



Application No. :



|          |                      |
|----------|----------------------|
| UCC No.: | <input type="text"/> |
|----------|----------------------|

DPID :

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 3 | 0 | 2 | 0 | 8 | 0 | 0 |
|---|---|---|---|---|---|---|---|

Client ID :

|   |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| 0 | 0 |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|

**CENTRAL DEPOSITORY SERVICES INDIA LIMITED (CDSL)**  
**ACCOUNT OPENING, CKYC & KRA KYC REGISTRATION FORM**  
FOR INDIVIDUAL / HUF / NRI

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

DP ID : 20800 SEBI Regn. No. : IN-DP-CDSL-16-99

BO Name

:

DP Internal Ref. No.

:

KRA Ref.

:

CKYC Ref. No.:

:

Charge A/c No.

:

Cust ID

:

Dividend A/c. No.

:

A/c. Marketed by

:

\*In case query relating to the form please contact  
Branch address and contact details

**BOI SHAREHOLDING LIMITED**

Bank of India House, 4th Floor,

70/80, M. G. Road,

Fort, Mumbai 400 001.

Phone : 022 22705057 / 2270 5060 /

E-mail : boisl dp@boisl dp.com

Website : www.boislndia.com

## GUIDELINES FOR OPENING A DEMAT ACCOUNT (INDIVIDUAL)

1. Read the form carefully and in case of any queries contact the concerned officials of designated Branches of Bank of India, or the DP
2. In case of joint bank account for demat amount, client should be the first holder in savings bank/ current account with authority to operate account.
3. In case of joint demat account, first name shall be of trading account holder.
4. Fill up all the details in the enclosed form. In case any of the columns is not applicable to you, mention N.A. against column.
5. Please affix your full signature in the places marked ✕
6. Witness have to sign.
7. All the proofs of identity and address should be self certified as true copy. Please bring the originals at the time of account opening for verification purpose to be attested by Bank / DP Official.
8. Paste a recent passport size photograph in the space provided for the CKYC form and sign below the photograph legibly.
9. Email ID, Mobile No, Income Slab of the client is a prerequisite to open the Demat account.
10. Overdraft account cannot be linked. Only Current / SB account is accepted.
11. To evaluate the eligibility for Basic Services Demat Accounts(BSDA), the value of holdings will be determined on a daily basis, as per the file sent by the CDSL The AMC will be calculated at the pro-rata basis based on the value of holding of securities in the account.
12. Incase the Demat accounts with BSDA facility does not meet the listed eligibility as per guideline issued by SEBI or any such authority at any point of time, such BSDA accounts will be converted to General Tariff, demat account without further reference to the respective customers and will be levied standard Program pricing.
13. Incase if the Demat account with BSDA facility exceed the prescribed limits and move out of the stipulated BSDA criteria, the eligibility of such accounts for BSDA facility will be evaluated on the last day of the Annual billing cycle.
14. The value of the transaction will be in accordance with rates provided by Depositories
15. The transaction charges will be payable monthly. The charges quoted are for the services listed. Any service not quoted above will be charged separately.
16. All instructions for transfer must be received at the designated DP or servicing branches of the Bank at least 24 hours before the execution date.
17. In case the Demat accounts are with nil balances/ transactions or incase if the customer defaults in payment of AMC, the physical statements shall not be sent to the customer after period of 1 year. However the electronic statement of holding will be sent to the customers whose email Ids are registered for e-statement.
18. The depositories have started dispatching Consolidated Account Statement(CAS) to the customers w.e.f. March 2015, hence despatch of physical statement has been discontinued.
19. Your Transaction cum Billing statement will be available on Net Banking under Demat.
20. Stamp duty charges would be collected on consideration amount of Off Markert transfer / Pledge invocation instruction, before execution of request at the prescribed government rates.
21. Joint Demat account can also be operated individually.

### Documents required.

#### ◆ Proof of Identity

- \* Photocopy of PAN card self attested and duly verified with original by Bank/BOISL officials

#### ◆ Proof of Residential Address (Any of the following documents duly attested and verified by Bank / BOISL officials)

- \* Self attested copy of Passport /Driving License / Aadhar Card / Voter's Identity Card issued by the Election Commission of India / Job card issued by NREGA duly signed by an officer of the State Government.

