To be filled for entity
Know Your Client (KYC)
Application Form (For Non-Individuals Only)

Please fill this form in English & in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

KYC Mode*: Please Tick by Click on Box

MANDATORY

AMIT JASANI FINANCIAL SERVICES PVT. LTD.

Application Number: _____

CKYC Number: _____

Application Type* ❑ NEW KYC ❑ Modification KYC

1. ENTITY DETAILS (Please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

_____

Date of Incorporation* _____ _____ _____ Place of Incorporation* _____

Date of Commencement* _____ _____ _____ Registration Number* _____

Entity Type*
Please tick (✓)

❑ Private Ltd. Co. ❑ Public Ltd. Co. ❑ Body Corporate ❑ Partnership
❑ Trust/Charity/NGO ❑ HUF ❑ FPI Category I ❑ FPI Category II
❑ AOP ❑ Bank ❑ Government Body ❑ Defence Establishment
❑ Body of Individuals ❑ Society ❑ LLP
❑ Non-Government Organization
❑ Others _____

2. Proof of Identity* (Please refer the guidelines)

❑ Officially Valid Document(s) in respect of person authorised to transact

❑ Certificate of Incorporation/Formation _____ ❑ Registration Certificate _____

❑ Memorandum of Articles and Association ❑ Partnership Deed ❑ Trust Deed

❑ Board Resolution ❑ Power of attorney granted to its manager, office, employees to transact on its behalf

❑ Activity Proof-1* (For Sole Proprietorship Only) ❑ Activity Proof-2* (For Sole Proprietorship Only)

3. Address Details* (Please refer guidelines)

A. Registered Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Applicant Digital Signature (DSC)

Not Applicable

Proof of Address* (attested copy of any one POA to be submitted-#Not more than 3 months old)

❑ Certificate of Incorporation/Formation ❑ Registration Certificate ❑ Other document _____

❑ Latest Tel. Bill* (Landline only) ❑ Latest Electricity Bill* ❑ Latest Bank Account Statement

❑ Registered Lease/Sale Agreement of O ce Premises **Validity/Expiry Date of POA** (Expiry Date) __ ___ ____

❑ Any other proof of address document (as listed overleaf) _____

4. Contact Details* (in CAPITAL)

Email ID* _____ Mobile No. _____

Email ID* _____ Mobile No. _____

Tel. (Off.) _____ Fax _____

5. Annexures Submitted

Number of Related Persons

6. Remarks/Additional Information

_____

_____

7. Applicant Declaration

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address.

Date: _____ (DD-MM-YYYY)

Place: _____

Applicant e-SIGN	Applicant Wet-signature
Not Applicable	☞ First Director/Trustee/Partner

8. For Office Use Only

KYC carried out by*

KYC Date ____ ____ _____

Emp. Name: _____

Emp. Code: _____

Emp. Designation: _____

Employee Signature and Stamp

❑ Self Certified document copies received (OVD)

❑ True Copies of documents received (Attested)

AMC/Intermediary Name or Code:

Pos Code:
AMIT JASANI FINANCIAL SERVICES PVT. LTD.
CODE:

IPV Stamp & Signature Required

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submied need to be compulsorily self-aested by the applicant and accompanied by originals for verificaon. In case the original of any document is not produced for verificaon, then the copies should be properly aested by enes authorized for aesng the documents, as per below list menoned list.
3. If any proof of identy or address is in a foreign language, then translaon into English is required.
4. Name & address of the applicant menoned on the KYC form, should match with the documentary proof submied.
5. If correspondence & permanent addresses are different, then proofs for both have to be submied.
6. Sole proprietor must make the applicaon in his individual name & capacity.
7. For non-residents and foreign naonals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCI Card and overseas address proof is mandatory.
8. For foreign enes, CIN is oponal; and in absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaraon or cerfied copy of CDC (Connuous Discharge Cerficate) is to be submied.
10. For opening an account with Depository parcipant or Mutual Fund, for a minor, photocopy of the School Leaving Cerficate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Cerficate must be provided.
11. Polically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior polician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official etc.

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

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Secon D).
2. Original Verified Documents (OVD) are acceptable: Unique Idenficaon Number (UID) (Aadhaar)/ Passport/Voter ID card/Driving License/Letter issued by NPR/NREGA job card.
3. If driving license number or passport is provided as proof of identy then expiry date is to be mandatorily furnished.
4. Mention idenfication/reference number if 'Z – Others (any document nofied by the central government)' is ticked.
5. Others – Identy card with applicant's photograph issued by any of the following: Central/State Government Departments, Statutory/Regulatory Authories, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universies, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members and Credit cards/Debit cards issued by Banks.

