



Client Registration

BENEFICIARY ACCOUNT

INDIVIDUAL & NON-INDIVIDUAL

Client Name:

Client Code:

BO. ID:

Application Sr. No.:

Dear Valued Customer,

Welcome to PL!

Thank you for choosing us as a partner in your financial journey.

We are one of India's most trusted financial services groups. Since our inception in 1944, we've earned our position by remaining committed to innovation and excellence and embracing the principles of integrity, professional ethics, and transparency. We leverage our deep expertise to guide you through the ever-evolving world of capital markets.

To kickstart your journey seamlessly, we kindly request your cooperation in completing the required forms and submitting necessary documents as per regulatory norms. We've simplified the process for your convenience, with clear instructions to assist you at every step.

Should you need any help or have queries while filling out the forms, our dedicated staff is just a call away. They are ready to provide prompt assistance and guidance.

Here's to a lasting, fruitful, and financially successful partnership!

Regards,
DP Team

Address and Registration Details of Prabhudas Lilladher Pvt. Ltd

Registered / Correspondence Office	3rd Floor, Sadhana House, 570, P. B. Marg, Worli, Mumbai - 400 018
Telephone Nos.	91-22-66322456 (DP)
Website	www.plindia.com

Registration Details:

Depository Participant | SEBI Regn. No. IN-DP-439-2019 | DP-ID (CDSL) - 12011300

Name and contact details of the CEO:

Mr. Sandip Raichura
Tel. No : (022) 6632 2326
Email ID: Sandipraichura@plindia.com

Name & designation of Compliance Officer :

Ms. Jaishri Rohra
Group Head (Legal & Compliance)
Tel. No : (91) (22) 66322357
Email : co@plindia.com

For any grievance / dispute, you may contact the Compliance Officer or
Email at grievance-dp@plindia.com & Tel. No. 022-6632 2456 (DP related)

In the event of an unsatisfactory response to your grievance, please refer to Grievance Redressal Mechanism:

Depository Participant - Grievance Redressal Mechanism

(SEBI/HO/MRD/MRD-PoD-1/P/CIR/2024/66 dated May 29, 2024)

1	Investor Complaints / Grievances	<p>Investor can lodge complaint / grievance against the Depository / DP in the following ways:</p> <p>a. Electronic Mode:</p> <ul style="list-style-type: none"> i. SCORES 2.0 (a web-based centralised grievance redressal system of SEBI) [https://scores.sebi.gov.in] Two Level Review: (a) First review done by Exchange (b) Second review done by SEBI. ii. Respective Depository's web portal dedicated for the filing of compliant - https://www.cdslindia.com/Footer/grievances.aspx iii. Emails to designated email IDs of Depository - complaints@cdslindia.com <p>b. Offline mode</p>
2	Online Dispute Resolution (ODR)	<p>If the investor is not satisfied with the resolution provided by DP or other Market Participants, then the investor has the option to file the complaint/ grievance on SMARTODR platform for its resolution through by online conciliation or arbitration.</p> <p>[https://smartodr.in/login]</p>
3	Steps to be followed in ODR for Review, Conciliation and Arbitration	<ul style="list-style-type: none"> • Investor to approach Market Participant for redressal of complaint • If investor is not satisfied with response of Market Participant, he/she can escalate the complaint on SEBI SCORES portal. (In this scenario the above steps shall prevail), • Alternatively, the investor may also file a complaint on SMARTODR portal for its resolution through online conciliation and arbitration. • Upon receipt of complaint on SMARTODR portal, the relevant MII will review the matter and endeavour to resolve the matter between the Market Participant and investor within 21 days. • If the matter could not be amicably resolved, then to the matter shall be referred for conciliation. • During the conciliation process, the conciliator will endeavour for amicable settlement of the dispute within 21 days, which may be extended with 10 days by the conciliator with consent of the parties to dispute. • If the conciliation is unsuccessful, then the investor may request to refer the matter for arbitration. • The arbitration process to be concluded by arbitrator(s) within 30 days, which is extendable by 30 days.

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Note: BO - Beneficial Owner or Demat Account holder.

* Not applicable if the Account holder(s) is/are already registered with KYC Registration Agency (KRA)

Checklist of Documents For Opening Demat Account

SEBI APPROVED KYC DOCUMENTS FOR INDIVIDUAL BO / KARTA OF HUF/PARTNERS OF FIRM/AUTHORISED SIGNATORIES/PROMOTERS/DIRECTORS/TRUSTEES/MANAGING COMMITTEE MEMBERS PROOF OF IDENTITY & SIGNATURE

- PAN card with photograph (Mandatory for all Investors including Joint-holders)
- Unique Identification Number (UID/Aadhaar) Card
- Passport (With BO's Photo, Sign & Address)
- Voter's ID card (Front & Back)
- Driving Licence
- Bank Verification Letter - Photo / Signature attested by Bank Manager (Bearing BO's Account number, Bank stamp, Branch MICR code and Attesting Authority's Name & Employee number) to be accompanied by copy of Bank Passbook / Statement
- Credit Card/Debit Card issued by Scheduled Commercial Banks (With BO's Photo & Sign)
- ID Card/Document issued by - State or Central Government & its departments / Statutory Regulatory Authorities / Public Sector Undertaking / Scheduled Commercial Banks / Public Financial Institutions / Colleges affiliated to Universities/Professional Bodies like ICAI, ICWAI, ICSI, Bar Council etc. to their Members (With BO's Photo & Sign)

PROOF OF ADDRESS

- Passport (With BO's Photo, Sign & Address)
- Unique Identification Number (UID/Aadhar Card)
- Voter's ID card (Front & Back)
- Driving Licence
- Ration Card
- Flat Maintenance Bill/Insurance Copy
- Gas Bill (Bill date being not more than 3 months old)
- Electricity Bill (Bill date being not more than 3 months old)
- Landline Telephone Bill (Bill date being not more than 3 months old - Mobile Bills not accepted as proof)
- Leave and Licence Agreement or Sale Agreement of BO's Residence or Registered Office Address / place of business (Pages bearing BO's Name, Address along with last page with signatures evidencing the execution of agreement)
- Bank Passbook (bearing bank stamp and signature of bank official) / Statement with client as first-holder in Bank Account not more than 3 months old along with copy of pages containing BO's Name, Address and Last Transaction (If copy of passbook does not bear bank stamp and signature of bank official, then authentication from bank is required)
- Bank Verification Letter with Photo & Address attested by Bank Manager (Bearing Client's Account number, Bank stamp, Branch MICR code, and Attesting Authority's Name & Employee number) - to be accompanied by copy of Bank Passbook/ Statement
- ID Card / Document issued by - State or Central Government & its departments / Statutory Regulatory Authorities / Public Sector Undertaking / Scheduled Commercial Banks / Public Financial Institutions / Colleges affiliated to Universities/Professional Bodies like ICAI, ICWAI, ICSI, Bar Council etc. to their Members (With BO's Address)
- Self-Declaration by High Court & Supreme Court judges giving the new address in respect of their own accounts (For Individual Clients only)

<input type="checkbox"/>	Proof of address issued by Bank Managers of Scheduled Commercial Banks / Co-operative Banks or Multinational Foreign Banks or a Gazetted Officer or Notary Public or Elected representatives to Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority
<input type="checkbox"/>	Any of the above Proof of Address issued in the name of BO's Spouse (Such proof must be accompanied by Proof of Relationship like marriage certificate, passport with page having spouse's name etc.) (for Individual Clients only)

PROOF OF BANK DETAILS

<input type="checkbox"/>	Bank Passbook (bearing bank stamp and signature of bank official) / Statement (Not more than 3 months old - along with original cancelled cheque and pages containing BO's Name, Address and Last Transaction - (If copy of passbook does not bear bank stamp and signature of bank official then authentication from bank is required) Mandatory document for HUF and NRI / FN Applicant
<input type="checkbox"/>	Bank Verification Letter - Photo, Signature & Address attested by Bank Manager (bearing Client's Account number, Bank stamp, Branch IFSC & MICR code, and Attesting Authority's Name & Employee number) - to be accompanied by copy of Bank Passbook/Statement
<input type="checkbox"/>	Cancelled Personalised Cheque Leaf

Note: Documents having an expiry date shall be accepted only if it is valid as on the date of submission.

BO CATEGORY WISE - ADDITIONAL REQUIREMENTS

Document	Remarks
<input type="checkbox"/> 1) Passport / PIO Card / OCI Card 2) Overseas Address Proof 3) Declaration duly signed that BO has complied with and will continue to comply with FEMA regulations and other applicable laws 4) Bank Passbook / Statement for NRE/NRO account (As applicable) & PIS account	Mandatory for NRIs / Foreign Nationals
<input type="checkbox"/> Mariner's Declaration or Certified Copy of CDC (Continuous Discharge Certificate)	Mandatory for Merchant Navy NRIs
<input type="checkbox"/> Complete Residential Address along with undertaking that DP shall be informed whenever there is a change in the Residential Address	Mandatory if NRI / FN applicant submits an Overseas P.O. Box No. address as his Correspondence / Permanent Address
<input type="checkbox"/> Permanent Address (Other than that mentioned in correspondence address column) & proof thereof	Mandatory if any Client wishes to get his Correspondence on address of some other entity such as C/o address, Office address, POA holder's address, etc.
<input type="checkbox"/> (1) Any one of the documents of Minor duly Notarised - Birth Certificate / School Leaving Certificate / Marksheets issued by Higher Secondary Board / Passport (2) KRA-KYC Form along with PAN Card & Proof of Address of Guardian (3) Passport size photograph of Minor & Guardian (4) Copy of Court Order in case the Guardian is not a Natural parent & is appointed by Court	Mandatory for Minor's Demat Account

Documentary Requirements For Opening Non-Individual BOs

Types of Entity	Documents Required
HUF	<ul style="list-style-type: none"> • PAN Card of HUF Entity • Bank Passbook/Statement in the name of HUF • PAN Card, Photograph & Proof of Address of Karta • Self-Declaration by Karta/Deed of declaration of HUF giving details of family members including Coparceners of HUF with their names, sex, date of Birth & relationship with Karta • Proof of Correspondence & Registered Office Address of HUF* • Proof of Bank Details of HUF
CORPORATE (Domestic or Foreign)	<ul style="list-style-type: none"> • PAN Card copy of the Corporate Investor • Certified Copies of Memorandum/Articles of Association and Incorporation Certificate (Bearing Stamp & Signature of Registrar) • Certified True Copy of Board Resolution (on company's letterhead) duly certified by Chairman / Managing Director / Director / Company Secretary, authorising opening of demat account and specifying names of persons authorised by Board to operate the said demat account and act as its Authorised Signatories. (Resolution to specify manner of operation i.e. individually or jointly) • An Annexure to the Resolution (on company's letterhead) stating Full Name & Specimen Signature of Authorised Signatories duly attested by the Chairman / Managing Director / Director/Company Secretary • Copy of Balance Sheets for the last 2 financial years (To be submitted every year) • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI Takeover Regulations, duly certified by Company Secretary/Whole-time Director/MD (To be submitted every year) • PAN Card, Photograph, Proof of Identity & Address and DIN numbers of (a) Whole-time Directors or Two Directors in charge of day-to-day operations (b) Individual Promoters holding control, either directly or indirectly (c) Ultimate Individual Beneficial Owner of the Corporate Investor (who has a controlling ownership interest meaning ownership of or entitlement to more than 25% of the shares or capital or profits of the company) • List of Directors (on company's Letterhead) • Proof of Correspondence & Registered Office Address of Corporate* • Proof of Bank Details of Corporate
TRUST (Registered Public / Charitable Trust)	<ul style="list-style-type: none"> • PAN card of the Trust. • Certificate of Registration of Trust under the Societies Registration Act / Public Trust Act, 1860/Bombay Public Trust Act, 1950 / Public Trust Act, of relevant State. • Copy of Trust Deed and Rules. • List of Members on Board of Trustees certified by Managing Trustees / C.A. • Certified True Copy of Board Resolution to open the demat account and specifying the persons authorised by the Board to act as Authorised signatory (ies) to operate the demat account (Resolution to specify manner of operation i.e. individually or jointly) • An Annexure to the Resolution (on Trust's letterhead) stating full Name & Specimen Signature of the Authorised Signatories duly verified by the Managing Trustee • Copy of Balance Sheets for the last 2 financial years (To be submitted every year) • PAN Card, Photograph and Proof of Identity & Address of Trustees • Proof of Correspondence & Registered Office Address of Trust* • Proof of Bank details of the Trust
BANKS	<ul style="list-style-type: none"> • PAN Card in the name of Bank • Copy of Constitution / Registration or Annual Report/Balance sheet for last 2 financial years • Certified True Copy of Board Resolution or Letter (on bank's letterhead) signed by the Chairman/MD authorising opening of demat account and authority given to Authorised Signatories to open and operate the demat account. (Resolution to specify manner of operation i.e. individually or jointly) • An Annexure to the Resolution (on Bank's letterhead) stating full Name & Specimen Signatures of Authorised signatories, duly certified by Chairman/Managing Director • Proof of Correspondence & Registered Office Address of Bank* • Proof of Bank account details
ASSOCIATION OF PERSONS (AOP)	<ul style="list-style-type: none"> • PAN Card in the name of AOP • Object of the association • Proof of Existence/Constitution document • Powers of the Managing Committee