#### ◆ Bank Account Proof

- \* Self Attested copy of Bank statement (For last 3 months)
- \* Self Attested copy of Bank Cheque with Name printed duly verified by Bank /DP or Original Cheque.

### General but IMPORTANT Checks - for Branch/DP

- Name of the applicant between AOF/PAN/ID & Address Proof / CKYC/POA/R&O/ FATCA/Income Tax Site/Birth Certificate/BSDA should be consistent
- Self attested + clear readable copy of PAN and Proof of Identity & Proof of Address to be submitted by ALL applicants.
- Original seen & Verification stamp by the Bank/BOISL staff to be affixed on PAN card copy, POI and Proof of Address copy.
- In case the photo on POI copy is not clear, alternate self attested ID proof to be provided.
- All Alterations/Corrections are attested by all applicants.

**Notes: (Nomination)**

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the Nomination form at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Any odd lot after division / Residential securities shall be transferred to the first Nominee mentioned in the form.
11. BO Can OPT For - Nomination Opted Out.

**Notes : Others**

11. All communication shall be sent at the address of the Sole/First holder only.
12. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
13. For receiving Statement of Account in electronic form, provide email ID.
14. Client must ensure the confidentiality of the password of the email account.
15. Client must promptly inform the Participant if the email address has changed.
16. First Holder, In Demat Account Should Be First Holder In Bank A/C.
17. Provide Mode of Operation & In Case of Joint Accounts - If Jointly or Any One.

**CHECK LIST - For Branch / DP**

- 1) Copy of PAN CARD & other documents separately on A4 Size paper, Photographs should be clean & Legible.
- 2) Pan card copy if not clear kindly submit colour photo copy.
- 3) Local / Correspondence / Foreign address proof of all the applicant as per application form.
- 4) Photo identity as per application form and In-person verification to be done by Bank/DP official.
- 5) Signature / Thumb impression should be below the photograph in CKYC form.
- 6) Copy of Passbook / Cheque for dividend & charge Account.
- 7) Pincode, MICR., PAN Card No. & IFSC Code should be written on Application.
- 8) Nominees signature (across) photograph & witness signature, copy of birth certificate of PAN/Aadhar / Proof of Identity of nominee (Any One)
- 9) Account opening form to be signed before the Bank/DP Official.
- 10) All supporting document should contain verification and branch stamp.
- 11) Self attestation of all document submitted by holder.
- 12) Witness for Account Opening / Nomination / Opting Out of Nomination



Bank of India House, 4th Floor, 70/80, M. G. Road, Fort, Mumbai 400 001.

