UNIFI CAPITAL

DEMAT ACCOUNT APPLICATION FORM

Unifi Capital Pvt Limited
11, Kakani Towers, 15, Khader Nawaz Khan Road, Chennai - 600 006.
Tel: 91-44-28331556 Fax: 91-44-28332732

www.unificap.com

UNIFI invests its surplus funds in the Capital Markets on its own account

KNOW YOUR CLIENT (KYC) APPLICATION FORM

FOR INDIVIDUALS

Affix your Photo here and sign across photograph

(Sign. 1)

A. IDENTITY DETAILS (FIRST HOLDER)

Please fill in BLOCK LETTERS and Tick ✓ boxes wherever applicable

Title : ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Others : Gender ☐ Male ☐ Female

Name : Father's / Spouse's Name:

Date of Birth D D M M Y Y Y Y PAN

Nationality

Status ☐ Resident Individual ☐ Non Resident ☐ Foreign National

Unique identification Number (UID) Aadhar, if any

Specify the proof of Identity submitted

B. ADDRESS DETAILS

Correspondence Address

Tel (O) : (Res): Fax :

Mobile : E-mail:

Specify the proof of address submitted for Correspondence Address

Permanent Address (if different from Correspondence Address)

State : Country : Pin Code :

Specify the proof of address submitted for Permanent Address

C . OTHER DETAILS

Gross Annual Income details (please specify) : Income Range per annum

☐ Up to Rs. 1,00,000/- ☐ Rs. 1,00,001/- to Rs. 5,00,000/- ☐ Rs. 5,00,000/- to Rs. 10,00,000/-
☐ Rs. 10,00,000/- to Rs. 25,00,000/- ☐ Above Rs. 25,00,000/-

Net worth as on Date : _____ Rs. _____ (Net worth should not be older than 1 year)

Occupation (Please tick any one) ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Student ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Others

Please tick, if applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Any other information

DECLARATION

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

Name				Signature	Please Sign here (Sign. 2) Cf
Place		Date			

(Signatures should be preferably in black ink).

(For Office Use Only)
VERIFIED IN PERSON

UCC Code allotted to the Client :

(Originals verified) True copies of documents received (Self-Attested) Self Certified document copies received

Date _____ Signature of the Authorised Signatory Seal/Stamp of the intermediary

KNOW YOUR CLIENT (KYC) APPLICATION FORM

FOR INDIVIDUALS

Affix your Photo here and sign across photograph

(Sign. 3)

A. IDENTITY DETAILS (SECOND HOLDER)

Please fill in BLOCK LETTERS and Tick ✓ boxes wherever applicable

Title : ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Others : Gender ☐ Male ☐ Female

Name : Father's / Spouse's Name:

Date of Birth D D M M Y Y Y Y PAN

Nationality

Status ☐ Resident Individual ☐ Non Resident ☐ Foreign National

Unique identification Number (UID) Aadhar, if any

Specify the proof of Identity submitted

B. ADDRESS DETAILS

Correspondence Address

Tel (O) : (Res): Fax :

Mobile : E-mail:

Specify the proof of address submitted for Correspondence Address

Permanent Address (if different from Correspondence Address)

State : Country : Pin Code :

Specify the proof of address submitted for Permanent Address

C . OTHER DETAILS

Gross Annual Income details (please specify) : Income Range per annum

☐ Up to Rs. 1,00,000/- ☐ Rs. 1,00,001/- to Rs. 5,00,000/- ☐ Rs. 5,00,000/- to Rs. 10,00,000/-
☐ Rs. 10,00,000/- to Rs. 25,00,000/- ☐ Above Rs. 25,00,000/-

Net worth as on Date : _____ Rs. _____ (Net worth should not be older than 1 year)

Occupation (Please tick any one) ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Student ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Others

Please tick, if applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Any other information

DECLARATION

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

Name				Signature	Please Sign here (Sign. 4)
Place		Date			

(Signatures should be preferably in black ink).

For Third Holder please photocopy these forms.