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

1. PoA to be submied only if the submied PoI does not have an address or address as per PoI is invalid or not in force.
2. Others includes – Ulity bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdicons and leer issued by Foreign Embassy or Mission in India
3. Identy card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authories, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Ins-Instuons, Colleges affliated to Universies, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. For FII/Sub account, Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apos-tilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement/Flat maintenance bill/Insurance copy/Ration card/Latest Property tax
8. Original Verified Documents (OVD) are acceptable: Unique Idenficaon Number (UID) (Aadhaar)/ Passport/Voter ID card/Driving License/Letter issued by NPR/NREGA job card

D. Exemptions/clarifications to PAN
(*Sufficient documentary evidence in support of such claims to be collected.)

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transacons undertaken on behalf of Central/State Government, by Officials appointed by Courts, e .g. Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN enes/mullateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of instuonal clients, namely FIIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Mullateral and Bilateral development financial instuons, State Industrial development corporaons, insurance companies registered with IRDA and public financial instuons as defined under secon 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly cerfied copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Authorized Official of Asset Management Companies (AMCs).
2. Authorized Official of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Associaon of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD) '.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designaon & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permied to attest the documents.

F. Online Mode Processing of KYC:

ONLINE KYC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be digitally signed using DSC.
- Intermediary attestation on documents (OSV) is exempted.

Types of entity	Additional Documents Required over & above PAN, POI & POA
Corporate	• Copy of Balance Sheet for the last to financial years (to be submied every year). • Copy of latest share-holding pattern including the list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover regulaons, duly cerfied by the company secretary/whole time director/MD (to be submitted every year). • Photograph, POI, POA, PAN and DIN number of the whole time Director/ 2 directors in charge of day to day operations. • Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. • Copy of Memorandum and Articles of Association and Certificate of Incorporation. • Copy of Board Resolution for Investment in security markets. • Authorized signatories list with specimen signatures. • Shareholding pattern.
Partnership firm	• Copy of Balance Sheet for the last to financial years (to be submitted every year). • Cerficate of Registration (for registered partnership firms only). • Copy of Partnership Deed. • Authorized signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners. • Shareholding pattern.
Trust	• Copy of Balance Sheet for the last to financial years (to be submied every year). • Cerficate of Registration (for registered Trusts only). • Copy of Trust Deed. • List of Trustees cerfied by Managing Trustees/CA • Photograph, POI, POA, PAN of Trustees.
HUF	• PAN of HUF. • Deed of declaration of HUF or List of Co-parceners. • Bank Pass-book/bank statement in the name of HUF. • Photograph, POI, POA, PAN of Karta.
Unincorporated Association or a body of individuals	• Proof of Existence/Constitution document. • Resolution of the managing body & Power of Attorney granted to transact business on its behalf. • Authorized signatories list with specimen signatures.
Banks/Institutional Investors	• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. • Authorized signatories list with specimen signatures.
Army/ Government Bodies	• Self-certification on letterhead. • Authorized signatories list with specimen signatures.
Registered Society	• Copy of Registration Certificate under Societies Registration Act. •List of Managing Committee members. • Committee resolution for persons authorised to act as authorised signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.
FPI Category I	• FPI Cerficate • Constitution Documents • Copy of Board Resolution (optional) • Shareholding pattern and Ultimate Beneficiary Owners List (UBO) • Authorized signatories list with specimen signatures.
FPI Category II	• FPI Cerficate • Constitution Documents • Copy of Board Resolution • Shareholding pattern and Ultimate Beneficiary Owners List (UBO) with UBO proof of identity • Authorized signatories list with specimen signatures.

Annexure - A

Details of Promoters / Partners / karta / Trustees and whole time directors forming a part of KYC Application Form for Non-Individuals

Name of Applicant: ________________________________ PAN of the Applicant: |_|_|_|_|_|_|_|_|_|_|

Name: ____

Regd./Residential Address: ____

____________________ Relationship with Applicant: ____________________

Tel./Mobile No.: ____________________ DIN Number: ____________________

Unique Identification Number(UID) / AADHAAR if Any: ____________________

Designation: ____________________ PAN: ____________________

Signature across Photograph

Please tick, if applicable:
- ❑ Politically Exposed Person (PEP)
- ❑ Related to a Politically Exposed Person (RPEP)
- ❑ No

Name: ____

Regd./Residential Address: ____

____________________ Relationship with Applicant: ____________________

Tel./Mobile No.: ____________________ DIN Number: ____________________

Unique Identification Number(UID) / AADHAAR if Any: ____________________

Designation: ____________________ PAN: ____________________

Signature across Photograph

Please tick, if applicable:
- ❑ Politically Exposed Person (PEP)
- ❑ Related to a Politically Exposed Person (RPEP)
- ❑ No