DP - ID - 20800

| Type of Services                                                                                                                                | Charges (Rs.)                                                                                                                                                      |                     |                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|--|
| Account Maintenance Charges                                                                                                                     | Individual Rs. 350/- } P.A.<br>Corporate Rs. 850/- }                                                                                                               |                     |                     |  |
| Account Opening                                                                                                                                 | NIL                                                                                                                                                                |                     |                     |  |
| For BSDA Account AMC (BSDA)                                                                                                                     | AMC (Rs.)                                                                                                                                                          | Holding Value (Rs.) |                     |  |
|                                                                                                                                                 |                                                                                                                                                                    | Debt Securities     | Non Debt Securities |  |
|                                                                                                                                                 | NIL                                                                                                                                                                | 0 to 100000         | 0 to 50000          |  |
|                                                                                                                                                 | 100 p.a                                                                                                                                                            | 100001 to 2 lakh    | 50001 to 2 lakh     |  |
|                                                                                                                                                 | 350 p.a                                                                                                                                                            | Above 2 lakh        | Above 2 lakh        |  |
| Account Freezing / Un-freezing Charges                                                                                                          | Rs. 50/- per instance                                                                                                                                              |                     |                     |  |
| Transaction Charges (Market/Off Market) (Equity and Debt)                                                                                       | Sale Rs. 24.50 per transaction -                                                                                                                                   |                     |                     |  |
| Debt-CP/CD/G-Sec                                                                                                                                | Sale Rs. 250/- per transaction                                                                                                                                     |                     |                     |  |
| Demat Request Charges (Per request per ISIN)                                                                                                    | Rs. 5/- per certificate (Minimum Rs. 50/-) + Courier / Handling charges Rs. 50/- DRF Rejection Rs. 100/-                                                           |                     |                     |  |
| Remat Request Charges (Per Request per ISIN)                                                                                                    | Rs. 50/- per request + Courier/Handling Charges Rs. 50/-                                                                                                           |                     |                     |  |
| Pledge / Hypothecation charges (Per Transaction)                                                                                                | Pledge Creation - Rs. 50/-<br>Pledge Closure - Rs 50/-<br>Pledge Invocation - Rs. 250/-                                                                            |                     |                     |  |
| Statement of Account (as per Norms)                                                                                                             | As per norms-Free<br>For additional statement Rs. 25/- each<br>If the total number of pages exceeds 10 (ten)<br>For each additional page Rs. 5/- shall be charged. |                     |                     |  |
| For Activating Demat Accounts which are "suspended for Debit" for non-submission PAN-Compliance to KYC norms - AMC not paid - any other reason. | Rs. 250/-                                                                                                                                                          |                     |                     |  |
| Issuance of Delivery Instruction Slips<br>Without requisition slip                                                                              | Rs. 100/- per instance (payable upfront)                                                                                                                           |                     |                     |  |
| Stop Transfer of Delivery Instruction Slips                                                                                                     | Rs. 10/- per slip, Minimum Rs. 50/- (payable) upfront)                                                                                                             |                     |                     |  |
| KYC Charges per Applicant                                                                                                                       | Rs. 50/-                                                                                                                                                           |                     |                     |  |
| CAS Charges                                                                                                                                     | Actual, As charged by Depository                                                                                                                                   |                     |                     |  |

**Note : - All taxes as appl shall be levied extra.**

- Above charges includes depository charges.
- Charge quoted above are for the services listed. Any service not quoted above will be charged separately.
- In case of non-recovery of bills due to inadequate balance in charge account/other reasons. DP. reserves the right to suspend services in the account with 2 days notice to the client.
- All charges will be charged on monthly basis except Account Maintenance charges which will be changed in advance in April every year.
- DIS Book not collected within a week will be couriered and charged.
- Late receipt of DIS- Rs.50/- per ISIN
- Interest @13% will be levied for late payment
- Statement of account through Email- free, Across counter Rs.50/-, Through post Rs.50/- + postal charges.
- AMC for staff - Free

**Terms & Conditions:**

- Demat customers eligible for the BSDA facility need to register their mobile number for the SMS alert facility for transaction.
- The above charges are exclusive of applicable GST and other taxes/statutory charges levied by Government bodies/ statutory authorities from time to time, which will be charged as applicable
- All charges/service standards are subject to revision at the DP's sole discretion at any given point of time and the same shall be communicated to the customers with a notice of 30 days
- In case you are applicable for submission of GSTIN details, please provide GST certificate copy.

**DEPOSITORY PARTICIPANT OFFICE OF CDSL****DP ID : 20800 SEBI Regn. No. : IN-DP-CDSL-16-99**

Bank of India House, 4th Floor, 70/80, M. G. Road, Fort, Mumbai 400 001.



(To be filled by the Depository Participant)

|                           |   |   |   |   |   |   |   |   |           |   |   |  |  |  |  |  |  |
|---------------------------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|
| <b>KRA Ref.</b>           |   |   |   |   |   |   |   |   |           |   |   |  |  |  |  |  |  |
| Application No.           |   |   |   |   |   |   |   |   |           |   |   |  |  |  |  |  |  |
| <b>Date</b>               |   | D | D | M | M | 2 | 0 | Y | Y         |   |   |  |  |  |  |  |  |
| DP Internal Reference No. |   |   |   |   |   |   |   |   |           |   |   |  |  |  |  |  |  |
| DP ID                     | 1 | 3 | 0 | 2 | 0 | 8 | 0 | 0 | Client ID | 0 | 0 |  |  |  |  |  |  |

