out by** (Refer Instruction J)Date  -  - Emp. Name Emp. Code Emp. Designation 

[Employee Signature]

**Institution Details**Name **SAMYAG BROKING PVT. LTD.**Code **I N O 1 2 0**Emp. Branch 

[Institution Stamp]

**Institution Details**Name Code Emp. Branch 

[Institution Stamp]



# CKYC & KRA KYC Form

## Know Your Client

### Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)  
Fields marked with '\*' are mandatory fields

Application ☐ New

Type\* ☐ Update KYC Number\*

KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

#### 1. Identity Details (Please refer instruction A at the end)

PAN

Please enclose a duly attested copy of your PAN Card

|                          | Prefix                                                                                                                                                                                                              | First Name | Middle Name | Last Name |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-----------|
| Name* (same as ID proof) | <input type="text"/>                                                                                                                                                                                                |            |             |           |
| Maiden Name (If any*)    | <input type="text"/>                                                                                                                                                                                                |            |             |           |
| Father / Spouse Name*    | <input type="text"/>                                                                                                                                                                                                |            |             |           |
| Mother Name*             | <input type="text"/>                                                                                                                                                                                                |            |             |           |
| Date of Birth*           | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                         |            |             |           |
| Gender*                  | <input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender                                                                                                          |            |             |           |
| Marital Status*          | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others                                                                                                                 |            |             |           |
| Citizenship*             | <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others - Country <input type="text"/> Country Code <input type="text"/> <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                                                                                                                          |            |             |           |
| Occupation Type*         | <input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector                                                        |            |             |           |
|                          | <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student |            |             |           |
|                          | <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized                                                                                                                                      |            |             |           |

Photo

Signature/  
Thumb Impression

#### 2. Proof of Identity (Pol)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

|                                                                                      |                      |                             |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------|----------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A- Passport Number                                          | <input type="text"/> | Passport Expiry Date        | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> B- Voter ID Card                                            | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> D- Driving Licence                                          | <input type="text"/> |                             |                                                                                                                                                                             |
| <input type="checkbox"/> E- Aadhaar Card                                             | <input type="text"/> |                             |                                                                                                                                                                             |
| <input type="checkbox"/> F- NREGA Job Card                                           | <input type="text"/> |                             |                                                                                                                                                                             |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | <input type="text"/> | Identification Number       | <input type="text"/>                                                                                                                                                        |

#### 3. Proof of Address (PoA)\*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1\*

Line 2

Line 3

City / Town / Village\*

District\*

Zip / Post Code\*

State/UT Code  as per Indian Motor Vehicle Act, 1988

State/U

Country\*

Country Code  as per ISO 3166

Address Type\* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address\*

☐ Passport Number

☐ Voter ID Card

☐ Driving Licence

☐ Aadhaar Card

☐ NREGA Job Card

☐ Others (any document notified by the central government)

Passport Expiry Date   -   -

Driving Licence Expiry Date   -   -

Identification Number

☐ 3.2 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', Submit relevant documentary proof)

Line 1\*

Line 2

Line 3

City / Town / Village\*

District\*

Zip / Post Code\*

State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*

Country\*

Country Code  as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID   
Mobile  -  Tel. (Off)  -  Tel. (Res)  -

**5. FATCA/CRS Information** (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)\* Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166Address  
Line 1\* Line 2 Line 3  City / Town / Village\* District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988State/UT\*  Country\*  Country Code  as per ISO 3166**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available\*) Related Person Type\* ☐ Guardian of Minor ☐ Assignee ☐ Authorized RepresentativeName\* Prefix  First Name  Middle Name  Last Name 

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

☐ Proof of Identity [Pol] of Related Person\* (Please see instruction (H) at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)☐ A- Passport Number  Passport Expiry Date  -  - ☐ B- Voter ID Card ☐ C- PAN Card ☐ D- Driving Licence  Driving Licence Expiry Date  -  - ☐ E- Aadhaar Card ☐ F- NREGA Job Card ☐ Z- Others (any document notified by the central government)  Identification Number **7. Remarks (If any)**  
**8. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

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]

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only**Documents Received ☐ Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

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

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

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

[Employee Signature]

Institution Details

Name **SAMYAG BROKING PVT. LTD.**Code **I N 0 1 2 0**Emp. Branch 

[Institution Stamp]

Institution Details

Name Code Emp. Branch 

[Institution Stamp]

N

# Know Your Client (KYC) Application Form (For Non-Individuals Only)



Please for  
Intermediary Logo

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

1. Name of Applicant (Please write complete name as per Certificate of Incorporation/ Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. Date of Incorporation  -  -

Place of Incorporation

3. Registration No. (e.g. CIN)

Date of commencement of business

4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ FI ☐ FII ☐ HUF  
☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP  
 Others (Please specify) \_\_\_\_\_

5. Permanent Account Number (PAN) (MANDATORY)

Please enclose a duly attested copy of your PAN Card

1. Address for Correspondence

  
  
  
  
 City / Town / Village  Postal Code   
 State  Country

2. Contact Details

|             |       |       |  |             |       |       |  |
|-------------|-------|-------|--|-------------|-------|-------|--|
| Tel. (Off.) | (ISD) | (STD) |  | Tel. (Res.) | (ISD) | (STD) |  |
| Mobile      | (ISD) | (STD) |  | Fax         | (ISD) | (STD) |  |
| E-Mail Id.  |       |       |  |             |       |       |  |

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick ( ) against the document attached.

☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises  
☐ Any other proof of address document (as listed overleaf). (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted  /  /

4. Registered Address (If different from above)

  
  
  
  
 City / Town / Village  Postal Code   
 State  Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick ( ) against the document attached.

☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises  
☐ Any other proof of address document (as listed overleaf). (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors  
 (Please use the Annexure to fill in the details)

2. Any other information: \_\_\_\_\_

## DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place:

Date:

NAME & SIGNATURE(S)  
OF AUTHORISED  
PERSON(S)



## FOR OFFICE USE ONLY

AMC/Intermediary name OR code

- ☐ (Originals Verified) Self Certified Document copies received  
☐ (Attested) True copies of document received

Seal/Stamp of the intermediary should contain  
 Staff Name  
 Designation  
 Name of the Organization  
 Signature  
 Date

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

**A. IMPORTANT POINTS:**

1. Self attested copy of PAN card is mandatory for all cliets, including promoters /Partners/ Karta/Trustees and whole time Directors and persons authorized to deal in securities on behalf of Company / Firm / Others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor or, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

**B. Proof of Identity (POI):** List of documents admissible as Proof of Identity:

1. Mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

**C. Proof of Address (POA):** List of documents admissible as Proof of Address: (\*Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

Residence/Driving License/Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FI/Sub account, Power of Attorney given by FI/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

**D. Exemptions/clarifications to PAN**

(\*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIs, MFs, VCFs, FVCLs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