	<ul style="list-style-type: none"> Certified True Copy of Resolution or Letter (on AOP's letterhead) signed by the Governing Board Member authorising opening of demat account and authority given to Authorised Signatories to open and operate the demat account. (Resolution to specify manner of operation i.e. individually or jointly) An Annexure to the Resolution (on AOP's letterhead) stating full Name & Specimen Signatures of Authorised Signatories, duly authorised by the Governing Board Member Copy of the Bye-Laws Proof of Correspondence & Registered Office Address of AOP * Proof of Bank details of AOP
RECOGNISED FUNDS / TRUSTS / ENTITIES (namely Employees Provident Fund / Gratuity Fund / Superannuation Fund / Venture Capital Funds / ESOP Trusts)	<ul style="list-style-type: none"> PAN Card issued to such Fund / Trust / Entity Certificate of Registration issued by Authority recognising such Fund/Trust/Entity Certified Copy of Trust Deed and Rules and / or any document or charter defining their constitution and providing for management thereof List of Members on the Board of Trustees/Governing Body certified by C.A. Certified True Copy of the Resolution passed by the Board of Trustees / Governing Body to open the demat account and specifying the persons authorized by the Board to act as Authorised signatory(ies) to operate the demat account (Resolution to specify manner of operation i. e. individually or jointly) An Annexure to the Resolution (on Fund/Trust's letterhead) stating full Name & Specimen Signatures of Authorised Signatories, duly verified by the Managing Trustee PAN Card, Photograph and Proof of Identity & Address of Trustees / Governing Body members Proof of Correspondence & Registered Office Address of Trust/Fund Proof of Bank details of the Trust/Fund
Society (Registered Society)	<ul style="list-style-type: none"> PAN Card of the Society Copy of Certificate of Registration under the Societies Registration Act, 1860. Certified List of Managing Committee members. Certified True Copy of Committee Resolution for persons authorised by the Committee to act as Authorised Signatory (ies) for operating the demat account (Resolution to specify manner of operation i.e. individually or jointly) An Annexure to the Resolution (on Society's letterhead) stating full Name & Specimen Signatures of Authorised Signatories, duly verified by the Managing Committee True copy of Society Rules and Bye-Laws Certified by the Chairman/Secretary PAN Card, Photograph & Proof of Identity & Address of Managing Committee Members Proof of Correspondence & Registered address of Society* Proof of Bank details of the Society
LIMITED LIABILITY PARTNERSHIP FIRM (LLP)	<ul style="list-style-type: none"> Registration Certificate granted by Registrar to LLP under the LLP Act, 2008 Declaration (on LLP's letterhead) duly signed by all designated partner/s clearly stating that within named persons, who are designated partners of the LLP, have been nominated as Authorised Signatories to open and operate the said demat account on behalf of the LLP The declaration shall specify the manner in which account will be operated, that is jointly or severally and shall give details of the Names, Addresses and DPIN [Designated Partner Identification Number allotted by the Registrar for each designated partner], along with their signatures and photographs Bank details in the name of the LLP, as sole / first holder in the bank account PAN Card of the LLP. The details of this PAN card will have to be entered into the CDSL system. Proof of Correspondence & Registered Office address of LLP* Proof of Bank Details of LLP

*Proof of Address to be evidenced by copy of any one of these documents (a) Documents registered with Registering Authority (b) Bank Statement (c) Agreement for Sale or Leave & Licence (d) Acknowledgment of Income Tax Returns (e) Electricity or Telephone Bill (not more than 3 months old)

Note: In case of Corporate, Trust, Recognised Funds / Trusts / Entities, Society, Banks, Association of Persons, Limited Liability Partnership Firm account holders, please submit self-attested copy of PAN Card, Proof of Identity & Proof of Address of Authorised Signatory.

Instructions / Check List For Filling KRA-KYC Form & Account Opening Form (AOF)

1. All details to be filled in CAPITAL letters and in English. Individual account holder/s & Authorised Signatories of Non-Individual Account holders will have to paste their latest photograph in the relevant boxes provided and sign across it i.e. half on photo and half on the page.
2. KRA-KYC Form, AOF & all relevant documents are to be signed by the account holder/s in case of Individual Accounts and by Authorised Signatory/ies under Rubber Stamp in case of Non-Individual BO accounts. A Power of Attorney holder cannot open an account i.e. sign KYC Form and AOF and Rights and Obligations on behalf of the account holder/s
3. Details in columns marked as in the AOF must be furnished mandatorily. That section of KRA-KYC Form & AOF which is not relevant & kept blank by the applicant is to be struck off as "N.A".
4. Signatures can be in English or Hindi or any other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures in languages other than those mentioned above must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her Official Seal along with their Name & Address. Thumb impression to be obtained: Left thumb in case of Male and Right thumb in case of Female.
5. Name & address of account holder/s mentioned on KYC form should match with the documentary proof submitted.
6. Documents other than SEBI approved documents as provided for in the checklist will not be accepted. Copies of all documents submitted by account holder/s should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorised for attesting the documents, as per the below mentioned list (please refer Point C)
7. Every cancellation/correction/overwriting must be authenticated (full signature) by all holders. Use of white ink will render the document invalid. So please avoid cancellations & use of white ink on the KRA - KYC Form and AOF.
8. Self-attested copy of PAN card of all holders is mandatory including Karta / Promoters/Directors/Trustees / Whole-time Directors/Authorised Signatories/Managing Committee Members
9. In case photo on PAN Card is not legible, submit alternate proof of identity, from the list of SEBI approved documents, which is clear & legible
10. If proof of identity or address is in regional or foreign language, then translation into English is required.
11. If Correspondence & Permanent / Registered Office addresses of Individual/Non-Individual BOs are different, then proofs for both addresses have to be submitted.
12. If BO wishes to receive correspondence at the address of some other person or entity, then SEBI approved proof of identity and address documents (as given in the checklist) in the name of such other persons or entities may be provided. In all such cases, the address of such person or entity must be mentioned in the AOF and also the permanent address of the applicant, other than that given as correspondence address must be provided.
13. ECS of Dividend/interest/Redemption Amount / IPO Refund is mandatory for locations notified by the SEBI from time to time. So please mention your Bank Account No, MICR Code & IFSC Code correctly
14. In the case of Individual BOs, Nomination or Dissent for Nomination is to be provided mandatorily. Joint holders cannot be appointed as Nominee or Guardian of Minor Nominee.
15. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, Senior Politicians, Senior Government/Judicial/Military Officers, Senior Executives of State-Owned Corporations, Important Political Party Officials, etc.
16. POA may be notarised in the local place where the applicant resides. POAs given to PL is specific POA authorising operation of BO's demat account for limited purpose only
17. SMS Alert facility is a service provided by CDSL directly and applicants opting for POA facility for their demat accounts must mandatorily register for this facility. In case the applicant does not have his/her own Mobile number, he/she can provide that of any other person at his/her discretion to receive SMS alerts on his/her behalf.
18. EASI facility is provided by CDSL whereby a demat account holder can view his account through the Internet. It is advisable that account holders familiar with the Internet should opt for this facility. For more details on EASI, check on www.cdsindia.com
19. Sole proprietor must make the application in his individual name & capacity.
20. For Non-Residents and Foreign Nationals, (allowed to trade subject to the RBI and FEMA guidelines), copy of Passport/PIO Card/OCI Card and overseas address proof is mandatory.
21. In the case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
22. In case of HUF BO Account:
 - A. The account name shall be as it appears in the PAN Card
 - B. HUF account cannot be opened with joint holders

- A. HUF Accounts cannot appoint a Nominee nor can an HUF account be appointed as Nominee
- B. The Karta shall sign under HUF stamp

23 In the case of HUF Account, Non-Individual KYC Form in the name of HUF entity and Individual KYC Form in the name of Karta, is to be submitted.

24 In case POA is given to some other entity to operate the HUF's BO account, the POA shall be signed by all members of the HUF account in addition to the Karta

25 In case of Minor's BO Account:

- A. The Minor shall be the first & sole holder in the account i.e. there shall not be any joint holder.
- B. Guardian of the minor to sign at all places where minor has to sign.
- C. Photograph of Guardian to be affixed alongside Minor's photo.

B. EXEMPTIONS/CLARIFICATIONS TO PAN

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIPs of Mutual Funds up to INR 50,000/- p.a.
5. Custodians shall verify the PAN Card Details with Original PAN Card and provide duly certified copies of such verified PAN Cards to the DPs in case of Institutional clients namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral & Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA & Public Financial Institutions as defined under Section 4A of The Companies Act, 1956.

Note: Sufficient documentary evidence in support of such claims will have to be provided.

C. LIST OF PEOPLE AUTHORISED TO ATTEST THE DOCUMENTS

1. Notary Public
2. Gazetted Officer
3. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
4. In case of NRIs & Foreign Body Corporates, Authorised 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 applicant resides or runs its business are permitted to attest the documents.

D. SUB-BROKERS, AUTHORISED PERSONS AND BRANCHES

1. In case of Individual & Non-Individual BOs, the person authorised by PL or registered Sub broker / Authorised persons should personally verify photograph affixed on KYC Form, and on proof of identity documents of Individual / Karta of HUF / Authorised Signatories / Whole-time Directors and must sign on the documents collected as proof of identity for all of them to the effect that "Identity of applicant is verified in person". Details of person authorised to carry out In-person verification should be duly filled.
2. All copies of proof documents must be stamped as "Verified against Original" and signed by the person authorised by PL or registered Sub broker / Authorised persons under PL/Sub broker / Authorised persons Stamp with his name mentioned alongside his signature.

Individual

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INTENTIONALLY LEFT BLANK

KYC Application Form - Individual (KRA cum Cersai Form) - First/Sole Holder

Please fill the form in English and in BLOCK LETTERS.
 (Please tick ✓ on the box next to the option you wish to choose and provide corresponding details)
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC & mandatory only if processing CKYC also

Application No.
Application Type New KYC Modification KYC

KYC Mode* Normal EKYC OTP Online KYC Offline KYC Digi-locker EKYC Biometric

1. Identity Details of Related Persons (Please refer guidelines overleaf)

PAN*	<input type="text"/>	Please enclose a duly attested copy of your PAN card		
Name (Same as ID Proof)	<input type="text"/>			
Maiden Name* (if any)	<input type="text"/>			
Father's/Spouse Name*	<input type="text"/>			
Date of Birth*	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried		
Nationality*	<input type="checkbox"/> Indian	<input type="checkbox"/> Others	<input type="text"/> Please Specify	
Residential Status*	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin*

(Passport mandatory for NRIs & Foreign Nationals. PIO selection is only for CKYC & not for KRA KYC. Select NRI or Foreign National based on Nationality of the Individual)

PHOTOGRAPH
 (Affix latest colour & across signature on photograph)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

<input type="checkbox"/> A-Aadhar No.	<input type="text"/> XXXX-XXXX-	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	Expiry Date	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	Expiry Date	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M
<input type="checkbox"/> D-Driving Licence	<input type="text"/>		<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>			
<input type="checkbox"/> F-NPR	<input type="text"/>			
<input type="checkbox"/> Z-Others	<input type="text"/>	Identification No.	<input type="text"/>	

2. Address Details* (Please refer guidelines overleaf)

A. Correspondence / Local Address

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>
State*	<input type="text"/>	Country*	<input type="text"/>
Pin Code*	<input type="text"/>		
Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residence/Business
	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified	<input type="text"/> F1

Applicant Signature

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>		
State*	<input type="text"/>	Country*	<input type="text"/>		
Pin Code*	<input type="text"/>				
Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residence/Business	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified

Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)

<input type="checkbox"/> A-Aadhar No.	<input type="text" value="XXXX-XXXX-"/>	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> D-Driving Licence	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Y Y Y Y"/>	<input type="checkbox"/>
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Y Y Y Y"/>	<input type="checkbox"/>
<input type="checkbox"/> F-NPR	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Y Y Y Y"/>	<input type="checkbox"/>
<input type="checkbox"/> Z-Others	<input type="text"/>	Identification No. <input type="text"/>		

3. Contact Details* (In Capital)

Email*	<input type="text"/>	Tel. Res.	<input type="text" value="STD / ISD"/>	<input type="text"/>
Mobile No.	<input type="text" value="STD / ISD"/>	Tel. Off.	<input type="text" value="STD / ISD"/>	<input type="text"/>

4. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address. I am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details.