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

I/We request you to open a demat account in my/our name as per following details :-

**Holders Details** (Name as per IT PAN Card)

|                            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

|                 |               |               |                 |               |                |
|-----------------|---------------|---------------|-----------------|---------------|----------------|
| <b>Exchange</b> | <b>11-BSE</b> | <b>12-NSE</b> | <b>22-NCDEX</b> | <b>23-MCX</b> | <b>29-MSEI</b> |
| Segment         |               |               |                 |               |                |
| UCC CODE of BO  |               |               |                 |               |                |

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

| Status                                    |                                                                                                                                                                                                                            | Sub - Status                                                                                                                                                                        |  |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Individual       | <input type="checkbox"/> Individual Resident<br><input type="checkbox"/> Individual Director's Relative<br><input type="checkbox"/> Individual Promoter<br><input type="checkbox"/> Individual Margin Trading A/C (MANTRA) | <input type="checkbox"/> Individual - Director<br><input type="checkbox"/> Individual HUF / AOP<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Other (specify) _____ |  |
| <input type="checkbox"/> NRI              | <input type="checkbox"/> NRI Repatriable<br><input type="checkbox"/> NRI Repatriable Promoter<br><input type="checkbox"/> NRI Depository Receipts                                                                          | <input type="checkbox"/> NRI Non-Repatriable<br><input type="checkbox"/> NRI Non-Repatriable Promoter<br><input type="checkbox"/> Other (specify) _____                             |  |
| <input type="checkbox"/> Foreign National | Foreign National                                                                                                                                                                                                           | <input type="checkbox"/> Foreign National - Depository Receipts<br><input type="checkbox"/> Others (specify) _____                                                                  |  |

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

|                                 |  |     |  |
|---------------------------------|--|-----|--|
| Guardian's Name                 |  | PAN |  |
| Relationship with the applicant |  |     |  |

|                                                                                                                                                                                                                    |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')                                                                                     | [Automatic Credit]<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                     |
| I / We would like to instruct the DP to accept all the pledge instruction in my/our account without any other further instruction from my/our end (if not marked, the default option would be 'No')                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                           |
| Account Statement Requirement <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |                                                                                                                                                    |
| I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                           |
| CAS Required <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                              | CAS Mode Physical Yes <input type="checkbox"/> No <input type="checkbox"/> CAS Mode Email <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                                                                                                                                                                    |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| I / We would like to share the email ID With the RTA                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic<br>(Tick the applicable box. If not marked the default option would be in Physical) |                                                          |

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

### Bank Details [Dividend Bank Details]

|                               |                                                                                                                  |  |  |       |  |  |  |         |  |  |  |          |  |  |
|-------------------------------|------------------------------------------------------------------------------------------------------------------|--|--|-------|--|--|--|---------|--|--|--|----------|--|--|
| Customer ID                   |                                                                                                                  |  |  |       |  |  |  |         |  |  |  |          |  |  |
| Bank Code (9 digit MICR Code) |                                                                                                                  |  |  |       |  |  |  |         |  |  |  |          |  |  |
| IFS Code (11 character)       |                                                                                                                  |  |  |       |  |  |  |         |  |  |  |          |  |  |
| Account Number                |                                                                                                                  |  |  |       |  |  |  |         |  |  |  |          |  |  |
| Account Type                  | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____ |  |  |       |  |  |  |         |  |  |  |          |  |  |
| Bank Name                     |                                                                                                                  |  |  |       |  |  |  |         |  |  |  |          |  |  |
| Branch Name                   |                                                                                                                  |  |  |       |  |  |  |         |  |  |  |          |  |  |
| Bank Branch Address           |                                                                                                                  |  |  |       |  |  |  |         |  |  |  |          |  |  |
| City                          |                                                                                                                  |  |  | State |  |  |  | Country |  |  |  | PIN Code |  |  |

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
 (ii) Photocopy of the Bank Statement having name and address of the BO  
 (iii) Photocopy of the Passbook having name and address of the BO, (or)  
 (iv) Letter from the Bank.