**E. List of people authorized to attest the documents:**

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

**F. In case of Non-Individuals, additional documents to be obtained from Non-individuals, over & above the POI & POA, as mentioned below:**

| Types of entity                                            | Documentary requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Corporate</b>                                           | <ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>• Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year)</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control – either directly or indirectly</li> <li>• Copies of the Memorandum and Articles of Association and certificate of incorporation</li> <li>• Copy of the Board Resolution for investment in securities market</li> <li>• Authorised signatories list with specimen signatures</li> </ul> |
| <b>Partnership firm</b>                                    | <ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>• Certificate of registration (for registered partnership firms only)</li> <li>• Copy of partnership deed</li> <li>• Authorised signatories list with specimen signatures</li> <li>• Photograph, POI, POA, PAN of Partners</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Trust</b>                                               | <ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>• Certificate of registration (for registered trust only). Copy of Trust deed</li> <li>• List of trustees certified by managing trustees/CA</li> <li>• Photograph, POI, POA, PAN of Trustees</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>HUF</b>                                                 | <ul style="list-style-type: none"> <li>• PAN of HUF</li> <li>• Deed of declaration of HUF/List of coparceners</li> <li>• Bank pass-book/bank statement in the name of HUF</li> <li>• Photograph, POI, POA, PAN of Karta</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Unincorporated Association or a body of individuals</b> | <ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf</li> <li>• Authorized signatories list with specimen signatures</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Banks/Institutional Investors</b>                       | <ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years</li> <li>• Authorized signatories list with specimen signatures</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Foreign Institutional Investors (FII)</b>               | <ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate</li> <li>• Authorized signatories list with specimen signatures</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Army/Government Bodies</b>                              | <ul style="list-style-type: none"> <li>• Self-certification on letterhead</li> <li>• Authorized signatories list with specimen signatures</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Registered Society</b>                                  | <ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act</li> <li>• List of Managing Committee members</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



Intentionally left blank

## ADDITIONAL KYC FORM FOR INDIVIDUALS AND NON INDIVIDUALS

### TYPE OF ACCOUNT (Please tik 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<br><input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> Individual Margin Trading A/C. (MANTRA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> NRI              | <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter<br><input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> NRI Depository Receipts <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National Depository Receipt <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Non-Individual   | <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust<br><input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank<br><input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defense Establishment<br><input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Depository participant</b>             | <b>Central Depository Services (India) Ltd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>DP SEBI Reg. No.</b>                   | <b>IN DP CDSL 154-2015</b> <b>DP ID : 68300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Application No.                           | Date <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DP Internal Reference No.                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DP ID                                     | <div style="display: flex; align-items: center;"> <div style="display: flex; gap: 5px;"> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">8</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> </div> <div style="margin-left: 20px;">Client ID</div> <div style="display: flex; gap: 5px;"> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> </div> </div>           |
| UCI/UCC Date                              | <div style="display: flex; align-items: center;"> <div style="display: flex; gap: 5px;"> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> </div> <div style="margin-left: 20px;">Trading Account No.</div> <div style="display: flex; gap: 5px;"> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> </div> </div> |

(To be filled by the applicant in BLOCK LETTERS in English)

I/We request to you open a Demat and Trading Account in my/our name as per the following details :

#### Holders Details

|                            |  |         |  |
|----------------------------|--|---------|--|
| Sole / First Holder's Name |  | PAN UID |  |
| Second Holder's Name       |  | PAN UID |  |
| Third Holder's Name        |  | PAN UID |  |

Name\*

\*In case of Firms, Association of Person (AOP), Partnership Firm, Unregistered Trust etc. Although the Account is opeded in the natural person, the name of the Firm, Association of person (AOP), Partnership Firm, Unregistered Trust, etc. Should be mentioned.

#### Details of Guardian & Documents required (If holder is minor)

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Guardian's Name             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Relationship with Applicant | PAN No. (Compulsory)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Type of entity              | Documentary requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Minor Details               | <ul style="list-style-type: none"> <li>• Birth Certificate of minor</li> <li>• PAN card of minor.</li> <li>• Proof of address and identity documents of the Guardian as per list</li> <li>• One passport size photograph of minor and one of guardian with guardian's signature across the photograph. Guardian should sign across the photograph of the minor</li> <li>• According to the Hindu Guardians and Wards Act, natural parent i.e. father, and in his absence, Mother, Only can be the guardians. In any other event, the guardian has to be appointed by the court.</li> </ul> |

**Additional Facilities**

|                                                                                                                                          |                                                                                                                                                                                                                                                                      |                                 |                                      |                                  |                                                 |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------|----------------------------------|-------------------------------------------------|---------------------------------------------------------|
| I/We instruct the DP to receive each and every credit in my/our account [Automatic Credit]                                               |                                                                                                                                                                                                                                                                      |                                 |                                      |                                  | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No                             |
| Account Statement Requirement                                                                                                            | <input type="checkbox"/> Daily                                                                                                                                                                                                                                       | <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly | <input type="checkbox"/> As per SEBI regulation |                                                         |
| Do you wish to receive dividend/interest directly in to your bank account through ECS?                                                   |                                                                                                                                                                                                                                                                      |                                 |                                      |                                  | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No                             |
| Whether you wish to receive physical contract note or Electronic Contract Note (ECN) please specify                                      |                                                                                                                                                                                                                                                                      |                                 |                                      |                                  | <input type="checkbox"/> Physical contract note | <input type="checkbox"/> Electronic contract note (ECN) |
| Specify your E-mail ID, (If applicable) _____                                                                                            |                                                                                                                                                                                                                                                                      |                                 |                                      |                                  |                                                 |                                                         |
| Whether you wish to avail of the facility of internet trading/wireless technology                                                        |                                                                                                                                                                                                                                                                      |                                 |                                      |                                  | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No                             |
| I/We request you to send the Electronic Transaction-cum-Holding Statement at Sole/First Holders E-mail ID stated in the form or at _____ |                                                                                                                                                                                                                                                                      |                                 |                                      |                                  | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No                             |
| SMS Alert Facility                                                                                                                       | <input type="checkbox"/> Yes <b>MOBILE No. +91 _____</b><br><b>Refer to terms &amp; Condition given as Annexure-A</b>                                                                                                                                                |                                 |                                      |                                  | <input type="checkbox"/> No                     |                                                         |
| <b>Easi</b>                                                                                                                              | <input type="checkbox"/> Yes <b>If yes, please contact your DP for details</b><br>(Facility through CDSL's website : <a href="http://www.cdslindia.com">www.cdslindia.com</a> wherein a BP can view his ISIN balances, transactions & value of the portfolio online) |                                 |                                      |                                  | <input type="checkbox"/> No                     |                                                         |

**For NRIs Details**

|                 |  |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|--|
| Foreign Address |  |  |  |  |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |  |  |  |  |

|                      |  |       |  |         |          |     |  |  |  |  |  |
|----------------------|--|-------|--|---------|----------|-----|--|--|--|--|--|
| City                 |  | State |  | Country |          | Pin |  |  |  |  |  |
| PAN No. (Compulsory) |  |       |  |         | Tel. No. |     |  |  |  |  |  |

**For OCBs Details**

|                 |  |       |  |              |                            |                            |                            |                            |                            |                            |                            |
|-----------------|--|-------|--|--------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Foreign Address |  |       |  |              |                            |                            |                            |                            |                            |                            |                            |
|                 |  |       |  |              |                            |                            |                            |                            |                            |                            |                            |
| City            |  | State |  | Country      |                            | Pin                        |                            |                            |                            |                            |                            |
| E-mail ID       |  |       |  |              | Tel. No.                   |                            |                            |                            |                            |                            |                            |
| Indian Address  |  |       |  |              |                            |                            |                            |                            |                            |                            |                            |
|                 |  |       |  |              |                            |                            |                            |                            |                            |                            |                            |
| City            |  | State |  | Country      |                            | Pin                        |                            |                            |                            |                            |                            |
| RBI Ref, No.    |  |       |  | RBI Approval | <input type="checkbox"/> D | <input type="checkbox"/> D | <input type="checkbox"/> M | <input type="checkbox"/> M | <input type="checkbox"/> Y | <input type="checkbox"/> Y | <input type="checkbox"/> Y |

**For Cms Details****Clearing Members Details**

|                     |  |  |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|--|--|
| Name Stock Exchange |  |  |  |  |  |  |  |  |  |  |
| Name of the CC/CH   |  |  |  |  |  |  |  |  |  |  |
| Trading ID          |  |  |  |  |  |  |  |  |  |  |
| Clearing Member ID  |  |  |  |  |  |  |  |  |  |  |

**DECLARATION**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any charges 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.