(For Office Use Only)
VERIFIED IN PERSON

UCC Code allotted to the Client :

(Originals verified) True copies of documents received (Self-Attested) Self Certified document copies received

Date _____ Signature of the Authorised Signatory Seal/Stamp of the intermediary

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT

(To be filled in by Depository Participant)

Application No. _____ Date : D D M M Y Y Y Y

DP Internal Reference No. _____

DP ID : 1 2 0 3 9 2 0 0 Client ID : _____

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

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

Sole/First Holder's Name: _____ PAN _____

Second Holder's Name: _____ PAN _____

Third Holder's Name: _____ PAN _____

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.

Types of Account (Please tick the appropriate boxes)

Status	Sub-Status	
☐ Individual	☐ Individual Resident ☐ Individual Director's Relative ☐ Individual Promoter ☐ Individual Margin Trading A/c (MANTRA) ☐ Others (Please Specify)	☐ Individual - Director ☐ Individual HUF / AOP ☐ Minor
☐ NRI	☐ NRI Repatriable ☐ NRI Repatriable Promoter ☐ NRI - depository Receipts ☐ Others (Please Specify)	☐ NRI Non-Repatriable ☐ NRI Non-Repatriable Promoter
☐ Foreign National	☐ Foreign National ☐ Foreign National - depository Receipts ☐ Others (Please Specify)	

ADDITIONAL KYC : FORM FOR OPENING A DEMAT ACCOUNT

DETAILS OF GUARDIAN (in case the account holder is minor)

Name :

Relationship with Applicant : PAN

I/We instruct the DP to receive each and every credit in my / our account [Automatic Credit]: ☐ Yes ☐ No
(If not marked, the default option would be 'Yes')

Account Statement: ☐ As per SEBI Regulation ☐ Daily ☐ Weekly

☐ Fortnightly ☐ Monthly

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

I/we wish to receive dividend / interest directly into my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] ☐ Yes ☐ No

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR Code)

IFS Code (11 charater)

Bank Name Branch :

Address

State: Country: Pin Code:

Account No.

Account Type: ☐ Savings ☐ Current ☐ Others (Please specify)

(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.

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE No. +91 (Mandatory, if you are giving Power of Attorney (POA) (if POA is not granted & you do not wish to avail of this facility, cancel this option).
Easi	To register for easi, please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

FOR NON - INDIVIDUALS

Photograph of Authorised Signatory (ies) Please affix the recent photograph and sign across it. (Sign. 6)	Photograph of Authorised Signatory (ies) Please affix the recent photograph and sign across it. (Sign. 7)

A. IDENTITY DETAILS

Place fill in BLOCK LETTERS and Tick ✓ boxes wherever applicable

Name of the Applicant

Date of Incorporation/Formation : D D M M Y Y Y Y

Place of Incorporation

Permanent Account Number (PAN)

Date of Commencement of Business: D D M M Y Y Y Y

Company Registration No.

Status

- ☐ Private Limited Co.
- ☐ Public Limited co.
- ☐ Body Corporate
- ☐ Partnership
- ☐ Trust
- ☐ Charities
- ☐ NGO's
- ☐ FI
- ☐ FII
- ☐ HUF
- ☐ AOP
- ☐ Bank
- ☐ Government Body
- ☐ Non-Govt. Organization
- ☐ Defence Establishment
- ☐ BOI
- ☐ Society
- ☐ LLP
- ☐ Others (please specify)

B. ADDRESS DETAILS (Correspondence Address)

Tel (O): (Res) : Fax :

Mobile: Email :

Specify the proof of address submitted for correspondence address

Registered office Address (if different from Correspondence Address)

State: Country: Pin Code:

Specify the proof of address submitted for Registered Address

C. OTHER DETAILS

Gross Annual Income details (please specify) : Income Range per annum

☐ Upto Rs. 1,00,000/- ☐ Rs. 1,00,001/- to Rs. 5,00,000/- ☐ Rs. 5,00,000/- to Rs.10,00,000/-

☐ Rs. 10,00,000/- to Rs. 25,00,000/- ☐ Above Rs. 25,00,000/-

Net worth as on Date: _____ Rs. _____(Net worth should not be older than 1 year)

Name, PAN, Residential address and photographs of promoters/Partner/Karta/Trustees and whole time Directors.