Name: ____

Regd./Residential Address: ____

____________________ Relationship with Applicant: ____________________

Tel./Mobile No.: ____________________ DIN Number: ____________________

Unique Identification Number(UID) / AADHAAR if Any: ____________________

Designation: ____________________ PAN: ____________________

Signature across Photograph

Please tick, if applicable:
- ❑ Politically Exposed Person (PEP)
- ❑ Related to a Politically Exposed Person (RPEP)
- ❑ No

Name: ____

Regd./Residential Address: ____

____________________ Relationship with Applicant: ____________________

Tel./Mobile No.: ____________________ DIN Number: ____________________

Unique Identification Number(UID) / AADHAAR if Any: ____________________

Designation: ____________________ PAN: ____________________

Signature across Photograph

Please tick, if applicable:
- ❑ Politically Exposed Person (PEP)
- ❑ Related to a Politically Exposed Person (RPEP)
- ❑ No

Name & Signature of the Authorised Signatory(ies) Date |_|_| |_|_| |_|_|_|_|

Declaration to be given by partnership on Letter head of the firm

FORMAT

Date:

To,

AMIT JASANI FINANCIAL SERVICES PVT. LTD.

5/6, Hind Rajasthan Chambers, 3rd floor, 6 Oak Lane, Fort, Mumbai 400001.

Dear Sir,

We refer to the trading account being opened/opened with you in the name _____ and declare and authorize you as under.

We recognize that a beneficiary account cannot be opened with a depository participant in the name of a partnership firm as per Regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the securities transfer obligations pursuant to the trading operations, we authorize you to recognize the beneficiary account No. _____ with depository _____ opened as a joint account in the names of the partner of the firm.

We agree that the obligations for shares purchased and /or sold by the firm will be handled and completed through transfer to/form the above-mentioned account. We recognize and accept transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of the firm.

We hereby authorize _____, partner in the firm to execute / sign and submit such documents, agreements, deeds etc. as any be necessary to enter into the agreement and engage in business with **AMIT JASANI FINANCIAL SERVICES PVT. LTD.** and to place order for buying and selling of securities, sell, purchase, transfer, endorse, negotiate and do other things that may be necessary to engage in business on behalf of the partnership and to sign the authority letter for adjustment of balances in family accounts.

Name of Partners (In Block Letters)	**Signatures**

ON LETTERHEAD OF COMPANY

FORMAT

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF _____ AT THEIR MEETING HELD ON _____ .

RESOLVED THAT the Company do place orders with/give instructions to **Amit Jasani Financial Services Pvt. Ltd.** for investment in securities market/dealing in Equities/Derivatives & other products in Derivatives & cash segment of BSE Limited (BSE) & National Stock Exchange of India Limited (NSE) & Central Depository Services (India) Limited (CDSL).

RESOLVED FURTHER THAT any one of the following Directors/Executives/Officers of the Company, whose specimen signatures are appended here under.

No.	Name of Authorised person	Designation	Specimen Signature

Be and are hereby authorized severally to

1. Sign, execute and deliver orders, instructions letters, notes, contracts, share transfer forms and such other documents as may deemed necessary from time to time for the aforesaid purpose, and
2. Take all such actions and do all such things, as may be deemed prudent, necessary and expedient for giving effects to the above resolution from time to time.

RESOLVED THAT Mr/Ms. _____ and / or _____ . Authorised Signatory of _____ (the Company) whose specimen signatures are attested below be and are hereby authorised to sign, execute and submit applications, undertakings, agreements and other requisite documents as may deemed necessary for KYC applications with CVLKRA & Hold & Operate the Demat Account.

RESOLVED FURTHER THAT the above resolution shall remain effective and in force till such time as a fresh resolution canceling or amending the same is passed by the Board of Directors of the Company is furnished to **Amit Jasani Financial Services Pvt. Ltd.**

RESOLVED FURTHER THAT a copy of the above resolution duly certified as true by any one of the Directors of the Company be furnished to **Amit Jasani Financial Services Pvt. Ltd.** and such other parties as may be required from time to time.