First/Sole Holder  
Client Signature



Second/Sole Holder  
Date :



Third/Sole Holder



## TRADING ACCOUNT RELATED DETAILS

### Bank Details I

|                               |                                                                                                                                                        |       |  |         |  |        |  |  |  |  |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--|---------|--|--------|--|--|--|--|
| Bank Code (9 Digit MICR Code) |                                                                                                                                                        |       |  |         |  |        |  |  |  |  |
| Bank Name                     |                                                                                                                                                        |       |  |         |  | Branch |  |  |  |  |
| RTGS/NEFT IFSC Code           |                                                                                                                                                        |       |  |         |  |        |  |  |  |  |
| Bank Address                  |                                                                                                                                                        |       |  |         |  |        |  |  |  |  |
| City                          |                                                                                                                                                        | State |  | Country |  | Pin    |  |  |  |  |
| Account Number                |                                                                                                                                                        |       |  |         |  |        |  |  |  |  |
| Account Type                  | <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> Others (specify) _____ |       |  |         |  |        |  |  |  |  |

### Other Details

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. Gross Annual Income Details</b> (Please tick (✓): <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"/> > 25 Lacs<br><b>For Non-Individuals :</b> <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> Above 1 Crore                                                                                                                                                                          |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Net-worth in ₹.</b> (*Net worth should not be older than 1 year) _____ <b>as on (date)</b>   d   d   /   m   m   /   y   y   y   y                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>2. Occupation</b> (Please tick (✓) any one and give brief details):<br><input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired<br><input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____ |  |
| <b>3. Please tick, if applicable:</b> <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person<br>For definition of PEP, please refer guideline overleaf                                                                                                                                                                                                                                                                                                             |  |
| <b>4. Any other information:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

### Depository Account Details I

### Depository Account Details II

|                             |                                 |                                                             |
|-----------------------------|---------------------------------|-------------------------------------------------------------|
| Depository Participant Name | <b>SAMYAG BROKING PVT. LTD.</b> |                                                             |
| Depository                  | CDSL                            | <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL |
| Beneficiary Name            |                                 |                                                             |
| DP ID                       | <b>12068300</b>                 |                                                             |
| Beneficiary ID (BO ID)      |                                 |                                                             |

### Trading Preferences

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

| Exchange/Segment | CASH | FUTURE & OPTION | CURRENCY DERIVATIVES |
|------------------|------|-----------------|----------------------|
| BSE              | ✕    | ✕               | ✕                    |
| NSE              | ✕    | ✕               | ✕                    |
| MCX-SX           | ✕    | ✕               | ✕                    |

# If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

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

**Number of Years of Investment/Trading Experience :** \_\_\_\_\_

**Dealings Through Sub-broker and other Stock Broker**

If client is dealing through the sub-broker, provide the following details

|                                               |  |                       |  |
|-----------------------------------------------|--|-----------------------|--|
| Name                                          |  | BSE SEBI Regd. No.    |  |
| Regd. Office Address                          |  | NSE SEBI Regd. No.    |  |
| Phone-Fax-Website                             |  | MCX-SX SEBI Regd. No. |  |
| Signature<br>Authorised person/<br>Sub-broker |  | Remisier /AP_____     |  |
|                                               |  | Remisier /AP_____     |  |
|                                               |  | Remisier /AP_____     |  |

Whether dealing with any other stock broker/sub-broker (if case dealing with multiple stock brokers/sub-brokers, provide details of all)

|                         |  |                                  |             |  |
|-------------------------|--|----------------------------------|-------------|--|
| Name of<br>Stock Broker |  | Name of<br>Sub-Broker,<br>if any | Client Code |  |
|                         |  |                                  | Exchange    |  |

Details of disputes/dues pending from/to such stock broker/sub-broker :

**Introducer Details**

|                      |                                                                                                                                                           |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Introducer   |                                                                                                                                                           |
|                      |                                                                                                                                                           |
| Status of Introducer | <input type="checkbox"/> Sub-broker <input type="checkbox"/> Remisier <input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client |
|                      | <input type="checkbox"/> Samyag broking Pvt. Ltd., Employee/Director <input type="checkbox"/> Others (Please specify)_____                                |
| BO ID /CLIENT ID     |                                                                                                                                                           |
| Address & Tel. No.   |                                                                                                                                                           |
|                      |                                                                                                                                                           |
| Signature            |                                                                                                                                                           |

Verified for **SAMYAG BROKING PVT. LTD.**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**INSTRUCTIONS/CHECK LIST FOR FILLINGS KYC & DEMAT FORM****A. 1. Additional documents in case of trading in derivatives segments - illustrative list:**

|                                                                 |                                                     |
|-----------------------------------------------------------------|-----------------------------------------------------|
| Copy of ITR Acknowledgement                                     | Copy of Annual Account                              |
| In case of salary income-Salary slip copy of Form-16            | Net worth certificate                               |
| Copy of Demat account statement (6 Months)                      | Bank account statement for last 6 month             |
| Any other relevant documents substantiating ownership of assets | Self declaration with relevant supporting documents |

\*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time

2. Demat master or recent holding statement issued by DP bearing name of the client.

**3. For Individuals:**

- Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
- In case of non-resident clients, employees at the stock broker's local office, overseas can do in person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

**4. For Non Individuals:**

- Form need to be initialized by all the authorized signatories
- Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

**B. Proof of Bank Details :**

- Photocopy of the cancelled cheque having the name of the current holder where the cheque book is issued (or)
- Photocopy of the Bank statement having name and address of the BO and not more than 4 months old (or)
- Photocopy of the Passbook having name and address of the BO (or)
- Letter from the Bank

In case of options (ii), (iii), (iv) above, MICR code &amp; IFSC code of the branch should be present/mentioned on the Document and it should be self-certified by the BO.

**NOMINATION DETAILS (for individuals only)**

☐ I/We wish to nominate ☐ I/We do not wish to nominate

Name of the Nominee : \_\_\_\_\_

Relationship with the Nominee : \_\_\_\_\_

PAN of Nominee : \_\_\_\_\_ Date of Birth of Nominee : \_\_\_\_\_

Address and phone no. of the Nominee : \_\_\_\_\_

**If Nominee is a minor, details of guardian:**

Name of guardian : \_\_\_\_\_

Address and phone no. of Guardian : \_\_\_\_\_

Signature of guardian : \_\_\_\_\_

**WITNESSES** (Only applicable in case the account holder has made nomination)

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

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

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

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

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

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

**Declaration**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

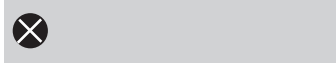
I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet

I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

I/We have read the terms & conditions and Mandatory and Voluntary Client registration document 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 the form. I/We further agree that false/misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action.