	Promoters/ Partners / Karta / Trustee and Directors	Sole/1st Authorised Signatory	2nd Authorised Signatory	3rd Authorised Signatory
Name				
PAN				
DIN/UID				
Residential Address				

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Whole Time Directors

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Any other information

DECLARATION

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

	First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signatures			

(For Office Use Only)

VERIFIED IN PERSON

UCC Code allotted to the Client :

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

Date _____ Signature of the Unifi Authorised Signatory Seal/Stamp

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT

(To be filled in by Depository Participant)

Application No. | | | | | | | | | | | Date : | D | D | M | M | Y | Y | Y | Y |

DP Internal Reference No. | | | | | | | | | | |

DP ID : | 1 | 2 | 0 | 3 | 9 | 2 | 0 | 0 | Client ID: | | | | | | | | | |

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

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

Sole/First Holder's Name: | | | | | PAN | | | | | | | | | | |

Second Holder's Name: | | | | | PAN | | | | | | | | | | |

Third Holder's Name: | | | | | PAN | | | | | | | | | | |

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.

Types of Account (Please tick the appropriate boxes)

Status				Sub-Status
☐ Body Corporate	☐ Banks	☐ Trust	☐ Mutual Fund	
☐ OCB	☐ FII	☐ CM	☐ FI	
☐ Clearing House	☐ Other (Specify)			

SEBI Registration No (If Applicable)		SEBI Registration date	
RBI Registration No (If Applicable)		RBI Registration date	
Nationality	☐ Indian	☐ Others (specify)	

I/We instruct the DP to receive each and every credit in my / our account [Automatic Credit]: ☐ Yes ☐ No
(If not marked, the default option would be 'Yes')

Account Statement: ☐ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

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

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT

Clearing Member details (To be filled by CMs only)

Name of the Stock Exchange _____ Name of the CC/CH _____

Trading ID : _____ Clearing Member ID : _____

I/we wish to receive dividend / interest directly into my bank account as given below through ECS. (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] ☐ Yes ☐ No

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR Code) _____

IFS Code (11 character) _____

Bank Name _____ Branch : _____

Address _____

_____

State : _____ Country : _____ Pin Code : _____

Account No. _____

Account Type: ☐ Savings ☐ Current ☐ Others (Please specify) _____

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

SMS Alert Facility Refer to Terms & Conditions Given as Annexure - 24	MOBILE No. +91 _____ (Mandatory, if you are giving Power of Attorney (POA) (if POA is not granted & you do not wish to avail of this facility, cancel this option).
Easi	To register for easi, please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

I/We have received and read the Rights & Obligations document (DP-CM for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We 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

	Sole/First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signatures			

(In case of more authorised signatories, please add annexures)

ANNEXURE - A

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

Definitions

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

1. "Depository" means Central Depository Service (India) Limited a Company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, PJ. Towers, Dalai Street, Fort Mumbai 400001 and all its branch offices and includes its successors and assigns.

2. DP means Depository Participant of CDSL. The terms covers all types of DPs who are allowed to open demat accounts for Investors 'BO' means an entity that has opened a demat account with the depository. The terms covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.

3. SMS means "Short Messaging Service". "Alerts" means a customized SMS sent to the BO over the said mobile phone number.

4. "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. "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 number to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.

2. The service is currently available to the BOs who are residing in India. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.

3. In case of joint account and non-individual account the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.

4. 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 loss or damage suffered by it on account of SMS alerts sent on such mobile numbers.

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 authorises 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 unauthorised debit to his BO account / unauthorised 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 complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorised 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.

Please Sign here

Sole / First Holder | Second Holder | Third Holder

Place : | Date :

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. 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. If the BO finds that the information such as mobile number etc., has been changed without proper authorisation, 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 unauthorised 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 unauthorised access to the information meant for the BO. In consideration of the depository providing the service the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO

Amendments

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

Governing Law and Jurisdiction

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

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/We consent to CDSL providing to the service provider such information pertaining to account / transaction in my our account as in necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.** I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/We further undertake to pay fee/charges as may be levied by the depository from time to time. I/We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP. I/We am/are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the services.