In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FIRST HOLDER'S DETAILS</b><br>*Gross annual income(₹)<br><input type="checkbox"/> Below Rs. 1 lakh <input type="checkbox"/> Rs. 1 to 5 lakh <input type="checkbox"/> Rs. 5 to 10 lakh<br><input type="checkbox"/> Rs. 10 to 25 lakh <input type="checkbox"/> More than Rs. 25 lakh<br>(Income range per annum)<br><b>OR Net worth (₹)</b> <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>as on 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="text"/> <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Net worth should not be older than one year<br>Occupation details (please tick any one below and give brief details)<br><input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business<br><input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____<br>Brief Details _____<br>Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP)<br><input type="checkbox"/> Related to a Politically Exposed Person (PEP) | <b>SECOND HOLDER'S DETAILS</b><br>*Gross annual income(₹)<br><input type="checkbox"/> Below Rs. 1 lakh <input type="checkbox"/> Rs. 1 to 5 lakh <input type="checkbox"/> Rs. 5 to 10 lakh<br><input type="checkbox"/> Rs. 10 to 25 lakh <input type="checkbox"/> More than Rs. 25 lakh<br>(Income range per annum)<br><b>OR Net worth (₹)</b> <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>as on 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="text"/> <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Net worth should not be older than one year<br>Occupation details (please tick any one below and give brief details)<br><input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business<br><input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____<br>Brief Details _____<br>Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP)<br><input type="checkbox"/> Related to a Politically Exposed Person (PEP) | <b>THIRD HOLDER'S DETAILS</b><br>*Gross annual income(₹)<br><input type="checkbox"/> Below Rs. 1 lakh <input type="checkbox"/> Rs. 1 to 5 lakh <input type="checkbox"/> Rs. 5 to 10 lakh<br><input type="checkbox"/> Rs. 10 to 25 lakh <input type="checkbox"/> More than Rs. 25 lakh<br>(Income range per annum)<br><b>OR Net worth (₹)</b> <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>as on 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="text"/> <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Net worth should not be older than one year<br>Occupation details (please tick any one below and give brief details)<br><input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business<br><input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____<br>Brief Details _____<br>Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP)<br><input type="checkbox"/> Related to a Politically Exposed Person (PEP) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Holder                   | Mobile Number                                                                                                                                        | Email ID                                                                                                                                             |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1st / Sole holder</b> |                                                                                                                                                      |                                                                                                                                                      |
|                          | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children |
| <b>2nd holder</b>        |                                                                                                                                                      |                                                                                                                                                      |
|                          | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children |
| <b>3rd holder</b>        |                                                                                                                                                      |                                                                                                                                                      |
|                          | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children |

### DECLARATION of Govt. Securities

I/we, undersigned, having demat account with you as per the details mentioned below, hereby declare that I/we will submit for execution only those transfer instructions which are bonafide and arising out of genuine trade or transfer transaction.

BSDA OPTED: Yes ☐No ☐From Next Financial Year ☐

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time.

I/We also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my /our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the First /Sole holder also hereby declare that I do not have / propose to have any other demat account depositories as a first / sole holder.

Rights & Obligation to receive : Hard Copy ☐ or Email ☐

|                                                   |                                                                                                                                                                                                          |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SMS Alert Facility</b><br>(Only Indian Number) | MOBILE No. +91 _____<br>[[Mandatory, if you are giving Power of Attorney (POA)]<br>(if POA is not granted & you do not wish to avail of this facility, cancel this option).                              |
| <b>Easi</b>                                       | To register for <b>easi</b> , please visit <a href="http://www.cdslindia.com">www.cdslindia.com</a><br><b>Easi</b> allows a BO to view his ISIN balances. transactions and value of the portfolio online |

#### 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.<br>If not marked the default option would be <b>first holder</b> . |                                               |
| <input type="checkbox"/> First Holder                                                                                                                                              | <input type="checkbox"/> All Holder           |
|                                                                                                                                                                                    | <input type="checkbox"/> Second Holder        |
|                                                                                                                                                                                    | <input type="checkbox"/> Third Holder         |
|                                                                                                                                                                                    | Email ID                                      |