Place -----

Date -----

|                                                                                                                                                                  | First/Sole Holder                                                                                                                                                                | Second/Sole Holder                                                                                                                                                               | Third/Sole Holder                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                             |                                                                                                                                                                                  |                                                                                                                                                                                  |                                                                                                                                                                                    |
| Signature                                                                                                                                                        |                                                                                               |                                                                                              |                                                                                               |
| <b>Latest Passport size colour Photographs And sign. Across the Photo</b><br> | PHOTOGRAPH<br><br>Please affix the recent passport size photograph and sign across it<br><br> | PHOTOGRAPH<br><br>Please affix the recent passport size photograph and sign across it<br><br> | PHOTOGRAPH<br><br>Please affix the recent passport size photograph and sign across it<br><br> |

**(Signatures should be preferably in black ink)**

(In case of minor holder, photograph of guardian has to be affixed along with minor's photograph)

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

## TARIFF SHEET

|               | <b>CASH SEGMENT</b> |          |          |             |         |
|---------------|---------------------|----------|----------|-------------|---------|
|               | Trading             |          |          | Delivery    |         |
|               | Minimum Rs.         | Percent  |          | Minimum Rs. | Percent |
|               |                     | 1st Side | 2nd Side |             |         |
| General Rates |                     |          |          |             |         |
| Special Rates |                     |          |          |             |         |

|               | <b>EQUITY FUTURES</b> |          |          |             |                  |
|---------------|-----------------------|----------|----------|-------------|------------------|
|               | Same Day              |          |          | Any Day     |                  |
|               | Minimum Rs.           | Percent  |          | Minimum Rs. | Percent 2nd Side |
|               |                       | 1st Side | 2nd Side |             |                  |
| General Rates |                       |          |          |             |                  |
| Special Rates |                       |          |          |             |                  |

|               | <b>EQUITY OPTIONS</b> |          |          |             |                  |
|---------------|-----------------------|----------|----------|-------------|------------------|
|               | Same Day              |          |          | Any Day     |                  |
|               | Minimum Rs.           | Percent  |          | Minimum Rs. | Percent 2nd Side |
|               |                       | 1st Side | 2nd Side |             |                  |
| General Rates |                       |          |          |             |                  |
| Special Rates |                       |          |          |             |                  |

|               | <b>CURRENCY FUTURES</b> |          |          |             |                  |
|---------------|-------------------------|----------|----------|-------------|------------------|
|               | Same Day                |          |          | Any Day     |                  |
|               | Minimum Rs.             | Percent  |          | Minimum Rs. | Percent 2nd Side |
|               |                         | 1st Side | 2nd Side |             |                  |
| General Rates |                         |          |          |             |                  |
| Special Rates |                         |          |          |             |                  |

|               | <b>CURRENCY OPTIONS</b> |          |          |             |                  |
|---------------|-------------------------|----------|----------|-------------|------------------|
|               | Same Day                |          |          | Any Day     |                  |
|               | Minimum Rs.             | Percent  |          | Minimum Rs. | Percent 2nd Side |
|               |                         | 1st Side | 2nd Side |             |                  |
| General Rates |                         |          |          |             |                  |
| Special Rates |                         |          |          |             |                  |

1. The above rates are exclusive of Transaction charge, Stamp Duty, Securities Transaction, Tax and Service Tax which will be charged extra at the rate prevailing from time to time.
2. The General rates as mentioned here shall be applied unless the special rates as may be agreed by the Sub-broker / Authorised Person / Introducer and client and the same are mentioned here.



Client Signature



Signature of  
Sub-broker / Authorised Person / Introducer



Signature of Broker

# **RIGHTS AND OBLIGATIONS OF BENEFICIAL OWNER AND DEPOSITORY PARTICIPANT AS PRESCRIBED BY SEBI AND DEPOSITORIES**

## **General Clause**

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

## **Beneficial Owner information**

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

## **Fees/Charges/Tariff**

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

## **Dematerialization**

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

## **Separate Accounts**

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

## **Transfer of Securities**

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

## **Statement of account**

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

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

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

## **Default in payment of charges**

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

## **Liability of the Depository**

21. As per Section 16 of Depositories Act, 1996,
  1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.



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

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

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

### **Redressal of Investor grievance**

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

### **Authorized representative**

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

### **Law and Jurisdiction**

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

  
First/Sole Holder

  
Second Joint Holder

  
Third Joint Holder

# Tariff Structure For Depository Services

| PARICULAR                           | ##BSDA-I<br>(UPTO ₹ 4,00,000/-)                                   | ##BSDA-II<br>(UPTO ₹ 4,00,001<br>TO ₹ 10,00,000/-)                | ###RSDA<br>(ABOVE ₹ 10,00,000/-)                                               |
|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Statutory Charges                   | As actual                                                         | As actual                                                         | As actual                                                                      |
| Account opening charges             | NIL                                                               | NIL                                                               | NIL                                                                            |
| One Time Maintenance Charges        | NIL                                                               | NIL                                                               | ₹ 2,000/-                                                                      |
| Annual Maintenance Charges<br>(AMC) | NIL                                                               | ₹100/-                                                            | Individual ₹400/-<br>Corporate ₹1000/-*<br>NRI ₹1,000/-<br>(*PLUS CDSL Actual) |
| Dematerialization Charges           | ₹10/- per certificates<br>PLUS ₹50/-for<br>postal/courier charges | ₹10/- per certificates<br>PLUS ₹50/-for<br>postal/courier charges | ₹10/- per certificates<br>PLUS ₹50/-for<br>postal/courier charges              |
| Rematerialization Charges           | ₹25/- per certificates                                            | ₹25/- per certificates                                            | ₹25/- per certificates                                                         |
| On Market                           | ₹30/- Per ISIN                                                    | ₹30/- Per ISIN                                                    | ₹30/- Per ISIN                                                                 |
| Off Market                          | ₹30/- Per ISIN                                                    | ₹30/- Per ISIN                                                    | ₹30/- Per ISIN                                                                 |
| Inter Depository                    | ₹30/- Per ISIN                                                    | ₹30/- Per ISIN                                                    | ₹30/- Per ISIN                                                                 |
| Pledge/Invocation/ Closure          | ₹75/- Per ISIN                                                    | ₹75/- Per ISIN                                                    | ₹75 - Per ISIN                                                                 |
| Additional Statement<br>charges     | ₹25/- Per Statement                                               | ₹25/- Per Statement                                               | ₹25/- Per Statement                                                            |
| Failed Transaction charges          | ₹10/- Per ISIN                                                    | ₹10/- Per ISIN                                                    | ₹10/- Per ISIN                                                                 |

**Note:** ## Basic Services Demat Account      ### Regular Service Demat Account

1. All charges and service standards are subject to revision at the discretion of **Samyag Broking Pvt. Ltd.**, and will be informed by circulars sent by ordinary post or E Mail.
2. Account Maintenance charges will be charged at the beginning of the financial year.
3. GST and other levies would be extra as applicable.
4. All instructions for transfer must be received at the designated office(s) of DP at least 24 hours before the execution date or the pay-in deadline. Any instruction beyond the specified time limit would be executed on best effort basis and DP won't be responsible for any kind of failure or non execution of those trades.
5. In case of delay in the payment of charges, Demat account can be frozen for all operations till dues are cleared.
6. Transaction Statement will be provided monthly and Holding Statement quarterly.

With respect to the above mentioned subject, I/We authorize you to debit my/our trading account code \_\_\_\_\_ maintained with **Samyag Broking Pvt. Ltd.**, for the debit charges payable to **Samyag Broking Pvt. Ltd.**, as a Depository Participant for providing depository services. Any such sum debited to my/our account shall be binding on me/us.

☐ I do not wish to opt for BSDA scheme.

☐ I wish to opt for BSDA scheme.