ON THE LETTER HEAD OF COMPANY: **FORMAT**

(For Corporates)

Certificate dated_____

submitted by _____ to

SHARE HOLDING PATTERN of _____ as on _____

EQUITY / PREFERENCE (Please indicate and use separate sheets for equity/preference shares)

Sr. No.	Name $	Number of shares held	Face value per share	Amt Paid up (Rs. In lakh)	% of total
1					
2					
3					
4					
5					
6					
7					
8					
Others					
TOTAL					100 %

$ All initials to be expanded

NOTES :

1. Persons holding 5% or more of the paid up capital should be shown seperately and not clubbed in others.
2. If any Company is a shareholder of the applicant, having more than 10% of shareholding or capital or profits of the applicant, it should identify itself as an ultimate beneficiary and is required to be verified by obtaining self-attested copies of the KYC documents of the Whole Time Director/Individual Promoters of such a Company.

Date :

Place : Authorised Signatory/Director(s)

CERTIFICATE

This is to certify that the shareholding in _____ as given above, based on my/our scrutiny of the books of accounts, records and documents it true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction.

Place:

For (Name of Accounting Firm)

Date:

Name of Partner/Proprietor

Chartered Accountant

Membership Number

HUF DECLARATION

Date: _____

I hereby request you to open our Demat account with you, for our HUF.

Being Karta of my family, I hereby declare that following is the list of family members in our HUF, as on date of Application, i.e. _____

Sr No	Name of Family Members	Relation	Male/Female	Date of Birth
1				
2				
3				
4				
5				
6				

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

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

Thanking you,
Yours truly,

X

Karta
(Affix stamp of HUF)

CONFIRMATION FOR HUF

I/We the co-parceners of _____ H.U.F., do hereby confirm that we have no objection to _____ who is the Karta of the aforesaid H.U.F. to issue standing instructions by means of either a Power of Attorney/Authorization letter to Amit Jasani Financial Services Pvt. Ltd.

We understand that this Power of Attorney/Authorisation letter issued to Amit Jasani Financial Services Pvt. Ltd., is for the explicit purpose of delivery of shares sold by the Karta on behalf of the H.U.F.

Beneficiary Account No.: **1210250000 _____**

Name of Co-parceners

1. _____ ☞ _____ Co-parceners Signature
2. _____ ☞ _____ Co-parceners Signature
3. _____ ☞ _____ Co-parceners Signature
4. _____ ☞ _____ Co-parceners Signature
5. _____ ☞ _____ Co-parceners Signature
6. _____ ☞ _____

AMIT JASANI FINANCIAL SERVICES PVT. LTD. *For Non-Individuals*

5/6, Hind Rajasthan Chambers, 3rd floor, 6 Oak Lane, Fort, Mumbai 400001.

Additional KYC Form for Opening a Demat Account

(For entities other than Individuals)

Application No.									Date								
DP Internal Reference No																	
DP ID	1	2	1	0	2	5	0	0	Client ID	0	0	0					

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

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

Holders Details

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

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 ❑ Individual HUF ❑ Others	**To be filled by the DP**

Date of Incorporation									
SEBI Registration No. (If Applicable)		SEBI Registration Date							
RBI Registration No. (If Applicable)		RBI Approval Date							
Nationality	❑ Indian ❑ Others (specify)_____								

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] (If not marked, the default option would be `Yes')	❑ 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)	

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 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 ❑ Cash Credit ❑ Others (specify)										
Bank Name											
Branch Name											
Bank Branch Address											
City		State		Country		PIN					

(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 and it shall be self-certified by the BO.

MICR code starting with 000 will not be eligible for ECS.

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. 5,00,001/- to Rs. 10,00,000/-
❑ Rs. 10,00,001/- to Rs. 25,00,000/- ❑ Rs. 25,00,001/- to Rs. 100,00,000/- ❑ More Than Rs. 100,00,000/-
Net worth as on Date : _____ 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**	❑ Yes 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).	❑ No
easi	❑ Yes. 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.	❑ No

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

❑ Sole Holder ❑ Jointly ❑ Anyone or Survivor

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	

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.

	First Director/Partner/Trustee	Second Director/Partner/ Trustee	Third Director/Partner/ Trustee
Name			
Designation			
Signature	☞	☞	☞

(Signatures should be preferably in black ink). **(In case of more authorised signatories, please add annexure)**

Supplementary KYC Information & FATCA-CRS Declaration - Entities & HUF

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

***Name of the entity**

Type of address given at KYC KRA Residential & Business ☐ Residential ☐ Business ☐ Regd. Off. ☐

PAN **Date of Incorporation** D D / M M / Y Y Y Y

City of incorporation

Country of incorporation

Net Worth in INR in ₹ Lakhs **Net Worth as on** **DD/MM/YYYY**

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	YES / NO	Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)	YES / NO	Money Laudering / Pawning	YES / NO	Any other information

Entity Constitution Type
Please tick as appropriate

❑ Parnership Firm ❑ HUF ❑ Private Limited Company ❑ Public Limited Company ❑ Society ❑ Aop/BoiSociety ❑ Trust ❑ Liquidator ❑ Limited Liability Partnership ❑ Aritificial Judicial Person ❑ Others specify _____

Please tick the applicable tax resident declaration

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

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

Country	Tax identification Number#	Identification Type (TIN or Other, please specify)

 # In case Tax identification Number is not available, kindly provide its functional equivalent or Company Identification number or Global Entity Identification Number.