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

|                    | <b>First/Sole Holder/Guardian</b><br>(Inc case Sole Holder is minor) | <b>Second Holder</b> | <b>Third Holder</b> |
|--------------------|----------------------------------------------------------------------|----------------------|---------------------|
| <b>Name</b>        |                                                                      |                      |                     |
| <b>Signature</b> ⊗ |                                                                      |                      |                     |

(Signature should be preferably in black ink)

#### Introduction Details/ Branch stamp

|                                                                      |
|----------------------------------------------------------------------|
| Introduction by an existing account holder of _____                  |
| I confirm the identify, occupation and address of the application(s) |
| Introduction's / Branch Name _____                                   |
| Account No / PF No. _____ CM No. / Branch Code . _____               |
| Signature of Introducer /<br>Branch Stamp & Sign.                    |

**CDSL**Nomination  
Registration No.

## Nomination Details

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

☐ I/we do not wish to nominate. ( Refer page 10)

|                                                                                                  |   |              |   |   |              |   |   |              |           |   |   |  |
|--------------------------------------------------------------------------------------------------|---|--------------|---|---|--------------|---|---|--------------|-----------|---|---|--|
| <b>BO Account Details</b>                                                                        |   |              |   |   |              |   |   |              |           |   |   |  |
| DP ID                                                                                            | 1 | 3            | 0 | 2 | 0            | 8 | 0 | 0            | Client ID | 0 | 0 |  |
| Name of the Sole / First Holder                                                                  |   |              |   |   |              |   |   |              |           |   |   |  |
| Name of the Second Holder                                                                        |   |              |   |   |              |   |   |              |           |   |   |  |
| Name of the Third Holder                                                                         |   |              |   |   |              |   |   |              |           |   |   |  |
| <b>Nomination Details</b>                                                                        |   | Nomination 1 |   |   | Nomination 2 |   |   | Nomination 3 |           |   |   |  |
| Nominee Name :                                                                                   |   |              |   |   |              |   |   |              |           |   |   |  |
| * First Name :                                                                                   |   |              |   |   |              |   |   |              |           |   |   |  |
| Middle Name :                                                                                    |   |              |   |   |              |   |   |              |           |   |   |  |
| * Last Name :                                                                                    |   |              |   |   |              |   |   |              |           |   |   |  |
| <b>*Percentage of allocation of securities</b>                                                   |   |              |   |   |              |   |   |              |           |   |   |  |
| <input type="checkbox"/> Equally (If not equally, please specify percentage)                     |   | %            |   |   | %            |   |   | %            |           |   |   |  |
| <b>OR</b>                                                                                        |   |              |   |   |              |   |   |              |           |   |   |  |
| <input type="checkbox"/> Share of each Nominee                                                   |   |              |   |   |              |   |   |              |           |   |   |  |
| Any odd lot after division shall be transferred to the first nominee mentioned in the form       |   |              |   |   |              |   |   |              |           |   |   |  |
| Nomination Identification Details (Please tick any one of following and provide details of same) |   | Nominee 1    |   |   | Nominee 2    |   |   | Nominee 3    |           |   |   |  |
| <input type="checkbox"/> Photography & Signature                                                 |   |              |   |   |              |   |   |              |           |   |   |  |
| <input type="checkbox"/> PAN No With Copy                                                        |   |              |   |   |              |   |   |              |           |   |   |  |
| <input type="checkbox"/> Aadhaar No With Copy                                                    |   |              |   |   |              |   |   |              |           |   |   |  |
| <input type="checkbox"/> Saving Bank account No.                                                 |   |              |   |   |              |   |   |              |           |   |   |  |
| <input type="checkbox"/> Proof of Identity Copy                                                  |   |              |   |   |              |   |   |              |           |   |   |  |
| <input type="checkbox"/> Demat Account ID                                                        |   |              |   |   |              |   |   |              |           |   |   |  |
| (Optional Fields)                                                                                |   |              |   |   |              |   |   |              |           |   |   |  |
| Address                                                                                          |   |              |   |   |              |   |   |              |           |   |   |  |
| *City                                                                                            |   |              |   |   |              |   |   |              |           |   |   |  |
| *State :                                                                                         |   |              |   |   |              |   |   |              |           |   |   |  |
| *Pin :                                                                                           |   |              |   |   |              |   |   |              |           |   |   |  |
| *Country                                                                                         |   |              |   |   |              |   |   |              |           |   |   |  |
| Mob./Tel. No. (Optional)                                                                         |   |              |   |   |              |   |   |              |           |   |   |  |
| Email ID . (Optional)                                                                            |   |              |   |   |              |   |   |              |           |   |   |  |
| *PAN No. :                                                                                       |   |              |   |   |              |   |   |              |           |   |   |  |
| *Relationship of Nominee with the BO :                                                           |   |              |   |   |              |   |   |              |           |   |   |  |
| <b>To be filled only if nominee(s) is minor :</b>                                                |   |              |   |   |              |   |   |              |           |   |   |  |
| *Date of birth of Nominee (Mandatory for Minor)                                                  |   |              |   |   |              |   |   |              |           |   |   |  |