I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

I/We also give my/our consent for downloading our existing details from CKYC portal.

Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	<input type="text"/>	F2
Place	<input type="text"/>			<input type="text"/>	Applicant E-Sign
				<input type="text"/>	Applicant Wet Signature

5. For Office Use Only
In-Person Verification (IPV) carried out by*

IPV Date

Emp. Name

Emp. Code

Emp. Designation

Employee Signature & Stamp

Intermediary details*

Self-certified documents received (Originals verified)
 True Copies of documents received (Attested)

 Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>		
State*	<input type="text"/>	Country*	<input type="text"/>		
Pin Code*	<input type="text"/>				
Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residence/Business	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified

Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)

<input type="checkbox"/> A-Aadhar No.	<input type="text" value="XXXX-XXXX-"/>	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> D-Driving Licence	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Y Y Y Y"/>	<input type="checkbox"/>
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Y Y Y Y"/>	<input type="checkbox"/>
<input type="checkbox"/> F-NPR	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Y Y Y Y"/>	<input type="checkbox"/>
<input type="checkbox"/> Z-Others	<input type="text"/>	<input type="checkbox"/> Identification No.	<input type="text"/>	

3. Contact Details* (In Capital)

Email*	<input type="text"/>	Tel. Res.	<input type="text" value="STD / ISD"/>	<input type="text"/>
Mobile No.	<input type="text" value="STD / ISD"/>	Tel. Off.	<input type="text" value="STD / ISD"/>	<input type="text"/>

4. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address. I am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details.

I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

I/We also give my/our consent for downloading our existing details from CKYC portal.

Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	<input type="text"/>	S2
Place	<input type="text"/>			<input type="text"/>	Applicant E-Sign
				<input type="text"/>	Applicant Wet Signature

5. For Office Use Only
In-Person Verification (IPV) carried out by*

IPV Date

Emp. Name

Emp. Code

Emp. Designation

Employee Signature & Stamp

Intermediary details*

Self-certified documents received (Originals verified)
 True Copies of documents received (Attested)

 Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>		
State*	<input type="text"/>	Country*	<input type="text"/>		
Pin Code*	<input type="text"/>				
Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residence/Business	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified

Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)

<input type="checkbox"/> A-Aadhar No.	<input type="text" value="XXXX-XXXX-"/>	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> D-Driving Licence	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Y Y Y Y"/>	<input type="checkbox"/>
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Y Y Y Y"/>	<input type="checkbox"/>
<input type="checkbox"/> F-NPR	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Y Y Y Y"/>	<input type="checkbox"/>
<input type="checkbox"/> Z-Others	<input type="text"/>	<input type="checkbox"/> Identification No.	<input type="text"/>	

3. Contact Details* (In Capital)

Email*	<input type="text"/>	Tel. Res.	<input type="text" value="STD / ISD"/>	<input type="text"/>
Mobile No.	<input type="text" value="STD / ISD"/>	Tel. Off.	<input type="text" value="STD / ISD"/>	<input type="text"/>

4. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address. I am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details.

I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

I/We also give my/our consent for downloading our existing details from CKYC portal.

Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	<input type="text"/>	T2
Place	<input type="text"/>			<input type="text"/>	Applicant E-Sign
				<input type="text"/>	Applicant Wet Signature

5. For Office Use Only
In-Person Verification (IPV) carried out by*

IPV Date

Emp. Name

Emp. Code

Emp. Designation

Employee Signature & Stamp

Intermediary details*

Self-certified documents received (Originals verified)

True Copies of documents received (Attested)

Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp

Additional Details for Opening Demat Account

Please fill the form in English and in BLOCK LETTERS. Fields marked * are mandatory

Demat Account ID

Trading Account code

13% p.a. interest will be levied for delay in making payment of DP charges

Scheme Opted Standard Super Saver BSDA* Lifetime No AMC Economy Gold

*The default scheme selected for your Demat account will be BSDA, subject to the eligibility criteria as determined by the Depository. If you do not meet the eligibility requirements for BSDA, the scheme you have chosen will be applied instead.

(Change of scheme at a later date shall have to be intimated to DP in writing or from your registered e-mail id at dpschchn@plindia.com)

POA Account Yes No (If yes, please ensure SMS alert facility is opted for)

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

Type of Account (Please tick whichever is applicable)

<input type="checkbox"/> Individual	<input type="checkbox"/> Resident	<input type="checkbox"/> Minor	<input type="checkbox"/> Director#	<input type="checkbox"/> HUF / AOP
	<input type="checkbox"/> Director's Relative	<input type="checkbox"/> Promoter	<input type="checkbox"/> Margin Trading (MANTRA) A/C	
	<input type="checkbox"/> Others	Please Specify		
<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Repatriable	<input type="checkbox"/> Non-Repatriable	<input type="checkbox"/> Depository Receipt	
	<input type="checkbox"/> Repatriable Promoter	<input type="checkbox"/> Non-Repatriable Promoter		
	<input type="checkbox"/> Others	Please Specify		
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign Depository Receipt		
	<input type="checkbox"/> Others	Please Specify		

Securities held in the capacity of a Director must be held in a separate demat account and cannot be mixed with other normal holdings.

Please mention above the name of the Partnership Firm, Association of Persons (AOP), Unregistered Trust / Society in case its Demat account is being opened in the name of nature persons

Entity Name **Entity PAN**

Nature Unregistered Trust Unregistered Society Association of Persons (AOPs) Partnership Firm
 Proprietary Concern Others Please Specify

Details of Minor Applicant's Guardian

Name

PAN*

UID

Relationship with Minor*

Please fill the form in English and in BLOCK LETTERS.

Fields marked * are mandatory

Additional Information

 Account Type Normal Simplified (For low-risk customers) Small

Details	First Holder	Second Holder	Third Holder
KYC Number^{\$}	14-digit Number	14-digit Number	14-digit Number
KYC Registered With	<input type="checkbox"/> CVL <input type="checkbox"/> NDML <input type="checkbox"/> DOTEX <input type="checkbox"/> CAMS <input type="checkbox"/> KARVY <input type="checkbox"/> None	<input type="checkbox"/> CVL <input type="checkbox"/> NDML <input type="checkbox"/> DOTEX <input type="checkbox"/> CAMS <input type="checkbox"/> KARVY <input type="checkbox"/> None	<input type="checkbox"/> CVL <input type="checkbox"/> NDML <input type="checkbox"/> DOTEX <input type="checkbox"/> CAMS <input type="checkbox"/> KARVY <input type="checkbox"/> None
Details same as Registered KRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Place*	City, Country	City, Country	City, Country
Occupation*	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other
	Please specify		Please specify
Gross Annual Income (As on Date)	<input type="checkbox"/> Below ₹1 Lakh <input type="checkbox"/> ₹1-5 Lakh <input type="checkbox"/> ₹5-10 Lakh <input type="checkbox"/> ₹10-25 Lakh <input type="checkbox"/> More than ₹25 Lakh	<input type="checkbox"/> Below ₹1 Lakh <input type="checkbox"/> ₹1-5 Lakh <input type="checkbox"/> ₹5-10 Lakh <input type="checkbox"/> ₹10-25 Lakh <input type="checkbox"/> More than ₹25 Lakh	<input type="checkbox"/> Below ₹1 Lakh <input type="checkbox"/> ₹1-5 Lakh <input type="checkbox"/> ₹5-10 Lakh <input type="checkbox"/> ₹10-25 Lakh <input type="checkbox"/> More than ₹25 Lakh
	<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
Net-worth[#] (As on Date)	(₹ in figures)		
	<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
Education	<input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> High School <input type="checkbox"/> Other	<input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> High School <input type="checkbox"/> Other	<input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> High School <input type="checkbox"/> Other
	Please specify		Please specify
PEP Status*	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Relative of PEP <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Relative of PEP <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Relative of PEP <input type="checkbox"/> Not Applicable

\$To be provided mandatorily if already registered with CKYCR; #Net-worth should not be more than a year old.

Bank Account Details

I/we wish to receive Dividend / Interest directly in to my/our Bank Account mentioned below through ECS (If not marked, default option would be 'Yes')

 Yes

 No

Bank Name _____

Branch Name _____

Bank Branch Address _____

MICR Code (9 Digit)* _____

IFSC Code (11 Characters)* _____

Account Type Savings Current Other Please Specify

Account Number _____

Proof of Bank Details Submitted (Tick whichever applicable) Cancelled Personalised Cheque Leaf Bank Passbook
 Bank Statement Bank Verification Letter

* Submit copy of cheque for confirming MICR & IFSC code of the Branch

	Mobile belongs to*	E-mail ID belongs to*
First Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child
	Name of Person	Name of Person
	PAN	PAN
Second Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child
	Name of Person	Name of Person
	PAN	PAN
Third Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child
	Name of Person	Name of Person
	PAN	PAN

I/We authorise and agree to receive call or SMS from Prabhudas Lilladher Pvt. Ltd. & its associates with reference to products and offerings. This authorisation shall override my/our registration for DND / DNC / NDNC, if any

 Yes

 No

Demat Account Details

A. Standing Instructions

BSDA Confirmation (For more information on BSDA (Basic Services Demat A/c), please refer to Booklet 2)

I / We do not wish to opt for BSDA I / We wish to opt for BSDA

Statement Requirement

Daily Weekly Fortnightly Monthly As per the SEBI Regulation

Receipt of Annual Reports from RTA/Company (Default option would be "Physical") Physical Electronic Both Physical & Electronic

I/We wish to share the E-mail ID with RTA/Company (Default value would be "Yes" if opted for Electronic Annual Reports above) Yes No

I/We wish to receive debit/credit information in my/our demat account directly from depository at my E-mail ID & Mobile number as mentioned in KYC Form (Default option would be "Yes") Yes No

I/We wish to instruct DP to accept all pledge instructions in my/our account without any further instruction from my/our end (Default option would be "No") Yes No

I/We wish to receive Dividend/Interest directly into my/our bank account mentioned above through ECS (Default option would be "Yes") Yes No

I/We instruct the DP to receive each and every credit in my/our account (Default option would be "Yes") Yes No

I/We request CDSL and DP to send Electronic Transaction cum Holding Statement and all DP related documents/information at my E-mail ID as specified in KYC Form (Default option would be "Yes") Yes No

Registration for EASI facility at E-mail ID as specified in KYC Form of 1st/Sole Holder (Default option would be "Yes") (For more information, please refer to Booklet 2) (EASI allows a BO to view his ISIN balances, transactions & value of portfolio online at CDSL's website www.cdslindia.com) Yes No

SMS Alert Facility at Mobile Number as specified in KYC Form of 1st/Sole Holder (Mandatory if you are giving Power of Attorney to CM/3rd party) (Please sign terms & conditions given on page 55) Yes No

I/We wish to receive Consolidated Account Statement (CAS) from Depository (CAS gives a consolidated view of all investments of an investor across his demat accounts at CDSL & NSDL and his mutual fund units held with MF-RTA/AMCs.) Yes No

Mode of operation for execution of transaction (Transfer, Pledge, Freeze) in case of account with joint holders. (Tick applicable box. If not marked, the default option will be jointly) Jointly by all holders
 Any one of the holders

B. Applicable To NRI / Foreign National Applicant Only

FEMA Declaration

I/We hereby declare that I/We have complied with and will continue to comply with FEMA regulations and other applicable laws

RBI Approval for Repatriation

Permission Ref. No.

RBI Approval Date

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Undertaking to be given mandatorily only if 1st Holder has provided P. O. Box Address

I declare that I am presently residing in _____ (Name of city & country) at the below mentioned address (please provide residence address which is other than P. O. Box address). Since all correspondence will be received at my P. O. Box address as mentioned in the KRA-KYC Form, I undertake to inform you whenever there is a change in the below mentioned residential address.

Address Line 1*

Address Line 2

City/Town/Village*

District*
State*

Country*
Pin Code*

C. Option For Issuance of DIS (Tick any one of the option)

I/We do not require Delivery Instruction Slip (DIS) booklet for the time being, since I / we have issued a Demat Debit & Pledge Instruction (DDPI) / Power of Attorney (POA) / registered for e-DIS / executed PMS agreement in favour of / with _____ (name of the Attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades (settlement related transactions). However, the DIS booklet should be issued to me / us immediately on my / our request at any later date.

I/We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our Demat account though I / we have issued a Demat Debit & Pledge Instruction (DDPI) / Power of Attorney (POA) / registered for e-DIS / executed PMS agreement in favour of / with _____ (name of the Attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades (settlement related transactions).