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

FATCA Declaration

(Please consult your professional tax advisor for further guidance on FATCA classification)

PART A *(to be filled by Financial Institutions or Direct Reporting NFEs)*

1. We are a,
   Financial institution ☐
   or
   Direct reporting NFE ☐
   (please tick as appropriate)

GIIN

Note: *If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below*

Name of sponsoring entity

GIIN not available *(Please tick as applicabe)*

☐ Not required to apply for-please specify 2 digits sub-category ☐☐

☐ Not obtained-Non participating FI

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*

1.	Is the Entity a publicly traded company' *(that is, a company whose shares are regurlarly traded on a established securities market)*	Yes ☐ No ☐ *(If yes, please specify any one stock exchange on which the stock is regularly traded)* Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company *(a company whose shares are regurlarly traded on an established securities market)*	Yes ☐ No ☐ *(If yes, please specify name of the listed company any one stock exchange on which the stock is regularly* Name of listed company _____ Name of relation: ❑ *Subsidiary of the listed Company or* ❑ *Controlled by a listed Company* Name of stock exchange _____
3.	Is the Entity an active NFE	Yes ☐ No ☐ *(If yes, please fill UBO declaration in the next section)* Nature of Business _____ Please specify the sub-category of Active NFE ☐☐
4.	Is the Entity an passive NFE	Yes ☐ No ☐ *(If yes, please fill UBO declaration in the next section)* Nature of Business _____

UBO Declaration

Category *(Please tick applicable category)* ❑ Unlisted Company ❑ Parnership Firm
❑ Limited Liability Parnership Company ❑ Unincorporated association/body of individauls
❑ Public Charitable Trust ❑ Religious Trust ❑ Private Trust
❑ Others (please specify) _____

Please list below the details of controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax identification Numbers for EACH controlling person(s).
Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person **Country - Tax Residency** **Tax ID No. - or functional equivalent for each country"**	**Tax ID Type - TIN or other, please specify.** **Beneficial Interest - in persentage** **Type Code - of countrolling person"**	**Tax ID Type - TIN or other, please specify** **Beneficial Interest - in persentage** **Type Code - of countrolling person"**
1. Name Country Tax ID No.	Tax ID Type Type Code Address Type ❑ Residence ❑ Business ❑ Registered Office	Address *ZIP*☐☐☐☐☐☐ *State:* *Country:*
2. Name Country Tax ID No.	Tax ID Type Type Code Address Type ❑ Residence ❑ Business ❑ Registered Office	Address *ZIP*☐☐☐☐☐☐ *State:* *Country:*
3. Name Country Tax ID No.	Tax ID Type Type Code Address Type ❑ Residence ❑ Business ❑ Registered Office	Address *ZIP*☐☐☐☐☐☐ *State:* *Country:*

 # If passive NFE, please provide below additional details.

PAN/Any other Identification Number *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)* City of Birth - Country of Birth	Occupation Type - *Service, Business, Others* *Nationality* Father's Name - *Mandatory if PAN is not available*	DOB - *Date of Birth* Gender - *Male, Female, Others*

1. PAN		Occupation Type		DOB D D / M M / Y Y Y Y
City of Birth		Nationality		Gender Male ✓ Female ✓
Country of Birth		Father's Name		Others ✓
2. PAN		Occupation Type		DOB D D / M M / Y Y Y Y
City of Birth		Nationality		Gender Male ✓ Female ✓
Country of Birth		Father's Name		Others ✓
3. PAN		Occupation Type		DOB D D / M M / Y Y Y Y
City of Birth		Nationality		Gender Male ✓ Female ✓
Country of Birth		Father's Name		Others ✓

Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India.

* To include US, where controlling person is a US citizen or green card holder

" In case Tax Identification Number is not available, kindly provide functional equivalent.

FATCA & CRS Terms and Conditions

Towards Compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you. Please ensure you advise us promptly, i.e. within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are Contained in the US Hire Act 2010. Please note that you may reveive more that one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information

Certification

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

Name	
Designation	

☞	☞	☞
Authorised Signatory	Authorised Signatory	Authorised Signatory

Place: _____

Date: _____

CDSL
Your Depository

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 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-400013 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off'' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. 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 with out proper authorization, the BO should immediately inform the DP in writing.