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

BOID :

Sole/First Holder's Name :

Second Holder's Name :

Third Holder's Name :

Mobile Number on which massages are to be sent :

The Mobile Number is registered in the name of

Email Id :

Please Sign here (Sign. 8)

Sole / First Holder | Second Holder | Third Holder

Cf Place : Date :

KNOW ALL MEN BY THESE PRESENT SHALL COME, I /We

_____

S/o, D/o, _____aged about _____

I/we _____S/o, D/o, _____

aged about _____ I / We _____

S/o, D/o, _____aged about _____

residing / having our office / registered office at _____

_____

an individual / a sole proprietary concern / a partnership firm / a body corporate/ trust, registered / incorporated, under the provisions of the Indian Partnership Act, 1932 / the Companies Act 1956 or any relevant Act, (hereinafter referred to as "Beneficial Owner")

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

DEMAT DEBIT AND PLEDGE INSTRUCTION (DDPI)

Whereas I / We hold beneficial owner account number 12039200_____with Central Depository Services (India) Limited (CDSL), through Unifi Capital Private Limited. registered with Securities and Exchange Board of India (SEBI) Bearing ID IN-DP-18-2015.

And Whereas

I / We are desirous to buy and sell securities through Unifi Capital Private Limited who is a Member of National Stock Exchange of India Limited (NSE), Bombay Stock Exchange limited (BSE) (hereinafter referred to as "the Exchange") bearing SEBI registration No. SEBI registration INZ000246334

Whereas in the course of availing the services and for meeting the margin and settlement obligation thereof on the exchanges and in order to make the process more transparent and simpler, I / We explicitly agree to access my / our BO account by M/s Unifi Capital Private Limited for the limited purposes as mentioned herein

I / We hereby authorize M/s Unifi Capital Private Limited to transfer the securities from my /our beneficiary account to the given demat accounts as mentioned herein below towards delivery settlement arising out of trades executed on the Stock Exchange and Pledging / Re-pledging of securities in favour of trading member (TM) / clearing member (CM) towards meeting margin requirements.

Name of the DP	DP Id	Client Id	Code Details
Unifi Capital Private Limited	12039200	00007132	NSE Pay-In & Pay-Out A/c
Unifi Capital Private Limited	12039200	00007206	BSE Pay-In A/c
National Securities Clearing Corporation of India Limited	11000011	00016016	NSE Early Pay-In A/c
National Securities Clearing Corporation of India Limited	11000010	00015191	BSE Early Pay-In A/c

I / We hereby agree that all such acts done by my /our above mentioned accounts shall be deemed to be acts done by me / us. This is a Revocable Demat Debit and Pledge Instructions (DDPI)

Signed and delivered by the within named Beneficial Owner/s

1st Holder	2nd Holder	3rd Holder
Name: Signature:	Name: Signature	Name: Signature

In the presence of:

Witness

1. Signature

2. Address

DECLARATION BY NRI

Date : D D M M Y Y Y Y

From

To
Unifi Capital Pvt. Ltd.
11, Kakani Towers, 1st Floor
15, Khader Nawaz Khan Road
Chennai - 600 006.

Sir,

Sub : Declaration - FEMA REGULATIONS
Ref : DP client ID :

I/We have submitted my/our application for opening demat/broking account with your organization. In Compliance of CDSL directive on FEMA regulations, I/We hereby declare and confirm that we are conversant with the provisions relating to our activities in the captital market as NRI and such provisions have been fully complied with. I/We further confirm that we will continue to comply in future, the FEMA regulation as communicated/notified by appropriate authorities with particular reference to NRI.

Thanking you,
Yours faithfully,

Please Sign here (Sign. 11)

Sole/First Holder Second Holder Third Holder

DECLARATION BY NRI

(To be filled by BO giving P.O. Box Address as Residential Address)

Date: D D M M Y Y Y Y

From

To
Unifi Capital Pvt. Ltd.
11, Kakani Towers, 1st Floor
15, Khader Nawaz Khan Road
Chennai - 600 006.