D. Authorisations (Please tick relevant option)

Mode of operation for execution of transaction (Transfer, Pledge, Freeze) in case of account with joint holders.
 (Tick applicable box. If not marked, the default option will be jointly)

 Jointly by all holders

 Any one of the holders

Consent for Communication to be received by holders

(Tick applicable box. Default option will be 1st holder if not ticked) (Communication includes e-mail/SMS alerts & statement of transaction/holding)

Holders
E-mail ID

<input type="checkbox"/> First Holder	<input type="text"/>
<input type="checkbox"/> Second Holder	<input type="text"/>
<input type="checkbox"/> Third Holder	<input type="text"/>
<input type="checkbox"/> All Holders	<input type="text"/>

I/We have received and read the Rights & Obligations document, Risk Disclosure document, Policies & Procedures, Tariff Sheet and Terms & Conditions and agree to abide by and be bound by the Bye-laws that are in force from time to time. I/We declare that the particulars given by me/us above are true & to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP/Member any changes in the details / particulars mentioned by me/us in this form. I further agree that any false/misleading information given by me/us or suppression of any material information will render my/ our account liable for termination and suitable action. I/We have also been informed that the standard set of documents has been displayed for information on PL's website and the same is made available to me.

First/Sole Holder
Second Holder
Third Holder
Name

Signatures

F10

S3

T3

Note: To be signed by Authorised Signatory/ies under Rubber Stamp and not by Power of Attorney Holder

Confirmation Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) - Individual Account

FATCA- CRS Terms & Conditions

Towards compliance with tax information sharing laws, such as FATCA & CRS, we would be required to seek additional personal tax & beneficial ownership information & certain certification/documentation from our account holders. Such information may either be sought at the time of account opening or at any time subsequently. Under certain circumstances (including if we do not receive self-declaration from you), we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please consult your tax advisor. Should there be any change in the information provided by you, please ensure to inform us within 30 days of such a change.

Towards compliance with such laws, we may also be required to provide information to any institution 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 be constrained to withhold & pay out sums from your account or close or suspend your account(s).

FATCA-CRS Instructions

If you are a Citizen of the USA or a Resident or Green-Card Holder, please include USA in the Foreign Country information field along with your USA Tax Identification number. The provisions of FATCA are contained in the US Hire Act, 2010. It is mandatory to supply a TIN or a functional equivalent if the country in which you are a tax resident issues such an identification number. If no TIN is yet available or has not been issued, please provide an explanation in a separate attachment to this form.

We will not be responsible for any action taken by tax authorities if incorrect/ incomplete information is shared by you.

	First / Sole / Minor's Guardian	Second Holder		Third Holder		
Name of Holder/s						
Place & Country of Birth						
Are you a Tax-Resident of country other than India?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, country of jurisdiction of Tax-Residency						
Tax Identification No. (TIN) issued by country						
Tax Identification Type (SSN, SIN, EIN etc.)						
Address in Tax Resident Country						
Are you a Resident or Citizen of the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have USA telephone no.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
USA residence/ mailing/ PO box address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay tax in the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold any identification no. in USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your PoA holder a citizen of USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/We have understood the information requirements of this form (read along with FATCA-CRS instructions) and hereby confirm that the information provided by me/us on this declaration form & on KYC form is true, correct, and complete. I/We have read and understood the FATCA-CRS terms and conditions and hereby accept the same.

First/Sole Holder	Second Holder	Third Holder
F11	S4	T4
Signature		

**** In case Account-holder affixes thumb impression, then this Form must be duly notarised by a Notary.**

4th Nominee Details

Mandatory Details:

Name of Nominee			
Postal Address			
Relationship with the Applicant		Share of Nominee (%)**	%
Mobile No.		Identity Number ***	
E-mail ID			

Additional Details****

Guardian (If the nominee is minor)		Date of Birth Nominee	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
---------------------------------------	--	-----------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

5th Nominee Details

Mandatory Details:

Name of Nominee			
Postal Address			
Relationship with the Applicant		Share of Nominee (%)**	%
Mobile No.		Identity Number ***	
E-mail ID			

Additional Details****

Guardian (If the nominee is minor)		Date of Birth Nominee	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
---------------------------------------	--	-----------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

6th Nominee Details

Mandatory Details:

Name of Nominee			
Postal Address			
Relationship with the Applicant		Share of Nominee (%)**	%
Mobile No.		Identity Number ***	
E-mail ID			

Additional Details****

Guardian (If the nominee is minor)		Date of Birth Nominee	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
---------------------------------------	--	-----------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

7th Nominee Details

Mandatory Details:

Name of Nominee			
Postal Address			
Relationship with the Applicant		Share of Nominee (%)**	%
Mobile No.		Identity Number ***	
E-mail ID			

Additional Details****

Guardian (If the nominee is minor)		Date of Birth Nominee	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
---------------------------------------	--	-----------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

8th Nominee Details
Mandatory Details:

Name of Nominee			
Postal Address			
Relationship with the Applicant		Share of Nominee (%)**) %	
Mobile No.		Identity Number ***	
E-mail ID			

Additional Details****

Guardian (If the nominee is minor)		Date of Birth Nominee	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
---------------------------------------	--	-----------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

9th Nominee Details
Mandatory Details:

Name of Nominee			
Postal Address			
Relationship with the Applicant		Share of Nominee (%)**) %	
Mobile No.		Identity Number ***	
E-mail ID			

Additional Details****

Guardian (If the nominee is minor)		Date of Birth Nominee	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
---------------------------------------	--	-----------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

10th Nominee Details
Mandatory Details:

Name of Nominee			
Postal Address			
Relationship with the Applicant		Share of Nominee (%)**) %	
Mobile No.		Identity Number ***	
E-mail ID			

Additional Details****

Guardian (If the nominee is minor)		Date of Birth Nominee	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
---------------------------------------	--	-----------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

*Joint Accounts:

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

** if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DOB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1) I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/us by the AMC / DP as follows; (Please tick, as appropriate)

Name of nominee(s) Nomination: Yes / No

2) I hereby authorize _____ (Nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5# of the circular. He / She is authorized to encash my assets up to _____% of assets in the account / folio or ₹ _____.
(strike off portions that are not relevant)

#3.5 The regulated entity shall provide the investors having single holding / account / folio, the option to;
a) empower, any one of the nominees (excluding minor nominee) to operate the investor's account / folio, if the investor is physical incapacitated, but still has the capacity to contract,
b) specify either the percentage or absolute value of assets in the account/ folio that can be encashed by such nominee,
c) change such mandate any number of times without any restriction.

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

	Name(s) of holder	Signature(s) of holder	Witness Signature*
Sole / First Holder (Mr. / Ms. / Mrs.)		F12	
Second Holder (Mr. / Ms. / Mrs.)		S5	
Third Holder (Mr. / Ms. / Mrs.)		T5	

*Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Rights, Entitlement and Obligation of the Investor and Nominee:

- If you are opening a new demat account / MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 ## of this circular.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account / folio, if case of your physical incapacitation. This mandate can be changed any time you choose.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
 - 'Either or Survivor' Folios / Accounts - any one of the holder can sign
 - 'Jointly' Folios / Accounts - both holders have to sign

Regulated entities shall have the following online mechanism for existing and new investors, who want to opt-out of nomination;

- The online facility shall provide a mechanism for the investor to affirm their choice, in case of opting out of nomination. Upon choosing this option, the investor shall get an OTP
- Upon submitting this OTP, the investor shall have a choice to either
 - furnish the unique acknowledgement number of having submitted the declaration form to opt-out in physical mode with wet signature at any of the office of the concerned regulated entity
 - or
 - capture their opting-out through video recording by the regulated entity as per extant norms in this regard

Transmission Aspects

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial Share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

For PL-HO Office use only:

Demat A/c Nomination _____
Registration No. _____

Registration Date D D M M Y Y Y Y

Declaration Form for opting out of Nomination

(To be signed ONLY IF Nominee is not appointed)

Voluntary

Date

To,

Prabhudas Lilladher Pvt. Ltd.
3rd Floor, Sadhana House,
570 P B Marg, Worli, Mumbai 400 018

UCC/Trading Account code

Demat Account ID

First/Sole Holder Name

Second Holder Name

Third Holder Name

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

First/Sole Holder

Second Holder

Third Holder

Name

Signatures*

F13

S6

T6

*** In case Account-holder affixes thumb impression, then this Form must be duly notarized by a Notary.*

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Non-Individual

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KYC Application Form (For Non-Individuals Only)

Please fill the form in English and in BLOCK LETTERS.
 (Please tick ✓ on the box next to the option you wish to choose and provide corresponding details)
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC & mandatory only if processing CKYC also

Application No.
Application Type New KYC Modification KYC

1. Entity Details (Please refer guidelines)

PAN*	<input type="text"/>						Please enclose a duly attested copy of your PAN card		
Name (Same as ID Proof)	<input type="text"/>								
Incorporation Date*	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M	<input type="text"/> Y <input type="text"/> Y	<input type="text"/> Y <input type="text"/> Y	Commencement Date*	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M	<input type="text"/> Y <input type="text"/> Y	<input type="text"/> Y <input type="text"/> Y
Incorporation Place*	<input type="text"/>								
Registration Number*	<input type="text"/>								
Entity Type*	<input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> Society <input type="checkbox"/> FPI Category I <input type="checkbox"/> FPI Category II <input type="checkbox"/> Trust/charity/NGO <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> LLP <input type="checkbox"/> Govt. Body <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Non-government Organisation <input type="checkbox"/> Others Please Specify <input type="text"/>								

2. Proof of Identity* (Please refer guideline)

<input type="checkbox"/> Official Valid Document(s) in respect of person authorised to transact	<input type="text"/>		
<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="text"/>		
<input type="checkbox"/> Registration Certificate	<input type="text"/>		
<input type="checkbox"/> Memorandum of Association	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Board Resolution
<input type="checkbox"/> Power of Attorney granted to its manager, office, employees to transact on its behalf			
<input type="checkbox"/> Activity Proof - 1 (For sole Proprietorship Only)	<input type="checkbox"/> Activity Proof - 2 (For sole Proprietorship Only)		

3. Address Details* (Please refer guidelines)

A. Registered Address*

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>
State*	<input type="text"/>	Country*	<input type="text"/>
Pin Code*	<input type="text"/>		

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

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>
State*	<input type="text"/>	Country*	<input type="text"/>
Pin Code*	<input type="text"/>		

F1

Applicant Signature

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

<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other Document	<input type="checkbox"/> Please Specify
<input type="checkbox"/> Latest Telephone Bill" (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement"	
<input type="checkbox"/> Registered Lease/Sale Agreement of Office Premises	PoA validity/expiry (Date)		<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Any other proof of address documents (As listed in guidelines)			

4. Contact Details*

Email-ID 1	<input type="text"/>		
Mobile No.	<input type="checkbox"/> STD / ISD	<input type="text"/>	
Email-ID 2	<input type="text"/>		
Mobile No.	<input type="checkbox"/> STD / ISD	<input type="text"/>	
Tel. (Office)	<input type="checkbox"/> STD / ISD	<input type="text"/> Fax <input type="text"/>	

5. Annexure Submitted

Number of Related Persons

6. Remarks / Additional Information**7. Application Declaration**

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

I/We hereby consent to receiving information from CVL KRA through SMS/ Email on the above registered number/email address.

Date D D M M Y Y Y Y

F2

Place

Applicant Digital Signature (DSC)

Applicant Wet Signature

8. For Office Use Only
KYC Carried Out by*

KYC Date D D M M Y Y Y Y

Employee Name

Employee Code

Designation

Employee Signature & Stamp

Intermediary details*

Self-certified documents received (Originals verified)

True Copies of documents received (Attested)

Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp

KYC Annexure For Related Persons - First/Sole Holder

Please fill the form in English and in BLOCK LETTERS.
 (Please tick ✓ on the box next to the option you wish to choose and provide corresponding details)
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC & mandatory only if processing CKYC also

Application No.
Application Type New KYC Modification KYC

1. Identity Details of Related Persons (Please refer guidelines overleaf)

PAN*	<input type="text"/>				Please enclose a duly attested copy of your PAN card		
Name (Same as ID Proof)	<input type="text"/>						
Maiden Name*(if any)	<input type="text"/>						
Father's/Spouse Name*	<input type="text"/>						
Date of Birth*	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y				
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender				
Nationality*	<input type="checkbox"/> Indian	<input type="checkbox"/> Others	<input type="text"/> Please Specify				
Related Person Type*					PHOTOGRAPH (Affix latest colour & across signature on photograph)		
<input type="checkbox"/> Director	<input type="checkbox"/> Promoter	<input type="checkbox"/> Karta	<input type="checkbox"/> Trustee	<input type="checkbox"/> Partner			
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Power of Attorney Holder	<input type="checkbox"/> Court Appointed Official Proprietor			
<input type="checkbox"/> Others	<input type="text"/> Please Specify						
DIN	<input type="text"/>				(Mandatory if related person is a Director)		

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

<input type="checkbox"/> A-Aadhar No.	<input type="text"/> XXXX-XXXX-	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	Expiry Date	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	Expiry Date	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M
<input type="checkbox"/> D-Driving Licence	<input type="text"/>	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>			
<input type="checkbox"/> F-NPR	<input type="text"/>			
<input type="checkbox"/> Z-Others	<input type="text"/>	Identification No. <input type="text"/>		

2. Address Details* (Please refer guidelines overleaf)

A. Correspondence / Local Address

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>		
State*	<input type="text"/>	Country*	<input type="text"/>		
Pin Code*	<input type="text"/>				
Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residence/Business	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified

F3

Applicant Signature

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>
State*	<input type="text"/>	Country*	<input type="text"/>
Pin Code*	<input type="text"/>		
Address Type*	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residence/Business <input type="checkbox"/> Regd. Office <input type="checkbox"/> Unspecified		

Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)

<input type="checkbox"/> A-Aadhar No.	<input type="text" value="XXXX-XXXX-"/>	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> D-Driving Licence	<input type="text"/>		<input type="text" value="Y Y Y Y"/>	<input type="text" value="Y Y Y Y"/>
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>			
<input type="checkbox"/> F-NPR	<input type="text"/>			
<input type="checkbox"/> Z-Others	<input type="text"/>	Identification No.	<input type="text"/>	

3. Contact Details* (In Capital)

Email*	<input type="text"/>	Tel. Res.	<input type="text" value="STD / ISD"/>	<input type="text"/>
Mobile No.	<input type="text" value="STD / ISD"/>	Tel. Off.	<input type="text" value="STD / ISD"/>	<input type="text"/>

4. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/ Email on the above registered number/email address.

Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	<input type="text"/>	<input type="text" value="F4"/>
Place	<input type="text"/>			Applicant E-Sign	Applicant Wet Signature

5. For Office Use Only
In-Person Verification (IPV) carried out by*

IPV Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	<input type="text"/>
Emp. Name	<input type="text"/>			<input type="text"/>
Emp. Code	<input type="text"/>			<input type="text"/>
Emp. Designation	<input type="text"/>			<input type="text"/>

Employee Signature & Stamp

Intermediary details*

Self-certified documents received (Originals verified)
 True Copies of documents received (Attested)

 Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp

Ultimate Beneficial Ownership Declaration ('UBO') / Controlling Persons

1. Investor's Details

Name	<input type="text"/>			
PAN	<input type="text"/>			
Constitution	<input type="checkbox"/> Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Unincorporated Association / Body of Individuals	<input type="checkbox"/> Others	<input type="text"/> Please Specify		

2. Company Type (If 'Company' is Selected Under Constitution)

<input type="checkbox"/> a) Company listed on recognized Stock Exchange	<input type="checkbox"/> b) Subsidiary of Listed Stock Exchange
<input type="checkbox"/> c) Company controlled by Listed Company	<input type="checkbox"/> d) Unlisted Company

In case 'Company Type' selected is any one of a, b or c then please provide details of Listed Company.

Name	<input type="text"/>			
ISIN No.	<input type="text"/>			
Stock Exchange(s) where listed:	<input type="checkbox"/> NSE	<input type="checkbox"/> BSE	<input type="checkbox"/> Other	<input type="text"/> Please Specify

3. UBO / Controlling Person(s) Details

This section is to be filled in if, Constitution is other than 'Company' and if option 'd' selected under Company type.

<input type="checkbox"/> a) Company has individual(s) holding or entitled to more than 10% of share capital or profit
<input type="checkbox"/> b) Entity (not being a Company) has individual(s) holding or entitled to more than 15% of share capital or profit
<input type="checkbox"/> c) If no individual under 'a' and 'b' above then individual(s) holding Senior Managing Official ('SMO')

Particulars	UBO-1 / SMO	UBO-2	UBO-3	
First Name				
Middle Name				
Surname				
Father's First Name				
Father's Surname				
UBO/SMO'S PAN				
Place & Country of Birth				
Nationality				
Date of Birth	(DD/MM/YYYY)	(DD/MM/YYYY)	(DD/MM/YYYY)	
Permanent Address: Line 1				
Permanent Address: Line 2				
City & State				
Pin-code				
Correspondence Address	<input type="checkbox"/> Same as Permanent	<input type="checkbox"/> Same as Permanent	<input type="checkbox"/> Same as Permanent	
If not same:	Line 1			
	Line 2			
City & State				
Pin-code				
E-mail ID				
Mobile No.				
KYC Complied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

I/We acknowledge and confirm that the information provided above is true and not misleading to our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading or misrepresenting, I/we am/are aware that I/we may be liable for it including any penalty levied by the statutory/legal/ regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/ RTA/other registered intermediaries can make reliance on the same. I/ We hereby authorise you to disclose, share, rely remit in any form, mode or manner, all/ any of the information provided by me, including all changes, updates to such information as and when provided by me to any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ We authorise to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/tax authorities.

Name			
Designation			
Signatures	F5	S1	T1

INSTRUCTIONS ON ULTIMATE BENEFICIAL OWNER/CONTROLLING PERSONS

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs / UBOS. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- i. (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership.
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- ii. In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- iii. Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies/foreign investors:

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements:

Beneficial Owner(s) / Senior Managing Official (SMO) is / are required to comply with the prescribed KYC process as stipulated by the SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s)/SMO(s).

KYC Annexure For Related Persons - Second Holder

Please fill the form in English and in BLOCK LETTERS.
 (Please tick ✓ on the box next to the option you wish to choose and provide corresponding details)
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC & mandatory only if processing CKYC also

Application No.
Application Type New KYC Modification KYC

1. Identity Details of Related Persons (Please refer guidelines overleaf)

PAN*	<input type="text"/>				Please enclose a duly attested copy of your PAN card		
Name (Same as ID Proof)	<input type="text"/>						
Maiden Name*(if any)	<input type="text"/>						
Father's/Spouse Name*	<input type="text"/>						
Date of Birth*	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y				
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender				
Nationality*	<input type="checkbox"/> Indian	<input type="checkbox"/> Others	<input type="text"/> Please Specify				
Related Person Type*					<div style="background-color: #e0e0e0; padding: 10px; border-radius: 10px;"> PHOTOGRAPH (Affix latest colour & across signature on photograph) </div>		
<input type="checkbox"/> Director	<input type="checkbox"/> Promoter	<input type="checkbox"/> Karta	<input type="checkbox"/> Trustee	<input type="checkbox"/> Partner			
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Power of Attorney Holder	<input type="checkbox"/> Court Appointed Official Proprietor			
<input type="checkbox"/> Others	<input type="text"/> Please Specify						
DIN	<input type="text"/>				(Mandatory if related person is a Director)		

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

<input type="checkbox"/> A-Aadhar No.	<input type="text"/> XXXX-XXXX-	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	Expiry Date	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	Expiry Date	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M
<input type="checkbox"/> D-Driving Licence	<input type="text"/>		<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>			
<input type="checkbox"/> F-NPR	<input type="text"/>			
<input type="checkbox"/> Z-Others	<input type="text"/>	Identification No.	<input type="text"/>	

2. Address Details* (Please refer guidelines overleaf)

A. Correspondence / Local Address

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>		
State*	<input type="text"/>	Country*	<input type="text"/>		
Pin Code*	<input type="text"/>				
Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residence/Business	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified

S2

Applicant Signature

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>		
State*	<input type="text"/>	Country*	<input type="text"/>		
Pin Code*	<input type="text"/>				
Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residence/Business	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified

Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)

<input type="checkbox"/> A-Aadhar No.	<input type="text" value="XXXX-XXXX-"/>	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> D-Driving Licence	<input type="text"/>		<input type="text" value="Y Y Y Y"/>	<input type="text" value="Y Y Y Y"/>
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>			
<input type="checkbox"/> F-NPR	<input type="text"/>			
<input type="checkbox"/> Z-Others	<input type="text"/>	Identification No.	<input type="text"/>	

3. Contact Details* (In Capital)

Email*	<input type="text"/>	Tel. Res.	<input type="text" value="STD / ISD"/>	<input type="text"/>
Mobile No.	<input type="text" value="STD / ISD"/>	Tel. Off.	<input type="text" value="STD / ISD"/>	<input type="text"/>

4. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/ Email on the above registered number/email address.

Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	<input type="text"/>	S3
Place	<input type="text"/>			<input type="text"/>	<input type="text"/>

Applicant E-Sign

Applicant Wet Signature

5. For Office Use Only

In-Person Verification (IPV) carried out by*

IPV Date

Emp. Name

Emp. Code

Emp. Designation

Employee Signature & Stamp

Intermediary details*

Self-certified documents received (Originals verified)

True Copies of documents received (Attested)

Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp

Ultimate Beneficial Ownership Declaration ('UBO') / Controlling Persons

1. Investor's Details

Name	<input type="text"/>			
PAN	<input type="text"/>			
Constitution	<input type="checkbox"/> Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Unincorporated Association / Body of Individuals	<input type="checkbox"/> Others	<input type="text"/> Please Specify		

2. Company Type (If 'Company' is Selected Under Constitution)

<input type="checkbox"/> a) Company listed on recognized Stock Exchange	<input type="checkbox"/> b) Subsidiary of Listed Stock Exchange
<input type="checkbox"/> c) Company controlled by Listed Company	<input type="checkbox"/> d) Unlisted Company

In case 'Company Type' selected is any one of a, b or c then please provide details of Listed Company.

Name	<input type="text"/>			
ISIN No.	<input type="text"/>			
Stock Exchange(s) where listed:	<input type="checkbox"/> NSE	<input type="checkbox"/> BSE	<input type="checkbox"/> Other	<input type="text"/> Please Specify

3. UBO / Controlling Person(s) Details

This section is to be filled in if, Constitution is other than 'Company' and if option 'd' selected under Company type.

<input type="checkbox"/> a) Company has individual(s) holding or entitled to more than 10% of share capital or profit
<input type="checkbox"/> b) Entity (not being a Company) has individual(s) holding or entitled to more than 15% of share capital or profit
<input type="checkbox"/> c) If no individual under 'a' and 'b' above then individual(s) holding Senior Managing Official ('SMO')

Particulars	UBO-1 / SMO	UBO-2	UBO-3	
First Name				
Middle Name				
Surname				
Father's First Name				
Father's Surname				
UBO/SMO'S PAN				
Place & Country of Birth				
Nationality				
Date of Birth	(DD/MM/YYYY)	(DD/MM/YYYY)	(DD/MM/YYYY)	
Permanent Address: Line 1				
Permanent Address: Line 2				
City & State				
Pin-code				
Correspondence Address	<input type="checkbox"/> Same as Permanent	<input type="checkbox"/> Same as Permanent	<input type="checkbox"/> Same as Permanent	
If not same:	Line 1			
	Line 2			
City & State				
Pin-code				
E-mail ID				
Mobile No.				
KYC Complied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

I/We acknowledge and confirm that the information provided above is true and not misleading to our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading or misrepresenting, I/we am/are aware that I/we may be liable for it including any penalty levied by the statutory/legal/ regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/ RTA/other registered intermediaries can make reliance on the same. I/ We hereby authorise you to disclose, share, rely remit in any form, mode or manner, all/ any of the information provided by me, including all changes, updates to such information as and when provided by me to any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ We authorise to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/tax authorities.

Name			
Designation			
Signatures	F6	S4	T2

INSTRUCTIONS ON ULTIMATE BENEFICIAL OWNER/CONTROLLING PERSONS

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs / UBOS. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- i. (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership.
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- ii. In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- iii. Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies/foreign investors:

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements:

Beneficial Owner(s) / Senior Managing Official (SMO) is / are required to comply with the prescribed KYC process as stipulated by the SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s)/SMO(s).