First/Sole Holder



Second Joint Holder



Third Joint Holder



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) \*

| Mandatory Details  |  |                 |                    | Additional Details |                |                       |                 |                |          |
|--------------------|--|-----------------|--------------------|--------------------|----------------|-----------------------|-----------------|----------------|----------|
| Nomination Details |  | Name of Nominee | Share of Nominee % | Relationship       | Postal Address | Mobile No & E-Mail ID | Identity Number | DOB Of Nominee | Guardian |
| 1. First Name      |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |
| 2. First Name      |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |
| 3. First Name      |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |
| 4. First Name      |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |
| 5. First Name      |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |
| 6. First Name      |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |
| 7. First Name      |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |
| 8. First Name      |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |
| 9. First Name      |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |
| 10. First Name     |  |                 |                    |                    |                |                       |                 |                |          |
| Middle Name        |  |                 |                    |                    |                |                       |                 |                |          |
| Last Name          |  |                 |                    |                    |                |                       |                 |                |          |

\* Joint Accounts:

| Event                                                           | Transmission of Account                                                                                  |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Demise of one or more joint holder(s)                           | Surviving holder(s) through name deletion<br>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.) |  |                             |                                                   |
| 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%          |

## Declaration Form for opting out of nomination

**[Annexure B to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |   |   |   |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---|---|---|---|---|---|---|---|
| <b>To</b><br><br><b>SAMYAG BROKING PVT. LTD.</b><br>C-9, Satyam Shopping Centre,<br>M.G. Road, Ghatkopar (E),<br>Mumbai - 400 077.                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date | D | D | M | M | Y | Y | Y | Y |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |   |   |   |   |   |   |   |   |
| UCC/DP ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1    | 2 | 0 | 6 | 8 | 3 | 0 | 0 |   |
| Client ID (only for Demat account)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |   |   |   |   |   |   |   |   |
| Sole/First Holder Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |   |   |   |   |   |   |   |   |
| Second Holder Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |   |   |   |   |   |   |   |   |
| Third Holder Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |   |   |   |   |   |   |   |   |
| I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account. |      |   |   |   |   |   |   |   |   |
| <b>Name and Signature of Holder(s)*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |   |   |   |   |   |   |   |   |
| <div style="display: flex; justify-content: space-between; margin-top: 50px;"> <div style="width: 30%;">1. </div> <div style="width: 30%;">2. </div> <div style="width: 30%;">3. </div> </div>                                                                                                                                                                                                                                                                                                                                                                       |      |   |   |   |   |   |   |   |   |

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

## RUNNING ACCOUNT AUTHORISATION (VOLUNTARY DOCUMENT)

To,  
**SAMYAG BROKING PVT.LTD.**  
C-9 Gr.Fl. Satyam Shopping Centre,  
M.G.Road,  
Ghatkopar-E,  
Mumbai 400 077.

Dear Sir,

I am / We are regularly trading with you for Cash, Derivative & Currency Market in BSE / NSE / MCX-SX. I am / we are hereby authorizing you to do following on my / our behalf:

1. You can adjust any amounts receivable from me / us against any credits standing into my / our account or from my / our forthcoming pay-outs payable to me / us.
2. Further, I / we hereby give my / our consent to maintain my / our account for fund and securities as RUNNING ACCOUNT. The securities lying in my / our Withhold A/c should be considered as margin deposits.
3. The said Running Account authorization is subject to revocation in writing by me / us at any time.
4. I am / We are requesting you to keep my / our Securities, Margin and funds with you to meet my / our pay in obligation in the Succeeding settlements in the same segment as well as in other segments of the Exchanges.
5. The actual settlement of funds & securities shall be done by you on Monthly / Quarterly (Strike off which is not required) Intervals.
6. You will send monthly / quarterly statements of funds & securities and I / we shall bring any discrepancy therein, if any, in your notice preferably within 7 working days from the receipt of statements.
7. You will transfer my / our funds / securities lying with you within one / three working day of my / our request as the case may be. (i.e. one day if the same are lying with you and three days if the same are lying with clearing member / clearing corporation).
8. This is an inconvenience and it also incurs payment gateway charges, clearance charges, DP trade charges and possibility of missing trading opportunity. To reduce administrative/operational difficulties in settling the accounts you may retain an amount of up to Rs.10,000 /- (net amount across segment and across stock exchanges) or such amount as may be specified by the regulation authorities, SEBI, exchanges from time to time, while actually settling my/our funds and/or securities account.

I / We have noted the following:

1. The authorization shall be signed by me / us only and not by any power of attorney holder or by any authorized person on my / our behalf.

Thanking you.  
Yours faithfully,

Name of Client : \_\_\_\_\_

Signature of Client: 

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

## DIGITAL CONTRACT NOTE CONSENT (VOLUNTARY DOCUMENT)

To, The Board of Director,  
SAMYAG BROKING PVT. LTD.  
C-9, Satyam Shopping Centre,  
M.G. Road, Ghatkopar-E,  
Mumbai-400 077. Ph. : 40971500 Fax : 40971510

Date :

Dear Sir,

We understand that you are providing the facility of issuing Contract Notes, Holding Statements, Bill Statements and other Documents in Digital Form in accordance with the guidelines issued by SEBI/Exchanges from time to time for Cash F&O and Currency Derivatives Segment respectively.

We also understand that these digital contract notes are valid legal contracts as per Stock Exchange/SEBI rules and recognized under the Information Technology Act 2000 and other acts in India.

In view of above, we wish to inform you that we would like to avail of this facility on the following terms and conditions :

1. The electronic delivery of digital contract note shall be accepted as contract note to us.
2. The digital contract note should be sent to my/our E-Mail id as under
3. The dispatch of the above digital contract note from your end shall constitute delivery of the same provided no bounced mail is received at your end.
4. Discrepancy if any shall be brought to your notice preferably within 24 hours of delivery of the digital contract note.
5. You are also authorised to send us any other notice / intimation through the same channel.
6. Client has right to terminate this document, by intimating the same in writing.
7. Non-receipt of intimation of bounced e-mail shall be construed as receipt of e-mail.
8. Any change in e-mail id shall be communicated by me in writing through a physical letter to you.

E-mail ID : (1) \_\_\_\_\_

E-mail ID : (2) \_\_\_\_\_

Client Sign.



## **Annexure-A (REF ANNEXURE 2.4)**

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

#### **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, Dalal 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.



**Fees:**

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

**Disclaimer:**

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

**Liability and Indemnity:**

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

**Amendments:**

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

**Governing Law and Jurisdiction:**

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

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

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

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

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

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

|       |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 6 | 8 | 3 | 0 | 0 | Client ID |  |  |  |  |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|

(Please write your 8 digit DP ID)

(Please write your 8 digit Client ID)

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

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

Third Holder Name: \_\_\_\_\_

Mobile Number on which messages are to be sent

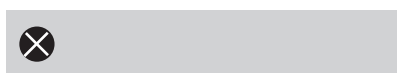
|     |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|--|--|
| +91 |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|--|--|

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

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

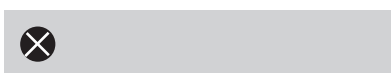
Email ID: \_\_\_\_\_

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

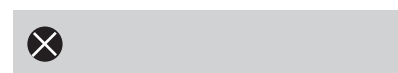


First/Sole Holder

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



Second Joint Holder



Third Joint Holder

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

## HUF DECLARATION

To,  
**SAMYAG BROKING PVT.LTD.**  
C-9 Gr. Fl. Satyam Shopping Centre,  
M. G. Road,  
Ghatkopar-E,  
Mumbai 400 077.

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

Dear Sir,

I/We hereby request you to open our demat account with you, for our HUF. Being Karta of my family, I hereby declare that following is the list of family members in our HUF.

| No. | NAME OF FAMILY MEMBERS | RELATIONS    | DATE OF BIRTH | AGE | M/F | SIGNATURE                           |
|-----|------------------------|--------------|---------------|-----|-----|-------------------------------------|
| 1   |                        | KARTA        |               |     |     | <input checked="" type="checkbox"/> |
| 2   |                        | WIFE         |               |     |     | <input checked="" type="checkbox"/> |
| 3   |                        | SON/DAUGHTER |               |     |     | <input checked="" type="checkbox"/> |
| 4   |                        | SON/DAUGHTER |               |     |     | <input checked="" type="checkbox"/> |
| 5   |                        | SON/DAUGHTER |               |     |     | <input checked="" type="checkbox"/> |
| 6   |                        |              |               |     |     | <input checked="" type="checkbox"/> |
| 7   |                        |              |               |     |     | <input checked="" type="checkbox"/> |
| 8   |                        |              |               |     |     | <input checked="" type="checkbox"/> |

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date for making this Application to open Account.