Sir,

Sub : Declaration Residential Address – Declaration

Ref : DP client ID :

My residential address in _____ (Country of Residence) is hereunder.

Residential Address :

_____

_____

City : _____ Pin Code : _____

State : _____ Country : _____

Tel (Res) : _____ (Alt): _____ Fax : _____

I shall communicate in writing to your registered office, any subsequent changes in my residential address, when it occurs.

Yours truly,

Please Sign here (Sign.12)

Sole/First Holder Second Holder Third Holder

For Individuals

Depository Participant Name/Address

(To be filled by the Depository Participant)

Application No.									Date	D	D	M	M	Y	Y	Y	Y		
DP Internal Reference No.																			
DP ID									Client ID										

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

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

Holders Details

Sole / First Holder's Name		PAN																	
		UID																	
		UCC																	
		Exchange Name & ID																	
Second Holder's Name		PAN																	
		UID																	
Third Holder's Name		PAN																	
		UID																	

Name *	_____
	_____

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

Type of Account (Please tick whichever is applicable)

Status	**Sub – Status**
❑ Individual	❑ Individual Resident ❑ Individual-Director ❑ Individual Director's Relative ❑ Individual HUF / AOP ❑ Individual Promoter ❑ Minor ❑ Individual Margin Trading A/C (MANTRA) ❑ Others(specify) _____
❑ NRI	❑ NRI Repatriable ❑ NRI Non-Repatriable ❑ NRI Repatriable Promoter ❑ NRI Non-Repatriable Promoter ❑ NRI – Depository Receipts ❑ Others (specify) _____
❑ Foreign National	❑ Foreign National ❑ Foreign National - Depository Receipts ❑ Others (specify)_____

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

Guardian's Name		PAN	
Relationship with the applicant			

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] ❑ Yes ❑ No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	❑ Yes ❑ No
Account Statement Requirement	❑ As per SEBI Regulation ❑ Daily ❑ Weekly ❑Fortnightly ❑Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	❑ Yes ❑ No
I / We would like to share the email ID with the RTA	❑ Yes ❑ No
I / We would like to receive the Annual Report ❑ Physical / ❑ Electronic / ❑ Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

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

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									

Account type	❑ Saving ❑ Current ❑ Others (specify) _____										
Bank Name											
Branch Name											
Bank Branch Address											
City		State		Country	PIN code						

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

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

Other Details Gross Annual Income Details	**Income Range per annum:** ❑ Up to Rs.1,00,000 ❑ Rs 1,00,000 to Rs 5,00,000 ❑ Rs 5,00,000 to Rs 10,00,000 ❑ Rs 10,00,000 to Rs 25,00,000 ❑ More than Rs 25,00,000								
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs
	[Net worth should not be older than 1 year]									
Occupation	❑ Private / Public Sector ❑ Govt. Service ❑ Business ❑ Professional ❑ Agriculture ❑ Retired ❑ Housewife ❑ Student ❑ Others (Specify) _____								
Please tick , if applicable:	❑Politically Exposed Person (PEP) ❑ Related to Politically Exposed Person (RPEP)								
Any other information:									

SMS Alert Facility Refer to Terms & Conditions given as **Annexure - 2.4**	MOBILE NO. +91 __ __ __ __ __ __ __ __ __ __ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
Easi	To register for ***e***asi, please visit our website www.cdslindia.com. ***Easi*** 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)

❑ Jointly	❑ Anyone of the Holder

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be **first holder**.		
❑ first Holder	❑ All Holder	Email id
	❑ Second Holder	
	❑ Third Holder	

Nomination Details

Nomination Registration No.	**Dated**

❑ I/We hereby confirm that I/We **do not wish to appoint any nominee in my demat account** and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

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

Note:

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

☐ I/We **nominate** the following 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.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name	....	....	....
***Percentage of allocation of securities** ☐ Equally [If not equally, please specify percentage] **Or** ☐ **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
☐ Photograph & Signature ☐ PAN ☐ Aadhaar ☐ Saving Bank account no. ☐ Proof of Identity ☐ Demat Account ID **[Optional Fields]**			
*Address:			
*City			
*State			
*Pin			
*Country			