KYC Annexure For Related Persons - Third Holder

Please fill the form in English and in BLOCK LETTERS.
 (Please tick ✓ on the box next to the option you wish to choose and provide corresponding details)
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC & mandatory only if processing CKYC also

Application No.
Application Type New KYC Modification KYC

1. Identity Details of Related Persons (Please refer guidelines overleaf)

PAN*	<input type="text"/>				Please enclose a duly attested copy of your PAN card		
Name (Same as ID Proof)	<input type="text"/>						
Maiden Name*(if any)	<input type="text"/>						
Father's/Spouse Name*	<input type="text"/>						
Date of Birth*	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y				
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender				
Nationality*	<input type="checkbox"/> Indian	<input type="checkbox"/> Others	<input type="text"/> Please Specify				
Related Person Type*					PHOTOGRAPH (Affix latest colour & across signature on photograph)		
<input type="checkbox"/> Director	<input type="checkbox"/> Promoter	<input type="checkbox"/> Karta	<input type="checkbox"/> Trustee	<input type="checkbox"/> Partner			
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Power of Attorney Holder	<input type="checkbox"/> Court Appointed Official Proprietor			
<input type="checkbox"/> Others	<input type="text"/> Please Specify						
DIN	<input type="text"/>				(Mandatory if related person is a Director)		

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

<input type="checkbox"/> A-Aadhar No.	<input type="text"/> XXXX-XXXX-	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	Expiry Date	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	Expiry Date	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M
<input type="checkbox"/> D-Driving Licence	<input type="text"/>	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>			
<input type="checkbox"/> F-NPR	<input type="text"/>			
<input type="checkbox"/> Z-Others	<input type="text"/>	Identification No. <input type="text"/>		

2. Address Details* (Please refer guidelines overleaf)

A. Correspondence / Local Address

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>		
State*	<input type="text"/>	Country*	<input type="text"/>		
Pin Code*	<input type="text"/>				
Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residence/Business	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified

T3

Applicant Signature

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>
State*	<input type="text"/>	Country*	<input type="text"/>
Pin Code*	<input type="text"/>		
Address Type*	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residence/Business <input type="checkbox"/> Regd. Office <input type="checkbox"/> Unspecified		

Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)

<input type="checkbox"/> A-Aadhar No.	<input type="text" value="XXXX-XXXX-"/>	Please enter last 4 digit of Aadhar		
<input type="checkbox"/> B-Passport No.	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	<input type="checkbox"/> Expiry Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>
<input type="checkbox"/> D-Driving Licence	<input type="text"/>		<input type="text" value="Y Y Y Y"/>	<input type="text" value="Y Y Y Y"/>
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>			
<input type="checkbox"/> F-NPR	<input type="text"/>			
<input type="checkbox"/> Z-Others	<input type="text"/>	Identification No.	<input type="text"/>	

3. Contact Details* (In Capital)

Email*	<input type="text"/>	Tel. Res.	<input type="text" value="STD / ISD"/>	<input type="text"/>
Mobile No.	<input type="text" value="STD / ISD"/>	Tel. Off.	<input type="text" value="STD / ISD"/>	<input type="text"/>

4. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/ Email on the above registered number/email address.

Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	<input type="text"/>	<input type="text" value="T4"/>
Place	<input type="text"/>			Applicant E-Sign	Applicant Wet Signature

5. For Office Use Only
In-Person Verification (IPV) carried out by*

IPV Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	<input type="text"/>
Emp. Name	<input type="text"/>			<input type="text"/>
Emp. Code	<input type="text"/>			<input type="text"/>
Emp. Designation	<input type="text"/>			<input type="text"/>

Employee Signature & Stamp

Intermediary details*

- Self-certified documents received (Originals verified)
- True Copies of documents received (Attested)

 Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp

Ultimate Beneficial Ownership Declaration ('UBO') / Controlling Persons

1. Investor's Details

Name	<input type="text"/>			
PAN	<input type="text"/>			
Constitution	<input type="checkbox"/> Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Unincorporated Association / Body of Individuals	<input type="checkbox"/> Others	<input type="text"/> Please Specify		

2. Company Type (If 'Company' is Selected Under Constitution)

<input type="checkbox"/> a) Company listed on recognized Stock Exchange	<input type="checkbox"/> b) Subsidiary of Listed Stock Exchange
<input type="checkbox"/> c) Company controlled by Listed Company	<input type="checkbox"/> d) Unlisted Company

In case 'Company Type' selected is any one of a, b or c then please provide details of Listed Company.

Name	<input type="text"/>			
ISIN No.	<input type="text"/>			
Stock Exchange(s) where listed:	<input type="checkbox"/> NSE	<input type="checkbox"/> BSE	<input type="checkbox"/> Other	<input type="text"/> Please Specify

3. UBO / Controlling Person(s) Details

This section is to be filled in if, Constitution is other than 'Company' and if option 'd' selected under Company type.

<input type="checkbox"/> a) Company has individual(s) holding or entitled to more than 10% of share capital or profit
<input type="checkbox"/> b) Entity (not being a Company) has individual(s) holding or entitled to more than 15% of share capital or profit
<input type="checkbox"/> c) If no individual under 'a' and 'b' above then individual(s) holding Senior Managing Official ('SMO')

Particulars	UBO-1 / SMO	UBO-2	UBO-3	
First Name				
Middle Name				
Surname				
Father's First Name				
Father's Surname				
UBO/SMO'S PAN				
Place & Country of Birth				
Nationality				
Date of Birth	(DD/MM/YYYY)	(DD/MM/YYYY)	(DD/MM/YYYY)	
Permanent Address: Line 1				
Permanent Address: Line 2				
City & State				
Pin-code				
Correspondence Address	<input type="checkbox"/> Same as Permanent	<input type="checkbox"/> Same as Permanent	<input type="checkbox"/> Same as Permanent	
If not same:	Line 1			
	Line 2			
City & State				
Pin-code				
E-mail ID				
Mobile No.				
KYC Complied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

I/We acknowledge and confirm that the information provided above is true and not misleading to our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading or misrepresenting, I/we am/are aware that I/we may be liable for it including any penalty levied by the statutory/legal/ regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/ RTA/other registered intermediaries can make reliance on the same. I/ We hereby authorise you to disclose, share, rely remit in any form, mode or manner, all/ any of the information provided by me, including all changes, updates to such information as and when provided by me to any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ We authorise to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/tax authorities.

Name			
Designation			
Signatures	F7	S5	T5

INSTRUCTIONS ON ULTIMATE BENEFICIAL OWNER/CONTROLLING PERSONS

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs / UBOS. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- i. (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership.
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- ii. In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- iii. Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies/foreign investors:

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements:

Beneficial Owner(s) / Senior Managing Official (SMO) is / are required to comply with the prescribed KYC process as stipulated by the SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s)/SMO(s).

Additional Details for Opening Demat Account

Please fill the form in English and in BLOCK LETTERS. Fields marked * are mandatory

Demat Account ID

Trading Account code

Scheme Opted Standard Super Saver Lifetime No AMC Economy Gold

POA Account Yes No *(If yes, please ensure SMS alert facility is opted for)*

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

Account Holder Details

We request you to open account in our name as per following details

Both Trading and Demat Account Only Trading Account Only Demat Account

First Holder Name PAN

Second Holder Name PAN

Third Holder Name PAN

Additional KYC Details - First Holder

Registered with KYC Registration Agency (KRA) Yes No

If yes, please tick appropriate KRA CVL NDML Dotex CAMS Karvy

KYC Details same as per that registered with KRA Yes No

Gross Annual Income Upto ₹1 Lakh ₹1-5 Lakh ₹5-10 Lakh ₹10-25 Lakh ₹25 Lakh - 1 Cr >₹1 Cr

Net-worth (₹) as on D D M M Y Y Y Y *(Not older than 1 year)*

Nature of Business

Registered in* Indian Others Please Specify

Additional KYC Details - Second Holder

Registered with KYC Registration Agency (KRA) Yes No

If yes, please tick appropriate KRA CVL NDML Dotex CAMS Karvy

KYC Details same as per that registered with KRA Yes No

Gross Annual Income Upto ₹1 Lakh ₹1-5 Lakh ₹5-10 Lakh ₹10-25 Lakh ₹25 Lakh - 1 Cr >₹1 Cr

Net-worth (₹) as on D D M M Y Y Y Y *(Not older than 1 year)*

Nature of Business

Registered in* Indian Others Please Specify

Additional KYC Details - Third Holder

Registered with KYC Registration Agency (KRA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No												
If yes, please tick appropriate KRA	<input type="checkbox"/> CVL	<input type="checkbox"/> NDML	<input type="checkbox"/> Dotex	<input type="checkbox"/> CAMS	<input type="checkbox"/> Karvy									
KYC Details same as per that registered with KRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No												
Gross Annual Income	<input type="checkbox"/> Upto ₹1 Lakh	<input type="checkbox"/> ₹1-5 Lakh	<input type="checkbox"/> ₹5-10 Lakh	<input type="checkbox"/> ₹10-25 Lakh	<input type="checkbox"/> ₹25 Lakh - 1 Cr	<input type="checkbox"/> >₹1 Cr								
Net-worth (₹)				as on	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>M</td><td>M</td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	(Not older than 1 year)
D	D													
M	M													
Y	Y													
Y	Y													
Nature of Business														
Registered in*	<input type="checkbox"/> Indian	<input type="checkbox"/> Others	Please Specify											

#KRA-KYC Registering Agency. Please submit duly filled KRA-KYC application form if applicant has not registered his KYC with any KRA before. If any KYC details registered with KRA has changed, then please submit fresh KRA-KYC Form with relevant proofs wherever required. *Mandatory fields

Registration Details (CM/FIs/FIIs/Banks/OCBs to fill whichever is applicable)

SEBI Registration Number				Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>M</td><td>M</td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D												
M	M												
Y	Y												
Y	Y												
RBI Registration Number				Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>M</td><td>M</td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D												
M	M												
Y	Y												
Y	Y												

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange			
Name of CC/CH			
Clearing Member ID	<input type="text"/>	Trading Member ID	<input type="text"/>

GST Registration Details

GST Registration	<input type="text"/>
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Bank Details*

I/we wish to receive Dividend / Interest directly in to my/our Bank Account mentioned below through ECS (If not marked, default option would be 'Yes')

 Yes

 No

Bank Name	<input type="text"/>		
Branch Name	<input type="text"/>		
Bank Branch Address	<input type="text"/>		
MICR Code (9 Digit) #	<input type="text"/>		
IFSC Code (11 Characters) #	<input type="text"/>		
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> Other
Account Number	<input type="text"/>		

Attach Proof (Any one):

- (a) Original Cancelled Cheque having name of the account holder
- (b) Copy of Bank Statement/Passbook bearing name & address of the account holder and MICR/IFSC of Bank Branch.
- (c) Letter from Bank confirming the details of account holder and MICR/IFSC of Bank Branch.

	Mobile belongs to*		E-mail ID belongs to*	
First Holder	Name of Person		Name of Person	
	<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Director / Promoter	<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Director / Promoter
	<input type="checkbox"/> Karta of HUF	<input type="checkbox"/> Partner	<input type="checkbox"/> Karta of HUF	<input type="checkbox"/> Partner
	<input type="checkbox"/> Trustee	<input type="checkbox"/> Others	<input type="checkbox"/> Trustee	<input type="checkbox"/> Others
Please Specify		Please Specify		
Second Holder	Name of Person		Name of Person	
	<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Director / Promoter	<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Director / Promoter
	<input type="checkbox"/> Karta of HUF	<input type="checkbox"/> Partner	<input type="checkbox"/> Karta of HUF	<input type="checkbox"/> Partner
	<input type="checkbox"/> Trustee	<input type="checkbox"/> Others	<input type="checkbox"/> Trustee	<input type="checkbox"/> Others
Please Specify		Please Specify		
Third Holder	Name of Person		Name of Person	
	<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Director / Promoter	<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Director / Promoter
	<input type="checkbox"/> Karta of HUF	<input type="checkbox"/> Partner	<input type="checkbox"/> Karta of HUF	<input type="checkbox"/> Partner
	<input type="checkbox"/> Trustee	<input type="checkbox"/> Others	<input type="checkbox"/> Trustee	<input type="checkbox"/> Others
Please Specify		Please Specify		

Sub-Broker Name

SEBI Registration No. NSE IN23

BSE INS01

Past Actions*

Details of any action/proceedings initiated/pending/taken by SEBI/Stock Exchange/any other authority against the applicant / or its Promoters / Whole-time Directors / Partners / Karta / Trustees / Authorised Persons in charge of dealing in securities during last 3 years

 No action/proceedings against us/related persons during last 3 years

 Yes, the details of actions/proceedings during last 3 years are attached herewith (Please provide details on separate sheet)

Introducer Details
Name of Introducer

Status
 Sub-Broker

 Authorised person

 Remiser

 Existing Client

 Employee

 Others

Please Specify

Address

Signature of Introducer

Demat Account Details

(To be filled only if demat account in the name of entity is to be opened with this application form)

A. Account Option

Statement Requirement

Daily Weekly Fortnightly Monthly As per the SEBI Regulation

Receipt of Annual Reports from RTA/Company Physical Electronic Both Physical & Electronic
(Default option would be "Physical")

We wish to share the E-mail ID with RTA/Company (Default value would be "Yes" if opted for Electronic Annual Reports above) Yes No

We wish to receive debit/credit information in our demat account directly from depository at the E-mail ID & Mobile number as mentioned in KYC Form (Default option would be "Yes") Yes No

We wish to instruct DP to accept all pledge instructions in our account without any further instruction from our end (Default option would be "No") Yes No

We wish to receive Dividend/Interest directly into our bank account mentioned above through ECS (Default option would be "Yes") Yes No

We instruct the DP to receive each and every credit in our account (Default option would be "Yes") Yes No

We request CDSL and DP to send Electronic Transaction cum Holding Statement and all DP related documents/information at the E-mail ID as specified in KYC Form (Default option would be "Yes") Yes No

Registration for EASI facility at E-mail ID as specified in KYC Form of 1st/Sole Holder (Default option would be "Yes") (For more information, please refer to Booklet 2)

(EASI allows a BO to view his ISIN balances, transactions & value of portfolio online at CDSL's website www.cdslindia.com) Yes No

SMS Alert Facility at Mobile Number as specified in KYC Form of 1st/Sole Holder (Mandatory if you are giving Power of Attorney to CM/3rd party) (Please sign terms & conditions given on page 26) Yes No

We wish to receive Consolidated Account Statement (CAS) from Depository (CAS gives a consolidated view of all investments of an investor across demat accounts at CDSL & NSDL and mutual fund units held with MF-RTA /AMCs.) Yes No

B. Option For Issuance of DIS (Tick any one of the option)

I/We do not require Delivery Instruction Slip (DIS) booklet for the time being, since I/we have issued a Demat Debit & Pledge Instruction (DDPI) / Power of Attorney (POA) / registered for e-DIS / executed PMS agreement in favour of / with _____ (name of the Attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades (settlement related transactions). However, the DIS booklet should be issued to me / us immediately on my / our request at any later date.