I agree that any false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

Thanking you,

Yours truly,

Client Sign.



Karta  
(Affix stamp of HUF)

| Declaration                                                                                   |  | Please strike off whichever is not applicable            |
|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------------|
| I hereby declare that the mobile no./email id mentioned in the Account opening form is my own |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| First / Sole Holder Signature | Second Holder Signature | Third Holder Signature |
|-------------------------------|-------------------------|------------------------|
|                               |                         |                        |

[In case the option 'No' has been selected above, the request letter appended below is required to be submitted]

REQUEST LETTER FOR REGISTRATION OF MOBILE NO./EMAIL OF PERSON BELONG TO THT CLIENTS FAMILY

Please note that the mobile No./Email Address / both mentioned in the Account opening form belongs to Mr/Mrs./Ms. \_\_\_\_\_

who is my \_\_\_\_\_ (relationship with the client)

[\* Refer to the instructions mentioned below]

| First / Sole Holder Signature | Second Holder Signature | Third Holder Signature |
|-------------------------------|-------------------------|------------------------|
|                               |                         |                        |

[ Only the mobile no./email of your spouse,dependent children and dependent parents can be registered in your account] ]

From,  
Auth. Person/Sub Broker Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

To, The Board of Director,  
**SAMYAG BROKING PVT. LTD.**  
C-9, Satyam Shopping Centre,  
M.G. Road, Ghatkopar-E,  
Mumbai-400 077. Ph. : 40971500 Fax : 40971510

Dear Sir,

I / We hereby introduce to you a client Mr. / Mrs. / Ms. / M/s. \_\_\_\_\_  
having his / her / its address at \_\_\_\_\_  
\_\_\_\_\_for dealing in  
the cash and / or derivatives segment of NSE / BSE / MCX-SX. I/ We hereby agree and undertake to keep you  
indemnified against any lawful claims, losses, damages, costs. etc. in connection with the dealings of the client.

Thanking You,  
Yours Faithfully,

|                           |  |
|---------------------------|--|
| Auth. Person<br>Signature |  |
|---------------------------|--|

Signature of Sub-broker / Remisier / Authorised Person

## DEMAT DEBIT AND PLEDGE INSTRUCTION (DDPI)

This non-judicial stamp paper of Rs.100/- forms part and parcel of DEMAT DEBIT PLEDGE INSTRUCTION (DDPI) executed between M/s. SAMYAG BROKING PRIVATE LIMITED having Office at C-9 Satyam Shopping Centre, M G Road, Ghatkopar-E, Mumbai 400077 AND I/We \_\_\_\_\_

(Sole/First Holder) Jointly with \_\_\_\_\_

(Second Holder) And \_\_\_\_\_ (Third Holder),

Residing / registered office/place of business at \_\_\_\_\_

hold Beneficial Owner Account number (BO ID) 12068300\_\_\_\_\_with CDSL through Samyag Broking Private Limited a Depository Participant registered with Securities and Exchange Board of India (SEBI) bearing DP ID. 68300. And Whereas I/ We am/ are desirous to buy and sell securities through Samyag Broking Private Limited a stock broker registered with SEBI and a member of recognized Stock Exchange/s (NSE, BSE, MSEI) bearing SEBI single registration number INZ000181631

Whereas I / we authorize Samyag Broking Private Limited to operate my/our Beneficial Owner Account in a manner hereinafter appearing and subject to conditions as provided herein. Whereas I/We hereby am /are fully aware and understand that this DDPI is voluntary and I / we have been fully made aware of the explicit authority consented by me / us under this executed document.

I / We do hereby authorize Samyag Broking Private Limited (hereinafter referred to as the "Stock Broker / Stock Broker and Depository Participant") acting through any of its directors and/or its duly authorized officers to perform the following functions on my/our behalf:

| Sr. No | Purpose                                                                                                                                                                                                                                     | Signature of the Client*              |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1      | Transfer of securities held in my / our beneficial owner accounts towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by me / us on the Stock Exchange through Samyag Broking Private Limited | 1 <input checked="" type="checkbox"/> |
|        |                                                                                                                                                                                                                                             | 2 <input checked="" type="checkbox"/> |
|        |                                                                                                                                                                                                                                             | 3 <input checked="" type="checkbox"/> |
| 2      | Pledging / re-pledging of securities in favor of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements in connection with the trades executed on the Stock Exchange.                                    | 1 <input checked="" type="checkbox"/> |
|        |                                                                                                                                                                                                                                             | 2 <input checked="" type="checkbox"/> |
|        |                                                                                                                                                                                                                                             | 3 <input checked="" type="checkbox"/> |
| 3      | Mutual Fund transactions being executed on Stock Exchange order entry platforms                                                                                                                                                             | 1 <input checked="" type="checkbox"/> |
|        |                                                                                                                                                                                                                                             | 2 <input checked="" type="checkbox"/> |
|        |                                                                                                                                                                                                                                             | 3 <input checked="" type="checkbox"/> |
| 4      | Tendering shares in open offers through Stock Exchange platforms                                                                                                                                                                            | 1 <input checked="" type="checkbox"/> |
|        |                                                                                                                                                                                                                                             | 2 <input checked="" type="checkbox"/> |
|        |                                                                                                                                                                                                                                             | 3 <input checked="" type="checkbox"/> |

Signature for HUF - Karta/ Coparcener /Member

Name (Karta) \_\_\_\_\_ Sign \_\_\_\_\_

Name (Spouse) \_\_\_\_\_ Sign \_\_\_\_\_

Name (Son/Daughter) \_\_\_\_\_ Sign \_\_\_\_\_

Name (Son/Daughter) \_\_\_\_\_ Sign \_\_\_\_\_

Name (Son/Daughter) \_\_\_\_\_ Sign \_\_\_\_\_

I/We hereby covenant, ratify and confirm that all acts done and documents executed or signed by the stock broker /stock broker and depository participant pursuant to this DDPI has been made done and executed in good faith and shall for all-purpose be valid and binding on me/us and I/ we undertake to indemnify the stock broker / stock broker and depository participant against all actions proceedings claims, costs, expenses and liabilities of every description arising from the exercise or the purported exercise in good faith, of authorities conferred by this DDPI.

The stock broker / stock broker and depository participant may appoint and remove at its discretion any authorized signatories for or under this DDPI in respect of all or any of the matters contained herein upon such terms and conditions as the stock broker / depository participant may think fit.

I/We further agree and confirm that the authorities conferred under this DDPI shall continue until it is revoked (without notice) in writing by me/us and that the said revocation shall be effective from the date on which the revocation notice is received by any person authorized in this regard by the Stock Broker in its office situated at: C-9, Satyam Shopping Center, M.G. Road, Ghatkopar East, Mumbai — 400077. However, such revocation shall not be applicable for any outstanding settlement obligation of funds/ securities arising out of the trades carried prior to receiving request for revocation of this DDPI.