|                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Name of the Guardian of Nominee (if the nominee is minor)<br>* First Name :<br>Middle Name :<br>*Last Name :                                                                                                                                                                                                                                                                                         |  |  |  |
| *Address of the Guardian of nominee:                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| *City                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| *State :                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| *Pin :                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| *Country                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| Telephone/Mob.No. (Optional)                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| Email ID : (Optional)                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| *Relationship of the Guardian with the Nominee :                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Guardian Identification Details (Please tick any one of following and provide details of same)<br><input type="checkbox"/> Photography & Signature<br><input type="checkbox"/> PAN Copy<br><input type="checkbox"/> Aadhaar Copy<br><input type="checkbox"/> Saving Bank account No.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID<br>(Optional Fields) |  |  |  |

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

**\* Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me/ us and also any testamentary document executed by me / us.

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

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

Note: **One witness/Bank Official** shall attest signature/Thumb impressions in both cases i.e. Nomination/Option Non-Nomination

|                                      |                      |       |
|--------------------------------------|----------------------|-------|
| Details of the witness/Bank Official | <b>First Witness</b> |       |
| Name of Witness/Bank Official        |                      |       |
| Address of witness/Bank Official     |                      |       |
| Signature of witness/Bank Official   | Employee Code        |       |
|                                      |                      | Stamp |

**Acknowledgment Receipt**

**Application No.:**

**Date :**

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

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

**Depository Participant Seal and Signature**



## DECLARATION FORM FOR OPTING OUT OF NOMINATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                      |   |                     |   |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|---|---------------------|---|---|---|---|
| DP ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                          | 3                    | 0 | 2                   | 0 | 8 | 0 | 0 |
| Client ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                      |   |                     |   |   |   |   |
| Sole/First Holder Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                      |   |                     |   |   |   |   |
| Second Holder Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                      |   |                     |   |   |   |   |
| Third Holder Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                      |   |                     |   |   |   |   |
| <p>I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.</p> |                            |                      |   |                     |   |   |   |   |
| <b>Name and Signature of Holder(s)*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                      |   |                     |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>First / Sole Holder</b> | <b>Second Holder</b> |   | <b>Third Holder</b> |   |   |   |   |
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                      |   |                     |   |   |   |   |
| <b>Signature</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ⊗                          | ⊗                    |   | ⊗                   |   |   |   |   |

Name of witness/Bank official : \_\_\_\_\_

Address of Withness / Bank Code : \_\_\_\_\_

Signature of witness/Bank official : \_\_\_\_\_

Employee Code :

Sign / Stamp :

\*If the account holder affixes thumb impression, instead of signature, Bank/DP officer's signature with employee code and branch stamp required or Name & Address of witness :

## **Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL (SMS Alerts will be sent by CDSL to Beneficiary Owner(s) for all debits)**