Mobile no/Telephone No. **[Optional Fields]**			
Email ID: **[Optional Fields]**			
FAX No. **[Optional Fields]**			
.			
*Relationship with the BO:			
To be filled only if nominee(s) is a minor:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor) *First Name: Middle Name: *Last Name	....	....	....
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Mobile /Telephone no **[Optional Fields]**			
Email ID: **[Optional Fields]**			
Fax No. **[Optional Fields]**			
*Relationship of the Guardian with the Nominee			
Guardian Identification details – [Please tick any one of following and provide details of same] □ Photograph & Signature □ PAN Aadhaar Saving Bank account no. Proof of Identity □ Demat Account ID **[Optional Fields]**			

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

*** Marked is Mandatory field**

Note:

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

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

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

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

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

(*Signatures should be preferably in blue ink*).

For Non-individuals

Depository Participant Name / Address / DP ID

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y		
DP Internal Reference No.												
DP ID									Client ID									

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

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

Holders Details

Sole / First Holder's Name		Search Name		PAN											
				UCC											
				Exchange Name & ID											
				PAN											
Second Holder's Name				UID											
				PAN											
Third Holder's Name				UID											

***Exchange ID**

Name *	_____

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

Type of Account (Please tick whichever is applicable)

Status				**Sub – Status**							
❑ Body Corporate ❑ Banks ❑ Trust ❑ Mutual Fund ❑ OCB ❑ FII ❑ CM ❑ FI ❑ Clearing House ❑ Other (Specify) _____				**To be filled by the DP**							
SEBI Registration No. (If Applicable)		SEBI Registration date	D	D	M	M	Y	Y	Y	Y	
RBI Registration No. (If Applicable)		RBI Approval date	D	D	M	M	Y	Y	Y	Y	
Nationality	❑ Indian ❑ Others (specify)_____										

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be `Yes')	[Automatic Credit] ❑ Yes ❑ No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	❑ Yes ❑ No
Account Statement Requirement	❑ As per SEBI Regulation ❑ Daily ❑ Weekly ❑Fortnightly ❑Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	❑ Yes ❑ No
I / We would like to share the email ID with the RTA	❑ Yes ❑ No
I / We would like to receive the Annual Report ❑ Physical / ❑ Electronic / ❑ Both Physical and Electronic (Tick the applicable box. If not marked the default option would be Physical)	

Clearing Member Details (To be filled by CMs only)

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

I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	❑ Yes ❑ No

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)										
IFS Code (11 character)										
Account number										
Account type	❑ Saving ❑ Current ❑ Others (specify) _____									
Bank Name										
Branch Name										
Bank Branch Address										
City		State		Country	PIN code					

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

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

Other Details

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

SMS Alert Facility Refer to Terms & Conditions given as **Annexure - 2.4**	MOBILE NO. +91 __ __ __ __ __ __ __ __ __ __ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
Easi	To register for ***easi***, please visit our website www.cdslindia.com. ***Easi*** allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(In case of more authorised signatories, please add annexure)

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

Annexure 2.2 A

Details of Politically Exposed Persons (PEP)/ Related to Politically Exposed Person (RPEP). [For-non-individual]

Name of holder _____**PAN of the holder**_____

Sr.No	Name of the Authorized signatories /Promoters /Partners / Karta/ Trustees /Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors etc	Please tick the relevant option.
			☐ **PEP** ☐ **RPEP**
			☐ **PEP** ☐ **RPEP**
			☐ **PEP** ☐ **RPEP**
			☐ **PEP** ☐ **RPEP**
			☐ **PEP** ☐ **RPEP**

Name & Signature of the Authorised Signatories Date____/____/____ **PEP**: Politically Exposed Person **RPEP:** Related to politically Exposed Person

Unique Client Code (UCC) Details Addition / Modification / Deletion Request Form

Annexure A

Depository Participant Name / Address

Application No.		Date	D	D	M	M	Y	Y	Y	Y

Please fill all the details in **Block Letters in English**

DP ID									Client ID								

Permanent Account Number (PAN) of First / Sole Holder										

Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

❑ I/We request to add Unique Client Code (UCC)

Unique Client Code (UCC)											Exch ID	Seg men t ID	CM ID	TM ID

❑ I/We request to delink the Unique Client Code (UCC)

Unique Client Code (UCC)											Exch ID	Seg ment ID	CM ID	TM ID

❑ I/We like to delink / add the Unique Client Code (UCC) with all beneficial owner's (BOID) linked with above mentioned Permanent Account Number (PAN).