**List of the Stock Broker Designated Demat Account:**

| Sr. No | Pool ID / Client ID/ CM BP ID | DP Name                        | Purpose               |
|--------|-------------------------------|--------------------------------|-----------------------|
| 1      | 1206830000000148              | Samyag Broking Private Limited | NSE PRINCIPAL A/C     |
| 2      | 1206830000000129              | Samyag Broking Private Limited | BSE PRINCIPAL A/C     |
| 3      | 1100001100018334              | Samyag Broking Private Limited | NSE EARLY PAY -INA/C  |
| 4      | 1100001000021110              | Samyag Broking Private Limited | BSE EARLY PAY -IN A/C |
| 5      | 1206830000027400              | Samyag Broking Private Limited | MARGIN PLEDGE A/C     |
| 6      | 1206830000031890              | Samyag Broking Private Limited | CUSPA A/C             |

**IN THE PRESENCE OF**

7. 1100002300002215 Samyag Broking Private Limited NSE SLB EARLY PAYIN A/C

|                      |  |                      |  |
|----------------------|--|----------------------|--|
| Name of Witness 1    |  | Name of Witness 2    |  |
| Address Of Witness   |  | Address Of Witness   |  |
| Signature Of Witness |  | Signature Of Witness |  |

This document shall be subject to the jurisdiction of the Courts in Mumbai.

Dated at Mumbai \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_



First/Sole Holder



Second Joint Holder



Third Joint Holder

We hereby accept to exercise the authorities conferred upon us in terms of the purposes mentioned hereinabove. This document is in conformity with the conditions as specified in SEBI/HO/MIRSD/DoP/P/CIR/2022/44 dated April 04, 2022.

For Samyag Broking Pvt.Ltd.,

Place:

Authorised signatory

Date:

**ANNEXURE**  
**List of Broker's Accounts**

**For Market Pay-in**

| CM – BP Id     | DP Name                                              | Purpose of Account                |
|----------------|------------------------------------------------------|-----------------------------------|
| IN517771       | IL&FS SECURITIES SERVICES LTD                        | CM Segment Market Pay-in (NSE)    |
| M51777         | National Securities Clearing Corporation Ltd (NSCCL) | CM Segment Market Pay-in (NSE)    |
| IN661212       | IL&FS SECURITIES SERVICES LTD                        | CM Segment Market Pay-in (BSE)    |
| 6121 (CMBP ID) | Bank of India Shareholding Ltd(BOISL)                | CM Segment Market Pay-in (BSE)    |
| 74700(CMBP ID) | MCX-SX CCL                                           | CM Segment Market Pay-in (MCX-SX) |
| IN471845       | IL&FS SECURITIES SERVICES LTD                        | CM Segment Market Pay-in (MCX-SX) |

**For Margin / Principal A/c / Early Pay-in**

| Client ID        | DP Name                                              | Purpose              |
|------------------|------------------------------------------------------|----------------------|
| 1100001000021110 | Bank of India Shareholding Ltd. (BOISL)              | BSE Early Pay-in     |
| 1100001100018334 | National Securities Clearing Corporation Ltd (NSCCL) | NSE Early Pay-in     |
| 1206830000000129 | SAMYAG BROKING PVT.LTD.                              | BSE Principal A/c    |
| 1206830000000148 | SAMYAG BROKING PVT.LTD.                              | NSE Principal A/c    |
| 1206830000010967 | SAMYAG BROKING PVT.LTD.                              | MCX-SX Principal A/c |
| 1100002800000239 | MCX-SX Clearing Corporation Ltd. (MCX-SXCCL)         | MCX-SX Early Pay-in  |
| 1206830000031890 | SAMYAG BROKING PVT.LTD.                              | CUSPA A/C            |

By the within named Clients(s)



First/Sole Holder



Second Joint Holder



Third Joint Holder

**For Samyag Broking Pvt.Ltd.,**

**Authorised signatory**

**Date :**

**Place :**

## OPTION FORM FOR ISSUE OF DIS BOOKLET

Date

|                    |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
|--------------------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|
| DP ID              | 1 | 2 | 0 | 6 | 8 | 3 | 0 | 0 | Client ID |  |  |  |  |  |  |  |  |
| First Holder Name  |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
| Second Holder Name |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
| Third Holder Name  |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |

To,

**Samyag Broking P. Ltd.**

C-9, Ground Floor, Satyam Shopping Center,  
M.G. Road, Ghatkopar (E), Mumbai - 400 077.

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 my / our CDSL account though I / we have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with **Samyag Broking P. Ltd.** (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

Yours faithfully

|            | First/Sole Holder | Second Joint Holder | Third Joint Holder |
|------------|-------------------|---------------------|--------------------|
| Name       |                   |                     |                    |
| Signatures | ✕                 | ✕                   | ✕                  |

OR

☐ **OPTION 2:**

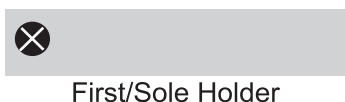
I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA / executed PMS agreement in favour of / with **Samyag Broking P. Ltd.** (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades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

Yours faithfully

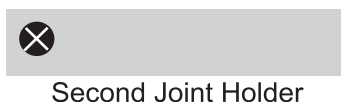
|            | First/Sole Holder | Second Joint Holder | Third Joint Holder |
|------------|-------------------|---------------------|--------------------|
| Name       |                   |                     |                    |
| Signatures | ✕                 | ✕                   | ✕                  |



|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------|
| <b>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<br/>(If not marked, the default option would be 'No')</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |
| <b>I/ We would like to share the email ID with the RTA</b>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |
| I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic<br>(Tick the applicable box. If not marked the default option would be in Physical) |                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                               |
| Transactions Using Secured Texting Facility (TRUST).<br>Refer to Terms and Conditions Annexure – 2.6                                                                                                                                                               | I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same.<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST |                                                          |                               |
|                                                                                                                                                                                                                                                                    | Stock Exchange                                                                                                                                                                                                                                                                                                                                                       | Clearing Member Name                                     | Clearing Member ID (Optional) |
|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                               |



First/Sole Holder



Second Joint Holder



Third Joint Holder

#### Annexure-2.6

Terms And Conditions for availing Transaction Using Secured Texting (TRUST) Service offered by CDSL

- Definitions:** In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:
  - "Depository" means Central Depository Services (India) Limited (CDSL)
  - TRUST means "Transactions Using Secured Texting" service offered by the Depository.
  - "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.
  - "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.
  - "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
- 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
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 DPs 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 DP .
- 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.
- The BO further acknowledges that the BO/CM 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.
- 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.
- Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
- 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.
- 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.
- 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.
- 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.
- Disclaimer:** Depository shall be absolved of any liability in case:-
  - There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
  - 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.
  - There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility. .

## FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUAL

|                                                                                                 |                                                                                                         | First/Sole Holder                                                                                                                                                                                                                                                                                 | Second Holder (if any)                                                                                                                                                                                                                                                                            | Third Holder (if any)                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Client Code:                                                                                    |                                                                                                         |                                                                                                                                                                                                                                                                                                   | NA                                                                                                                                                                                                                                                                                                | NA                                                                                                                                                                                                                                                                                                |
| Demat Account No.                                                                               |                                                                                                         | 12068300                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |
| 1.                                                                                              | Indicate (✓) your Tax Residency / Citizenship / Nationality                                             | <input type="checkbox"/> India <input type="checkbox"/> U.S.A <input type="checkbox"/> Others                                                                                                                                                                                                     | <input type="checkbox"/> India <input type="checkbox"/> U.S.A <input type="checkbox"/> Others                                                                                                                                                                                                     | <input type="checkbox"/> India <input type="checkbox"/> U.S.A <input type="checkbox"/> Others                                                                                                                                                                                                     |
| If ticked on "Others" and/or "U.S.A", please provide all details under point no. 2,3,4,5 below: |                                                                                                         |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |
| 2.                                                                                              | Specify City and Country of Birth                                                                       |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |
| 3.                                                                                              | Specify Country(ies) of Tax Residency / Citizenship / Nationality / Green card holder, other than India |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |
| 4.                                                                                              | Tax Identification Number (for U.S.A.) or its functional equivalent (other than U.S.A.)                 |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |
| 5.                                                                                              | Source of Wealth                                                                                        | <input type="checkbox"/> Salary <input type="checkbox"/> Business<br><input type="checkbox"/> Gift <input type="checkbox"/> Rental Income<br><input type="checkbox"/> Royalty <input type="checkbox"/> Ancestral Property<br><input type="checkbox"/> Prize Money <input type="checkbox"/> Others | <input type="checkbox"/> Salary <input type="checkbox"/> Business<br><input type="checkbox"/> Gift <input type="checkbox"/> Rental Income<br><input type="checkbox"/> Royalty <input type="checkbox"/> Ancestral Property<br><input type="checkbox"/> Prize Money <input type="checkbox"/> Others | <input type="checkbox"/> Salary <input type="checkbox"/> Business<br><input type="checkbox"/> Gift <input type="checkbox"/> Rental Income<br><input type="checkbox"/> Royalty <input type="checkbox"/> Ancestral Property<br><input type="checkbox"/> Prize Money <input type="checkbox"/> Others |