☞ _____	☞ _____	☞ _____
Sole / First Holder	Second holder	Third Holder

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 BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction:

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

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

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

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

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

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

BOID

1	2	1	0	2	5	0	0		0	0						

(Please write your 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 messages are to be sent

+91										

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

The mobile number is registered in the name of: _____

Email ID: _____

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

☞ ☞ ☞

Signatures _____ Sole / First Holder _____ Second holder _____ Third Holder

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, EBI (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.

13. Pursuant to SEBI circular SEBI/HO/MIRSD/DOP/P/CIR/2022/44 Dated April 04, 2022 - The stock broker/stock broker and depository participant shall not directly/indirectly compel the clients to execute Power of Attorney (POA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute POA or DDPI.

Statement of account

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

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

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

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

Manner of Closure of Demat account

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

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

Default in payment of charges

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

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

Liability of the Depository

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

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

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

Freezing/ Defreezing of accounts

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

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

Redressal of Investor grievance

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

Authorized representative

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

Law and Jurisdiction

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

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

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

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

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

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

☞ Sole / First Holder	☞ Second holder	☞ Third Holder

Tariff Sheet for Depository Services

DP ID: 12102500 Client ID: _____

I/We agree to pay the charges as per following charge structure for our Demat account with **Amit Jasani Financial Services Pvt. Ltd.**

Demat Account Tariff Sheet

Particulars	Charges
Account Opening Charges (Individual/Other than Individual)	NIL
Account Maintenance Charges	Rs. 400/- p.a. - For Individual Rs. 1200/- p.a. - For other than Individuals
Dematerialization Charges	Rs. 2/- per certificate
Rematerialization Charges	Rs. 15/- for every 100 securities or a part there of, subject to Maximum fee of Rs. 5,50,000/- or a flat fee of Rs. 10/- per certificate whichever is higher
Transaction Charges (Each Credit)/Custody Charges/Failed Instruction Charges	NIL
Transaction Charges for any debit	0.025% or Rs. 20/-, whichever is higher + CDSL charges on actuals
Pledge/Unpledge/Confiscation Charges	Rs. 200/- per Transaction + CDSL charges on actuals
Delivery Instruction Slip Charges	Rs. 2/- per Slip
POA (one time only)	Rs. 550/-
Other Charges	(i) KYC Charges Rs. 60/- (Individual or Non-Individual) (ii) BSDA - (a) No AMC till portfolio value is Rs. 4,00,000/- (b) Portfolio Value or Rs. 4,00,001/- till Rs. 10,00,000/- AMC Rs. 100/- (c) Portfolio Value above Rs. 10,00,000/- AMC as per Non BSDA Demat Account Tariff will be levied.
Additional Statement & Instruction Slip book dispatch Charges	Rs. 20/- per cover - Upto Mumbai Rs. 40/- per cover - Outside Mumbai
Advance Deposit	Advance Rs. 1500/- (To be adjusted against transaction/AMC/and other charges as applicable. Balance if any, to be refunded at the time of Account Closure)

- Service Tax as applicable
- Courier Charges will be levied on actual basis
- Sum of Dispatch Charges and per Certificate Charges is subject to minimum of Rs. 50/-
- Subject to Minimum of Rs. 1500/- per month of NCL Account
  CDSL charges on actuals

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

Basic Services Demat Account

To,

AMIT JASANI FINANCIAL SERVICES PVT. LTD.

5/6, Hind Rajasthan Chambers, 3rd floor, 6 Oak Lane, Fort, Mumbai - 400001.

SEBI Reg. No.: IN-DP-807-2025 • DP ID: 12102500

Date: _____

Dear Sir / Madam,

❑ I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form.

❑ I / We do not wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form

❑ I / We wish to avail the BSDA facility for my / our below mentioned demat account number:

❑ I / We do not wish to avail the BSDA facility for my / our below mentioned demat account number:

DP ID	1	2	1	0	2	5	0	0	Client ID	0	0	0					

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

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 across depositories as a first/sole holder.

	Signature
Sole/First Holder	☞
Second Holder	☞
Third Holder	☞

Eligibility for BSDA:

a) The individual has or proposes to have only one demat account where he/she is the sole or first holder.

b) The individual shall have only one BSDA in his/her name across all depositories.

c) Value of securities held in the demat account shall not exceed ₹ 10 Lakhs for debt and other than debt securities combined at any point of time.

- (Please Tear here) -

ACKNOWLEDGEMENT RECEIPT

Received BSDA declaration form from:

DP ID	1	2	1	0	2	5	0	0	Client ID	0	0	0					
Name																	
Address																	

For Amit Jasani Financial Services Pvt. Ltd.