❑ I/We like to delink / add the Unique Client Code (UCC) with below mentioned beneficial owner's (BOID).

DP ID									Client ID								
DP ID									Client ID								
DP ID									Client ID								

(If additional benefical owner's need to be added, please continue in same format)

Reason for Add/Modify/Delete Unique Client Code (UCC):

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

UNIFI CAPITAL P LIMITED

11, Kakani Towers, No.15, Khader Nawaz Khan Road,

Chennai - 600 006 Phone No: 044- 28331556

Declaration	Please strike off whichever is not applicable
I hereby declare that the mobile no. / email id mentioned in the account opening form / request for change in mobile no./ email id is my own	YES / NO

_____

Signature of the Holder

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

REQUEST LETTER FOR REGISTRATION OF MOBILE NO./ EMAIL ID OF PERSON BELONGING TO THE CLIENT'S FAMILY

Please not that the mobile no./ email id / both_____ mentioned in the account opening form / request for change in mobile no./ email id belongs to
Mr/Mrs./Ms_____ who is my_____
(* Refer to the instructions mentioned below)

[Relationship with client]

_____

Signature of the Holder

- (Only the Mobile no./ email id of your spouse, dependent children and dependent parents can be registered in your demat account)

DP Internal Ref. No:

UNIFI CAPITAL (P) LIMITED

11, Kakani Tower's No 15 Khader Nawaz Khan Road
Chennai 600 006 Phone No: 044-28331556

CDSL DP TARIFF

Sl.No.	Particulars	Investor	Corporate
1	Account Opening Charges	Nil	Nil
2	Stamp Duty	Nil	Nil
3	Annual Membership Charge	Nil	Nil
4	Purchase (Market&off Market)	Nil	Nil
5	Sale (Market & Off Market)	0.05%(min.Rs.12)	0.05%(min.Rs.12)
6	Custody Charges	Nil	Nil
7	Dematerialisation	Rs.3/-per Cert	Rs.3/-per Cert
8	Postage per Demat Request	Rs.25/-	Rs.25/-
9	Rematerialisation	Rs.25/-per Cert	Rs.25/-per Cert
10	Postage per Remat Request	Rs.25/-	Rs.25/-
11	Creation/Confirmation of Pledge	Rs.25/- per Request	Rs.25/- per Request
12	Closure /Confirmation of Pledge	Rs.25/- per Request	Rs.25/- per Request
13	Invocation of Pledge	Rs.50/- per Transaction	Rs.50/- per Transaction
14	Late Transaction Charges	Nil	Nil

- All tariff stated above is excluding taxes.

DP ID: 12039200 BO ID: _____

Signature of First Holder : _____

Signature of Second Holder : _____

Signature of Third Holder : _____

Unifi Capital Private Limited

Corporate Office: 11, Kakani Towers, No.15, Khader Nawaz Khan Road, Chennai - 600 006

Phone No.044-28331556 Fax No. 044-28332732

Compliance Officer: Nishanth Sekar Phone No: 044-28331556 E. Mail ID: Nishanth@unificap.com

FATCA – CRS Declaration & Supplementary KYC Information
Declaration Form for Individual
(Please consult your professional tax advisor for further guidance on your tax residency, FATCA/ CRS guidance)

India has joined the Multilateral Competent Authority Agreement (MCAA) on Automatic Exchange of Financial Account Information (AEOI) on June 3, 2013 and has agreed to certain global standards on automatic exchange of information, known as Common Reporting Standards (CRS). Further, the Government of India (GoI) signed an Inter – Government Agreement (IGA) with United States of America (USA) on July 09, 2015 to improve international tax compliance and to implement Foreign Account Tax Compliance Act (FATCA) in India.