### DECLARATION

I / We hereby declare, agree and confirm the following:

- a) The details furnished above are true to the best of my knowledge and belief and shall undertake to inform **Samyag Broking Private Limited** within 30 days, in case of any change in the above given status on a future date;
- b) If I / we am/are U.S. person or tax resident of a reportable foreign jurisdiction (other than U.S.), my account details, would be reported by **Samyag Broking Private Limited** to the relevant tax authority, or information may be shared with concerned Asset Management Companies (AMCs) or such other product providers, to whom FATCA/ CRS norms are applicable or to any of the Government Agencies / Tax authorities / Regulators / Exchanges / Depositories of India or of any country other than India;
- c) If my / our Country of Birth is US, however, I / We declare that I / We are not US Person, I / We shall provide a certificate of relinquishment of citizenship (Loss of nationality) OR a self certification stating reasons for not having such a certificate despite relinquishing US citizenship OR not obtaining US citizenship at birth.



First/Sole Holder



Second Joint Holder



Third Joint Holder

#### What is FATCA / CRS?

The U.S. government introduced the Foreign Account Tax Compliance Act, 2010 (FATCA) for obtaining information on accounts held by U.S. taxpayers in other countries. Further, Organization for Economic Co-operation & Development (OECD) and G20 countries agreed for automatic exchange on information through Common Reporting Standards (CRS). The Government of India has signed an Inter-Government Agreement (IGA) with US and has also joined the Multilateral Competent Authority agreement (MCAA) for automatic sharing of information with member countries of OECD and G20. By virtue of India signing an IGA with US and joining MCAA, Indian financial institutions will have to provide the required financial information to Indian tax authorities which in turn would forward reportable information to US IRS and member countries of OECD and G20 countries.

In order to implement FATCA and CRS norms in India, **Samyag Broking Private Limited** is required to implement procedures to identify U.S. account holders or other jurisdictions reportable accounts, perform due diligence and obtain documentary evidence wherever required and report details of such accounts to relevant tax authority.

**US Person means:** In case of individuals, U.S. person means a citizen or resident of the United States. Persons who would qualify as U.S. persons could be born in United States, born outside the United States of a US parent, Naturalized citizens, Green Card Holders, tax residents.

#### Who is Reportable Person (Non US) under Common Reportable Standards (CRS)?

Under Common Reportable Standards (CRS), reportable person means Tax residents of a reportable foreign jurisdiction other than U.S. (Please note the above information is provided only for quick reference to customers. You are requested to consult a legal/ tax advisor if in doubt.)

#### Documents to be collected if Customer's Country of birth is U.S. but declare that he/ she are not a U.S. person

1. Certificate of relinquishment of citizenship (Loss of nationality certificate); OR
2. Self certification for stating reasons for not having such a certificate despite relinquishment U.S. citizenship; OR
3. Self certification for stating reasons for not obtaining U.S. citizenship at birth.

## FATCA - Declaration

Please tick the applicable tax resident declaration - (Any one)

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

| Sr. No. | Country | Tax Identification Number* | Identification Type (TIN or Other*, please specify) |
|---------|---------|----------------------------|-----------------------------------------------------|
| 1.      |         |                            |                                                     |
| 2.      |         |                            |                                                     |
| 3.      |         |                            |                                                     |

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

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here;

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):

- ☐ Unlisted Company    
 ☐ Partnership Firm    
 ☐ Limited Liability Partnership Company  
☐ Unincorporated association / body of individuals    
 ☐ Public Charitable Trust    
 ☐ Religious Trust  
☐ Private Trust    
☐ Others (please specify \_\_\_\_\_)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Note: Attach valid documentary proof like Shareholding pattern duly self-attested by Authorized Signatory / Company Secretary

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

Designation : \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature



Signature



Signature



## CONSENT OF AUTHENTICATION

I/We \_\_\_\_\_, the  
holders/s of Aadhar Number \_\_\_\_\_,  
hereby give my/our consent to Samyag Broking Pvt Ltd to obtain my/our Aadhar Number, name and  
figure print/iris for authentication with UIDAI. Samyag Broking Pvt Ltd has informed that my/our  
identity information would only be used for KYC of Demat& Trading accounts and also inform that  
my/our biometric will not be stored / shared and will be submitted to CIDR only for the purpose of  
authentication.

DP ID: 12068300 \_\_\_\_\_ Terminal code: \_\_\_\_\_

1<sup>st</sup> holder Signature:



2<sup>nd</sup> holder Signature:



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

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

*Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be **First holder**.)*

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

Sole Holder : 

Second Holder : 

Third Holder : 

From, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

To,  
**SAMYAG BROKING PVT.LTD.**  
C-9 Gr,Fl, Satyam Shopping Centre,  
M.G.Road,  
Ghatkopar-E,  
Mumbai 400 077.

**Sub: Acknowledgement receipt for the various documents.**

Dear Sir / Madam,

I hereby confirm that I understand the risk involved in Trading in Capital Market which was also explained by the Officials of **SAMYAG BROKING PVT. LTD.**

I/We have received below mentioned documents and information while opening trading and / or demat account with you.

| No. | List of Documents                                                                                                                                                                                                                                                                                                     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | Know Your Client (KYC) Registration Form<br>(i.e. KYC Form, all mandatory and non-mandatory documents, Nomination Form, RDD, Tariff Sheet, Policies & Procedures of Company, copies of personal documents like identity proof, address proof, bank proof, Right & Obligations, Guidance Note - Do's and Don'ts etc.). |
| 2.  | Demat Opening Form along with mandatory and non-mandatory documents.                                                                                                                                                                                                                                                  |
| 3.  | Demat Debit and Pledge Instruction                                                                                                                                                                                                                                                                                    |
| 4.  | Trading Code:-<br>Demat ID:- 12068300                                                                                                                                                                                                                                                                                 |
| 5.  | Login ID & Password for Back office purpose:-<br>Login ID:-<br>Password:-                                                                                                                                                                                                                                             |
| 6.  | Noting your website (i.e. www.samyagbroking.com) for all communication that you as a stock broker give to your clients including various policies and procedures as updated from time to time.                                                                                                                        |

Thanking you,  
Yours faithfully,

Client Sign.



**(Stamp & signature)**

Annexure A

**Most Important Terms and Conditions (MITC)**

(For non-custodial settled trading accounts)

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.

2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.

3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.

4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in Favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.

5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).

6. You will get a contract note from the stock broker within 24 hours of the trade.

7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.

8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information ( e.g., income, net worth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.

9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.

10. Any assured/guaranteed/ixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

Client Sign.



**(Stamp & signature)**