I/We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our Demat account though I / we have issued a Demat Debit & Pledge Instruction (DDPI) / Power of Attorney (POA) / registered for e-DIS / executed PMS agreement in favour of / with _____ (name of the Attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades (settlement related transactions).

We have received and read the Rights & Obligations document, Risk Disclosure document, Policies & Procedures, Tariff Sheet and Terms & Conditions and agree to abide by and be bound by the Bye-laws that are in force from time to time. We declare that the particulars given by us above are true & to the best of our knowledge as on the date of making this application. We agree and undertake to intimate the DP/Member any changes in the details / particulars mentioned by us in this form. We further agree that any false/misleading information given by us or suppression of any material information will render our account liable for termination and suitable action. We have also been informed that the standard set of documents has been displayed for information on PL's website and the same is made available to me.

First/Sole Holder

Second Holder

Third Holder

Name

Signatures*

F8

S6

T6

Note: To be signed by Authorised Signatory/ies under Rubber Stamp and not by Power of Attorney Holder

Demat Debit And Pledge Instruction

Voluntary
UCC/Trading Account code
Demat Account ID 1 2 0 1 1 3 0 0 0

First Holder Name
Second Holder Name
Third Holder Name

I/We, the undersigned Beneficial Owner(s), do hereby appoint Prabhudas Lilladher Pvt. Ltd. (PLPL) to exercise the following powers and authorities on my behalf:

Sr. No.	Purpose	Signature of 1st holder	Signature of 2nd holder	Signature of 3rd holder
1	Transfer of securities held in my beneficial owner account towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by me on the Stock Exchange through you			
2	Pledging/re-pledging of securities in your favour for the purpose of meeting my margin requirements in connection with the trades executed by me on the			
3	Mutual Fund transactions being executed on Stock Exchange order entry platforms			
4	Tendering shares in open offers through Stock Exchange platforms			

(a) Put full signature in each box separately (b) In case of demat a/c with joint holders, all holders must sign in the respective boxes (c) Non-Individual account holders to sign under entity rubber-stamp

In connection with the instructions PLPL may debit or transfer securities for the purpose of delivering the same to the clearing house of the respective Stock Exchange(s) directly or through PLPL's (Trading Member) Pool Account towards any segment in respect of securities sold by me/ us through PLPL. PLPL may from time to time open such other demat accounts in addition to the account numbers mentioned below in **Annexure A**, for the above purpose from time to time. In case of any change in the below account numbers, PLPL is authorised to transfer the securities to the new account number(s) with prior intimation to me/ us regarding such change(s).

ANNEXURE – A

1	1201130000000023	To meet client's BSE Delivery Obligation in Cash Segment
2	1201130000003915	To meet client's NSE Delivery Obligation in Cash Segment
3	1201130000230054	To meet client's BSE Delivery Obligation in SLB Segment
4	1201130000230035	To meet client's NSE Delivery Obligation in SLB Segment
5	1201130000961993	To be used as Client Securities Margin Funding Account (BSE)
6	1201130000962015	To be used as Client Securities Margin Funding Account (NSE)
7	1201130000962021	To be used as Clients Securities Margin Pledge Account
8	1201130000962000	To be used as Clients Securities Margin Pledge Account
9	IN30386810000203	To be used as Clients Securities Margin Pledge Account

This authorisation shall be valid until I/we revoke the same by a written communication to your DP & Securities Division at Mumbai.

Execution Date: D D M M Y Y Y Y

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Confirmation Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) - Non-Individual Account

FATCA- CRS Terms & Conditions

Towards compliance with tax information sharing laws, such as FATCA & CRS, we would be required to seek additional personal tax & beneficial ownership information & certain certification/documentation from our account holders. Such information may either be sought at the time of account opening or at any time subsequently. Under certain circumstances (including if we do not receive self-declaration from you), we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please consult your tax advisor. Should there be any change in the information provided by you, please ensure to inform us within 30 days of such a change.

Towards compliance with such laws, we may also be required to provide information to any institution 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 be constrained to withhold & pay out sums from your account or close or suspend your account(s).

FATCA-CRS Instructions

If you are a Citizen of the USA or a Resident or Green-Card Holder, please include USA in the Foreign Country information field along with your USA Tax Identification number. The provisions of FATCA are contained in the US Hire Act, 2010. It is mandatory to supply a TIN or a functional equivalent if the country in which you are a tax resident issues such an identification number. If no TIN is yet available or has not been issued, please provide an explanation in a separate attachment to this form.

We will not be responsible for any action taken by tax authorities if incorrect/ incomplete information is shared by you.

	First/ Sole/ Minor's Guardian		Second Holder		Third Holder	
Name of Holder/s						
Place of Incorporation						
Country of Incorporation						
Are you a Tax-Resident of country other than India?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, country of jurisdiction of Tax-Residency						
Tax Identification No. (TIN) issued by country						
Tax Identification Type						
Address in Tax Resident Country						
Are any of your Director / Promoter / Signatory/ POA holder holding USA Residence or Citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your entity have a USA Beneficiary or USA shareholders with more than 10% ownership on vote or stock-value or partners owning more than 10% profit or capital interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have USA telephone no.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
USA residence/ mailing/ PO box address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay tax in the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold any identification no. in USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your PoA holder a citizen of USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

We have understood the information requirements of this form (read along with FATCA-CRS instructions) and hereby confirm that the information provided by me/us on this declaration form & on KYC form is true, correct, and complete. We have read and understood the FATCA-CRS terms and conditions and hereby accept the same.

First/Sole Holder	Second Holder	Third Holder
Signature	F13	S11
		T11

(All signatures to be made under Entity's Rubber-stamp)

Most Important Terms and Conditions (MITC)

(For Non-Custodial Settled Trading Accounts)

1. Your trading account has a "Unique Client Code" (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker's website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker's Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favour of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email ID and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

	First/Sole Holder or Guardian (In case of Minor)	Second Holder	Third Holder
Name			
Signatures*	F14	S12	T12

Minimum mandatory terms and conditions to clients (Research Service)

Prabhudas Lilladher Private Limited shall disclose to the clients the terms and conditions of the research services offered including rights and obligations. Prabhudas Lilladher Private Limited shall ensure that neither any research service is rendered nor any fees is charged until consent is received from client on the terms and conditions.

1. Availing the research services: By accepting delivery of the research service, the client confirms that he/she has elected to subscribe the research service of the Prabhudas Lilladher Private Limited at his/her sole discretion. Prabhudas Lilladher Private Limited confirms that research services shall be rendered in accordance with the applicable provisions of the Research Analyst (RA) Regulations.

2. Obligations on RA: Prabhudas Lilladher Private Limited and client shall be bound by SEBI Act and all the applicable rules and regulations of SEBI, including the RA Regulations and relevant notifications of Government, as may be in force, from time to time.

3. Client Information and KYC: The client shall furnish all such details in full as may be required by the Prabhudas Lilladher Private Limited in its standard form with supporting details, if required, as may be made mandatory by RAASB/SEBI from time to time. Prabhudas Lilladher Private Limited shall collect, store, upload and check KYC records of the clients with KYC Registration Agency (KRA) as specified by SEBI from time to time.

4. Standard Terms of Service: "I / We have read and understood the terms and conditions applicable to a research analyst as defined under regulation 2(1)(u) of the SEBI (Research Analyst) Regulations, 2014, including the fee structure.

I/We are subscribing to the research services for our own benefits and consumption, and any reliance placed on the research report provided by research analyst shall be as per our own judgement and assessment of the conclusions contained in the research report.

I/We understand that –

- i. Any investment made based on the recommendations in the research report are subject to market risk.
- ii. Recommendations in the research report do not provide any assurance of returns.
- iii. There is no recourse to claim any losses incurred on the investments made based on the recommendations in the research report."

Declaration of the Prabhudas Lilladher Private Limited (RA) that:

- i. It is duly registered with SEBI as an RA pursuant to the SEBI (Research Analysts) Regulations, 2014 and its registration details are: (registration number: INH00000271, registration date: January 17, 2023);
- ii. It has registration and qualifications required to render the services contemplated under the RA Regulations, and the same are valid and subsisting;
- iii. Research analyst services provided by it do not conflict with or violate any provision of law, rule or regulation, contract, or other instrument to which it is a party or to which any of its property is or may be subject;
- iv. The maximum fee that may be charged by Prabhudas Lilladher Private Limited as RA is ₹1.51 lakhs per annum per family of client.
- v. The recommendations provided by Prabhudas Lilladher Private Limited do not provide any assurance of returns.

5. Consideration and mode of payment: The client shall duly pay to Prabhudas Lilladher Private Limited, the agreed fees for the services that Prabhudas Lilladher Private Limited renders to the client and statutory charges, as applicable. Such fees and statutory charges shall be payable through the specified manner and mode(s)/ mechanism(s). Agreed fees: NIL

Prabhudas Lilladher Private Limited shall disclose to the clients the terms and conditions of the research services offered including rights and obligations. Prabhudas Lilladher Private Limited shall ensure that neither any research service is rendered nor any fees is charged until consent is received from client on the terms and conditions.

6. Risk factors: Risk of loss in trading/investment can be substantial and even more than the amount / margin given by you. Investment in securities market are subject to market risks, you are requested to read all the related documents carefully before investing. You should carefully consider whether trading/investment is appropriate for you in light of your experience, objectives,

financial resources and other relevant circumstances. Prabhudas Lilladher Private Limited and any of its employees, directors, associates, group entities, or affiliates shall not be liable for losses, if any, incurred by you. You are further cautioned that trading/investments in financial markets are subject to market risks and are advised to seek independent third party trading/investment advice outside _ Prabhudas Lilladher Private Limited /group/associates/affiliates/director's/ employees before and during your trading/investment. There is no guarantee/assurance as to returns or profits or capital protection or appreciation. Prabhudas Lilladher Private Limited and any of its employees, directors, associates, and/or employees, directors, associates of Prabhudas Lilladher Private Limited 's group entities or affiliates is not inducing you for trading/investing in the financial market(s). Trading/Investment decision is your sole responsibility. You must also read the Risk Disclosure Document and Do's and Don'ts before investing. Investments in securities market are subject to market risks, read all the related documents carefully before investing. SEBI has also informed the Risk Disclosure here and here Derivatives are a sophisticated investment device. The investor is requested to take into consideration all the risk factors before actually trading in derivative contracts. Certain transactions -including those involving futures, options and other derivatives involve substantial risk and are not suitable for all investors. The investor is requested to take into consideration all the risk factors including their financial condition, suitability to risk return profile and the like and take professional advice before investing

7. Conflict of interest: The Prabhudas Lilladher Private Limited shall adhere to the applicable regulations/ circulars/ directions specified by SEBI from time to time in relation to disclosure and mitigation of any actual or potential conflict of interest.

8. Termination of service and refund of fees: Prabhudas Lilladher Private Limited may suspend or terminate rendering of research services to client on account of suspension/ cancellation of registration of Prabhudas Lilladher Private Limited by SEBI and shall refund the residual amount to the client. In case of suspension of certificate of registration of the Prabhudas Lilladher Private Limited for more than 60 (sixty) days or cancellation of the Prabhudas Lilladher Private Limited registration, Prabhudas Lilladher Private Limited shall refund the fees, on a pro rata basis for the period from the effective date of cancellation/ suspension to end of the subscription period.

9. Grievance redressal and dispute resolution: Any grievance related to:

- i. nonreceipt of research report or
- ii. missing pages or inability to download the entire report, or
- iii. any other deficiency in the research services provided by Prabhudas Lilladher Private Limited, shall be escalated promptly by the client to the person/employee designated by Prabhudas Lilladher Private Limited, in this behalf (grievance-br@plindia.com)

The Prabhudas Lilladher Private Limited shall be responsible to resolve grievances within 7 (seven) business working days or such timelines as may be specified by SEBI under the RA Regulations.