To implement the CRS on AEOI and also the IGA with USA, the GoI has made necessary amendments in section 285BA of the Income-tax Act, 1961 and notified Rules 114F to 114H in the Income Tax Rules, 1962 vide amendment dated August 7, 2015. These rules are available on: http://www.incometaxindia.gov.in.

SEBI has issue a circular dated August 26, 2015 advising all registered intermediaries to implement FATCA and CRS as per above mentioned rules

We do understand that the information mentioned above is technical in nature and hence we advise you to consult your financial of tax advisor for more details

Demat Account Number:-

Please mentioned your 8 digit Client ID in the below box

1	**2**	**0**	**3**	**9**	**2**	**0**	**0**	**0**	**0**	**0**					

Category	*First Holder*	*Second Holder*	*Third holder*
Name			
Father's name			
Spouse's Name			
Gender	Male ☐	Male ☐	Male ☐
	Female ☐	Female ☐	Female ☐
	Others ☐	Others ☐	Others ☐
	Transgender ☐	Transgender ☐	Transgender ☐
Nationality			
	Other _____	Other _____	Other _____
	(Please specify the name of Country	(Please specify the name of Country	(Please specify the name of Country
Occupation type	**Service (please Specify)**	**Service (please Specify)**	**Service (please Specify)**

	private Sector ☐	private Sector ☐	private Sector ☐
	Public sector ☐	Public sector ☐	Public sector ☐
	Govt. Sector ☐ LLP ☐	Govt. Sector ☐ LLP ☐	Govt. Sector ☐ LLP ☐
	Business (others Please specify)	**Business (others Please specify)**	**Business (others Please specify)**
	Professional ☐	Professional ☐	Professional ☐
	self Employed ☐	self Employed ☐	self Employed ☐
	Retired ☐	Retired ☐	Retired ☐
	House wife ☐	House wife ☐	House wife ☐
	Student ☐	Student ☐	Student ☐
	Not Categorised ☐	Not Categorised ☐	Not Categorised ☐
PAN (Mandatory)			
Country of Birth			

Are you tax resident of any country other than India ***Yes*** ☐ ***No*** ☐

If ' yes' please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers Below:-

Country	**Tax Identification Number**	**Identification Type (TIN or other, please Specify)**

Declaration and Undertakings

The Customer / account holder certifies that:

1. The Information provided in the form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962.

2. The information provided by me/us in the form, its supporting annexure as well as in the documentary evidence provided by me/us are to the best of my our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment / categorization of the account as reportable account or otherwise.

3. I/we permit/ authorise the company collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates, wherever situated including sharing, transfer and disclosure between them and to authorities in and /or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

4. I/We undertake the responsibility to déclassé and disclose within 30 days from the date of change, any change that may take place in the information provided n the Form, its supporting annexure as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self certification along with documentary evidence.

5. I/We also agree that our failure to disclose any material fact known to us, now or in future may invalidate our application and the company would be within its right to put restrictions in the operations of my / our account or close it or report to any regulator and/ or any authority designated by the Government of India (GOI) / Reserve bank of India for the purpose or take any other action as may be deemed appropriate by the company if the deficiency is not remedied by us within the stipulated period.

6. I/we hereby accept and acknowledge that the company shall have the right and authority to carry out investigation from the information available in public domain for confirming the information provided by me / us to the company.

7. It shall be my responsibility / our responsibilities to educate myself/ ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the rules there under.

8. I/We also agree to furnish such information and / or documents as the company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

9. I/we shall indemnify the company for IP directors and employees any loss / damage that may arise on account of me/ us providing incorrect or incomplete information.

Signature of the 1st Holder	Signature of the 2nd Holder	Signature of the 3rd Holder

Date:								

Place:

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.

2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.

4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "*no charges are payable for opening of demat accounts*"

6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.

7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

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

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.

10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.

12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.

14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.

15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.

16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided 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 balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

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

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

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,

    1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

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

Freezing/ Defreezing of accounts

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

23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

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

Authorized representative

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

Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.

27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.

28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.

29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI

30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.

31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

32. "The stock broker / stock broker and depository participant shall not directly/indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI."

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