### **Definitions :**

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

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at Marathon Futurex, 'A' Wing, 25th Floor, N. M. Joshi Marg, Lower Parel, Mumbai - 400 013. 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 account holders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BO's who are residing in India.
3. The alerts will be provided to the BO's 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 warranty 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 BO's . Any such amendments shall be binding on the BO's who are already registered as user of the 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 services provider, to be sent to the said mobile number.**

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

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

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

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

BOID

|   |   |   |   |   |   |   |   |  |   |   |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|---|---|--|--|--|--|--|--|
| 1 | 3 | 0 | 2 | 0 | 8 | 0 | 0 |  | 0 | 0 |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|---|---|--|--|--|--|--|--|

(Please write you 8 digit DPID)

(Please write your 8 digit Client ID)

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

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

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

Mobile Number on which message are to be sent

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

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

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

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

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

⊗

Sole / First Holder

⊗

Second Holder

⊗

Third Holder

Signatures

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

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

# **Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories.**

## **General Clause**

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

## **Beneficial Owner information**

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

## **Fees/Charges/Tariff**

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

## **Dematerialization**

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

## **Separate Accounts**

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

## **Transfer of Securities**

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

## **Statement of account**

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BO's 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 statement as mandated by SEBI and/or Depository from time to time.

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

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

## OPTION FORM FOR ISSUE OF DIS BOOKLET

To,  
**BOI Shareholding Ltd.,**

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 \_\_\_\_\_ (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 \_\_\_\_\_ (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.

|                                                | First/Sole Holder | Second Joint Holder | Third Joint Holder |
|------------------------------------------------|-------------------|---------------------|--------------------|
| Name                                           |                   |                     |                    |
| Signatures <input checked="" type="checkbox"/> |                   |                     |                    |

Please note that you may receive more than one request for information if you have multiple relationships. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

To,  
BOI SHAREHOLDING LIMITED

Dear Sir,

**My / our Demat Account Opening Application**

Please refer to my / our application for opening demat account with you I / We furnish the information :

- (i) Do you have an account in any other branch / branches of our Bank. If so, please give details.  
Name of Branch/es : \_\_\_\_\_  
Type of Account/s : \_\_\_\_\_
- (ii) Do you have any other account in other Bank(s) in the city/town If so, please give details,  
Name of Bank(s) : \_\_\_\_\_  
Name of Branch/es : \_\_\_\_\_  
Type/s of Account/s : \_\_\_\_\_

**Sub. : Our Demat A/c. No - Authority to Debit Demat Charges**

In above reference, I/We irrevocably authorise you to debit my/our Savings Bank/O.D. Account / Current Account Number \_\_\_\_\_ in the name of \_\_\_\_\_ maintained with your \_\_\_\_\_ Branch, towards AMC Fee / Transaction Fee / other charges arising out of my Demat Account with you.

Thanking you,

Yours faithfully

⊗ \_\_\_\_\_  
(Signature of First/Sole Holder)

⊗ \_\_\_\_\_  
(Signature of Second Holder)

⊗ \_\_\_\_\_  
(Signature of Third Holder)

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

**TO BE FILLED ONLY IF SOLE / FIRST APPLICANT IS STAFF / EX-STAFF OF BANK OF INDIA**

Dear Sir,

**Re. : My Demat Account with you - Charges applicable to staff category**

I am a staff member / Ex-Staff member of Bank of India PF No. 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

presently posted at \_\_\_\_\_ Branch / having retired from \_\_\_\_\_ Branch.

2. I have opened a Demat Account with you,

My client ID being \_\_\_\_\_

Please treat the said account as a staff Account and charges for the staff category may please be made applicable to the said account.

Thanking you,

Yours faithfully,

⊗ ( \_\_\_\_\_ )

This is to certify that Mr./Ms. \_\_\_\_\_ is a staff / Ex-Staff member

of Bank of India PF No. 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 and is currently posted at \_\_\_\_\_

Branch / since retired from Bank's services.

**For Bank of India  
Authorised Signatory**

Signature Code No. \_\_\_\_\_

Note :

- I. Staff concession is available only if the staff / Ex. Staff member is the first account holder in the Demat Account.
- II. This declaration is to be certified by the branch or by an official of the Branch under his name and signature code where the staff member is currently working / worked for.