Date:

(Authorised Signatory)

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date: _____

DP ID	1	2	1	0	2	5	0	0	Client ID	0	0						
Sole/First Holder																	
Second Holder																	
Third Holder																	

To,

AMIT JASANI FINANCIAL SERVICES PVT. LTD.

5/6, Hind Rajasthan Chambers, 3rd floor, 6 Oak Lane, Fort, Mumbai - 400001.

Dear Sir/Madam,

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

❑ **OPTION 1:**

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

Yours faithfully,

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

❑ **OPTION 2:**

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

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

- : (Please Tear here) -

ACKNOWLEDGEMENT RECEIPT

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

DP ID	1	2	1	0	2	5	0	0	Client ID	0	0	0					
Name of Sole/First Holder																	
Name of Second Joint Holder																	
Name of Third Joint Holder																	

Date:

For AMIT JASANI FINANCIAL SERVICES PVT. LTD.

(Authorised Signatory)

VOLUNTARY

E-STATEMENT OF ACCOUNT

Date:_____

To,
AMIT JASANI FINANCIAL SERVICES PVT. LTD.
5/6, Hind Rajasthan Chambers, 3rd floor, 6 Oak Lane, Fort Mumbai - 400001.

Dear Sirs,

Re: Beneficial Owner (BO) Account No._____

I/We_____
[name(s) of the BO(s)] had entered into agreement dated _____ with you at the time of opening of the aforesaid BO account.

Pursuant to the amendment in Clause 3 of the agreement (Annexure C to the Bye Laws of CDSL.) I/We confirm having opted to receive the statement of accounts pertaining account in electronic mode in lieu of physical copy of the statement of account.

I/We confirm that the dispatch of statement of account to me/us at the following email address shall constitute full and absolute discharge of your obligation under the above agreement to provide me/us with statement of my/ our BO account. But, I/We reserve my/our right to receive the physical copy of statement of accounts despite receiving the same in electronic mode, if such a demand is made in writing on you.

[Email address:_____]

I/We confirm that any change in the aforesaid email address or any other instructions with regard to dispatch / service of my/our statement of account on me/us shall not be binding upon you unless you are intimated in writing by me/us acknowledge delivery.

Yours faithfully,

☞ _____ Sole / First Holder

☞ _____ Second holder

☞ _____ Third Holder

VOLUNTARY

FOR NRI/FN (FEMA DECLARATION)
Declaration format for PO Box Address

Name:_____

Address:_____

_____

TO WHOMSOEVER IT MAY CONCERN

I/We agree to abide by all necessary rules and regulations introduced or amended from time to time by all statutory government bodies in India, and guidelines as prescribed by the Reserve Bank of India under the Foreign Exchange Management Act, 1999 (FEMA).

Further, in the process of opening my/our accounts with the Indian Bank/s, members of Indian Stock Exchange/s, and Depository Participants, I/We have complied with the current laws and will continue to do so as required for the proper maintenance of the aforesaid accounts.

In case there is any change in my/our status from Resident to Non-resident or vice versa or PO Box Address, I/We shall inform all concerned agencies of the same and will abide by the procedures and requirement for the transition.

☞ _____ Sole / First Holder

☞ _____ Second holder

☞ _____ Third Holder

FATCA & CRS Terms & Conditions

Details under FATCA & CRS. The Central Board of Direct Taxes has notified Rulers 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the propose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you. Please ensure you advise us promptly, i.e. within 30 days.

Please note that you may receive more than one request for information. If you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

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

It is mandatory to supply a TIN or function equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explationation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	**Documentation required for Cure of FATCA / CRS indicia**
U.S. Place of Birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below) AND 3. Any one of the following documents: • Certified Copy of "Certificate of Loss of Nationality"; or • Reasonable explanation of why the customer does not have such a certificate despite renouncing citizenship; or • Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident of any other country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	**If no Indian telephone number is provided** 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) **If Indian telephone number is provided along with a foreign country telephone number** 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; or 2. Documentary evidence (refer list below)
Telephone number in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

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

1. Certificate of residence issued by an authorised Government body *
2. Valid Identification issued by authorised Government body * (e.g., Passport, National Identity Card, etc.)

*** Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**

REQUEST FOR UPDATION OF AADHAAR NUMBER IN TRADING/DEMAT/MF LINKED ACCOUNTS VOLUNTARY

Date:_____

To,

AMIT JASANI FINANCIAL SERVICES PVT. LTD.

5/6, Hind Rajasthan Chambers, 3rd floor, 6 Oak Lane, Fort, Mumbai - 400001.

Sub: Updation of Aadhaar Number in TRADING/DEMAT/MF linked accounts

Dear Sir / Madam,

Please update my/ our below mentioned Aadhaar Number to my/ our below mentioned accounts.

Client Name (1st holder): _____

Aadhaar Number 1st holder | X | X | X | X | X | X | X | X | | | | |

Client Name (joint holder 1): _____

Aadhaar Number joint holder 1 | X | X | X | X | X | X | X | X | | | | |

Client Name (joint holder 2): _____

Aadhaar Number joint holder 2 | X | X | X | X | X | X | X | X | | | | |

Please update Aadhaar number to below accounts as required:

DP ID: | | | | | | | | |

Client ID: | | | | | | | | |

UCC Code | | | | | | | | |

I submit my above Aadhaar number and voluntarily give my consent to:

- Update my/our Aadhaar/UID number issued by UIDAI, Govt. of India in my/our name with my/our aforesaid accounts.
- Use my/our Aadhaar details to authenticate me/us from UIDAI
- Use my/our mobile number mentioned in my/our account for sending SMS alerts to me/us
- Consent for Authentication: I/We, the holder of the above stated Aadhaar number, hereby give my/our consent to Amit Jasani Financial Services Pvt. Ltd., to obtain my/our Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. Further, i/we am/are aware that my/our identity information would only be used for demographic authentication / validation / e-KYC purpose and also informed that my/our biometrics will not be stored / shared and will be submitted to CIDR only for the purpose of authentication.
- I/We hereby submit my/our Aadhaar number as issued by Government of India, to Amit Jasani Financial Services Pvt. Ltd. and voluntarily give my/our consent to link them to all my/our accounts / relationships (existing and new) maintained with Amit Jasani Financial Services Pvt. Ltd. in my/our individual capacity and / or as an authorized signatory in non- individual accounts. I/We, holder of the above stated Aadhaar number, hereby voluntarily give my/our consent to Amit Jasani Financial Services Pvt. Ltd. to obtain and use my/our Aadhaar number, Name and Fingerprint/Iris and my/our Aadhaar details to authenticate me/us with UIDAI as per Aadhaar Act, 2016 and all other applicable laws. Amit Jasani Financial Services Pvt. Ltd. has informed me/us that my/our Aadhaar details and identity information would only be used for demographic authentication, validation, e-KYC purpose, OTP authentication including; for availing trading/demat/mf services, operation of my/our accounts / relationships and for delivery of subsidies, benefits and services and/or any other facility relating to trading/demat/mf operations. Amit Jasani Financial Services Pvt. Ltd. has informed that my/our biometrics will not be stored / shared and; will be submitted to Central Identities Data Repository (CIDR) only for the purpose of authentication. I/We have been given to understand that my/our information submitted to the Amit Jasani Financial Services Pvt. Ltd. herewith shall not be used for any purpose other than mentioned above. I/We also authorize Amit Jasani Financial Services Pvt. Ltd. to link and authenticate my/our Aadhaar number to all my/our accounts / relationships with the Amit Jasani Financial Services Pvt. Ltd. as may be opened in future in addition to those mentioned below. I/We will not hold Amit Jasani Financial Services Pvt. Ltd. or any of its officials responsible in case of any incorrect information provided by me/us.

I/We have been given to understand that my/our information submitted herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

Signatures

☞	☞	☞
First/Sole Applicant/Guardian	**Second Applicant**	**Third Applicant**

Risk Assessment of Client in terms of PMLA 2002

Type of Client	High Risk	Low Risk	Medium Risk	CSC (Client Special Category)	PEP (Politically Exposed Person)

at the time of account opening

Categorisation of client would be changed only if there is change based on risk assessment of the client during his dealings with Amit Jasani Financial Services Pvt. Ltd.

For Amit Jasani Financial Services Pvt. Ltd.

Director/Authorised Signatory

Confirmation of Receipt of executed documents

Client Code: _____

Dear Sir,

I/We hereby acknowledge the receipt of duly executed copy of Account Opening Form (Trading & DP), Rights and Obligations (Trading & DP), RDD, Guidance Note (Do's & Dont's), Policies and Procedures, Tariff Sheet (Trading), Schedule of Charges (DP), SMS Alert, Power of Attorney and all other documents as executed by me/us.

I/We confirm that I/we have read and received copy of Investor Charter (Trading + Dp).

Signature of Client: ☞ First Holder's Signature _____

Date: _____

(Peforated Card)

DP ID	1	2	1	0	2	5	0	0	Client ID	0	0						

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures	☞	☞	☞