Prabhudas Lilladher Private Limited shall redress grievances of the client in a timely and transparent manner.

Any dispute between the Prabhudas Lilladher Private Limited and his client may be resolved through arbitration or through any other modes or mechanism as specified by SEBI from time to time.

10. Additional clauses: All additional voluntary clauses added by the Prabhudas Lilladher Private Limited should not be in contravention with rules/ regulations/ circulars of SEBI. Any changes in such voluntary clauses/document(s) shall be preceded by a notice of 15 days.

11. Mandatory notice: Clients shall be requested to go through Do's and Don'ts while dealing with Prabhudas Lilladher Private Limited as specified in SEBI master circular no. SEBI/HO/MIRSD-POD1/P/CIR/2024/49 dated May 21, 2024 or as may be specified by SEBI from time to time.

"The terms and conditions and the consent thereon are for the research services provided by the Prabhudas Lilladher Private Limited and Prabhudas Lilladher Private Limited cannot execute/ carry out any trade (purchase/sell transaction) on behalf of the client. Thus, you are advised not to permit Prabhudas Lilladher Private Limited to execute any trade on your behalf."

Most Important Terms and Conditions (MITC)

1. These terms and conditions, and consent thereon are for the research services provided by the Prabhudas Lilladher Private Limited and Prabhudas Lilladher Private Limited cannot execute/carry out any trade (purchase/sell transaction) on behalf of, the client. Thus, the clients are advised not to permit RA to execute any trade on their behalf.

2. The fee charged by Prabhudas Lilladher Private Limited to the client will be subject to the maximum of amount prescribed by SEBI/ Research Analyst Administration and Supervisory Body (RAASB) from time to time (applicable only for Individual and HUF Clients).

Note:

2.1. The current fee limit is Rs 1,51,000/- per annum per family of client for all research services of the RA.

2.2. The fee limit does not include statutory charges.

2.3. The fee limits do not apply to a non-individual client / accredited investor.

3. Prabhudas Lilladher Private Limited may charge fees in advance if agreed by the client. Such advance shall not exceed the period stipulated by SEBI; presently it is one year. In case of pre-mature termination of the RA services by either the client or the RA, the client shall be entitled to seek refund of proportionate fees only for unexpired period.

4. Fees to Prabhudas Lilladher Private Limited may be paid by the client through any of the specified modes like cheque, online bank transfer, UPI, etc. Cash payment is not allowed. Optionally the client can make payments through Centralized Fee Collection Mechanism (CeFCoM) managed by BSE Limited (i.e. currently recognized RAASB).

5. The Prabhudas Lilladher Private Limited is required to abide by the applicable regulations/ circulars/ directions specified by SEBI and RAASB from time to time in relation to disclosure and mitigation of any actual or potential conflict of interest. The Prabhudas Lilladher Private Limited will endeavor to promptly inform the client of any conflict of interest that may affect the services being rendered to the client.

6. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. No scheme of this nature shall be offered to the client by the Prabhudas Lilladher Private Limited.

7. The Prabhudas Lilladher Private Limited cannot guarantee returns, profits, accuracy, or risk-free investments from the use of the RA's research services. All opinions, projections, estimates of the Prabhudas Lilladher Private Limited are based on the analysis of available data under certain assumptions as of the date of preparation/publication of research report.

8. Any investment made based on recommendations in research reports are subject to market risks, and recommendations do not provide any assurance of returns. There is no recourse to claim any losses incurred on the investments made based on the recommendations in the research report. Any reliance placed on the research report provided by the Prabhudas Lilladher Private Limited shall be as per the client's own judgement and assessment of the conclusions contained in the research report.

9. The SEBI registration, Enlistment with RAASB, and NISM certification do not guarantee the performance of the Prabhudas Lilladher Private Limited or assure any returns to the client.

10. For any grievances,

Step 1: The client should first contact the Prabhudas Lilladher Private Limited using the details on its website or following contact details:

- Client account queries & information: customerconnect@plindia.com
- Compliance Officer/Client Grievances: grievance-br@plindia.com

Step 2: If the resolution is unsatisfactory, the client can also lodge grievances through SEBI's SCORES platform at www.scores.sebi.gov.in

Step 3: The client may also consider the Online Dispute Resolution (ODR) through the Smart ODR portal at <https://smartodr.in/>

11. Clients are required to keep contact details, including email id and mobile number/s updated with the RA at all times.

12. The RA shall never ask for the client's login credentials and OTPs for the client's Trading Account Demat Account and Bank Account. Never share such information with anyone including Prabhudas Lilladher Private Limited.

Policy for Handling Good Till Date Orders

Background:

Exchanges vide it's circular NSE/INSP/62528 dated June 21, 2024 and 20240622-2 dated June 22, 2024 pertaining to 'Policy on Handling of Good Till Cancelled Orders offered by Members to Clients' mandated trading members to formulate a policy in case they offer "Good Till Cancelled" / "Good Till Triggered" orders or orders of similar type.

Scope:

The Exchanges have stated that the policy shall include –

- Details of Good Till Cancelled/Good Till Triggered/orders of similar type provided by member including its validity.
- Manner of handling of such orders in case of corporate actions (e.g. cancellation, price reseat, retaining, etc. for the unexecuted orders).
- Provide timeline within which the member shall intimate their clients about details of upcoming corporate actions applicable for such unexecuted orders of clients, which shall not be later than one day prior to the ex-date of the corporate action.

Details of Good Till Cancelled/Good Till Triggered/orders –

- a. Prabhudas Liladhar Pvt. Ltd. (PL) enables it's clients to place "Good Till Date" (GTD) orders.
- b. The facility for placing a GTD order is available in Equity Cash segment and delivery product.
- c. All existing and new clients of PL who are eligible to trade in Equity Cash product can use GTD facility for order placement.
- d. Client can specify disclosed quantity while placing cash orders with GTD order validity.
- e. GTD orders can only be placed by specifying a limit price. GTD orders cannot be placed at market price.
- f. GTD orders can be placed during the pre-open session for all scrips, however only orders in scrips that are pre-open enabled would be sent to exchange during the pre-open session.
- g. Orders in all other scrips not enabled for pre-open session would be treated as overnight orders and sent to exchange during normal trading session.
- h. Client shall ensure that necessary funds/margins are available to place GTD orders in their account for the unexecuted quantity of the order. RMS will validate the limits available then the order is pushed to exchange. If the order is rejected due to no availability of limit then order gets rejected with reason. Same order is repushed to exchange on next trading day till the order validity date.
- i. "Order Validity Date" means the date entered by the client while placing GTD orders. This date shall be equal to or less than the maximum validity date defined by PL which would appear as the default "Order Validity Date". Client can choose the GTD order validity date as less than or equal to the maximum validity date defined by PL. Client shall not be allowed to place orders with GTD validity beyond maximum defined validity date.
- j. In case the GTD order validity date falls on a non trading day, the order is expired by PL on the last trading day which falls prior to such order valid date which is a non trading day.
- k. Once a client has placed a GTD order, PL will place orders for the unexecuted quantity of the GTD order for all the days during the validity period or till the quantity is fully executed or cancelled or rejected due to any reason. Client may login only to check the status of such orders.
- l. For the unexecuted quantity orders shall be placed daily as overnight orders during the validity period, i.e. until the order validity date is less than or equal to the next trade date provided such GTD order remains unexecuted and is not cancelled, nor rejected due to any reason. The orders would be placed on these dates provided they are trading days.
- m. Orders with GTD validity can be placed both during the market hours as well as post market hours.
- n. GTD orders can be placed over Call N Trade.
- o. Clients can modify the quantity or limit price of a GTD order clients can modify the order only when the order is in 'Ordered status' (during market hours) or 'Requested status' (after market hours).
- p. All GTD orders can be cancelled.
- q. Stoploss orders can also be placed with GTD validity.

Handling of GTD orders in case of corporate actions:

Post Corporate Action, GTD orders will be validated against DPR (Daily Price Range) sent by the exchange. Before revalidating the order for next trading day (post corporate action), system will check for circuit limits and daily price range and would validate orders only within the circuit limit and daily price ranges.

The orders which would fail in circuit check and daily price range for next day pumping would be kept in system in "GTD Blocked" status for retry on subsequent trading day.

Updating Clients of upcoming Corporate Actions:

Clients shall review their GTD orders proactively whenever there may be an impact of corporate action on their order/s. It would be the onus of the client to take appropriate action to modify / cancel orders accordingly.

Policy Communication:

The said policy shall be made part of the Account Opening Form/Kit under heading "Policy on Handling of Good till Cancelled Orders of Client" of Policy and Procedures document and shall also be displayed on the PL website.

Policy Review:

The said policy shall be reviewed on an annual basis.

Bank Verification Letter

(Voluntary)

Date D D M M Y Y Y Y

To,
Prabhudas Lilladher Pvt. Ltd.
3rd floor, Sadhana House
570, P. B. Marg, Worli,
Mumbai 400 018.

This is to certify that Mr./Ms. /M/s. _____ (name of the client),
is holding a Savings / Current account no. _____ jointly
with _____ with our branch since _____. We further confirm
that the photograph herein bears true likeness to the identity of the above-mentioned person and that the address of the person is
as given below. The MICR Code of the branch is _____

Photograph (Bank Stamp across photograph)	Signature of the client	Address (Bank Stamp across address)

Name of Bank Manager

Employee Code

Attestation Date

D D M M Y Y Y Y

Signature

Stamp of the Bank and the Branch

Note:

1. As per SEBI circular dtd. 22nd August 2011, only Bank Manager is authorised to give attestation/verification. This letter will be rendered invalid if done by any other staff of the Bank.
2. Bank verification for joint BO Account holders may be provided in the same format as above.

Annexure For 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:

- "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act, 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
- DP' means Depository Participant of CDSL. The term 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 term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
- SMS means "Short Messaging Service"
- "Alerts" means a customised SMS sent to the BO over the said mobile phone number.
- "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

- 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.
- 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.
- In the 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.
- 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 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

- 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.
- 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.
- The BO also acknowledges that the readability, accuracy and timeliness of providing the service depends 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.
- 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.
- 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.
- **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 at complaints@cdslindia.co 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.**
- 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 users 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 of 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 authorise the DP to use the contact information (Email ID / Mobile no.) as provided in the KYC form of First/Sole holder for the purpose of Registration.

	First/Sole Holder or Guardian (In case of Minor)	Second Holder	Third Holder
Name			
Signatures*	F15	S13	T13
Date	D D	M M	Y Y Y Y
			Place

**Note: In the case of individual demat account, this document is to be signed by the Account holder and not by his or her POA Holder. In the case of non-individual demat account, this document is to be signed by the Authorised Signatory(ies) only.*

Registration Form Cum Consent Letter For EASI Facility

Electronic Access to Securities Information (EASI)

(To be filled only if BO OPTS for internet viewing facility)

Name of the Beneficial Owner/s

1.										
2.										
3.										

Beneficial Owner ID (to be filled by DP)

1	2	0	1	1	3	0	0	0					
---	---	---	---	---	---	---	---	---	--	--	--	--	--

User ID (Minimum 6 Characters)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First/Sole Holder's E-mail ID*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First/Sole Holder's Telephone No.*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First/Sole Holder's Mobile No.*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DP Name

PRABHUDAS LILLADHER PRIVATE LIMITED														
-------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DP ID

12011300														
----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DP Address

3rd Floor, Sadhana House, 570, P.B. Marg, Worli, Mumbai 400 018, Maharashtra, India														
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(*to be furnished mandatorily by the account holder)

1/ We would like to register to EASI service of CDSL. I/We are aware that EASI services are available to me / us which only enables me/us to view the security balances lying in the said accounts. **As "EASI" provides a facility to view, print / download account statement and transaction details, I / we opt not to receive Transaction cum Holding Statement henceforth in physical form.** I/We are aware that you shall send us physical statement of account at least once in a quarter. However, if statements are required by me / us in physical form at such intervals as specified by me, I / we agree to make payment of the necessary fees/charges, if any, as may be specified by you from time to time.

First/Sole Holder

Second Holder

Third Holder

Name

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--	--

Signatures*

F16

S14

T14

**Note: In the case of individual demat account, this document is to be signed by the Account holder and not by his or her POA Holder.*

In the case of non-individual demat account, this document is to be signed by the Authorised Signatory(ies) only.

***Mandatory Fields**

Terms and Conditions For EASI Registration

1. **Facilities through EASI** (Electronic Access to Securities Information) - EASI provides DP/RTA limited facility as compared to CDAS and services, which CDSL may decide to provide from time to time in its absolute discretion. The availability / non-availability of a particular service shall be advised either through email, website of CDSL or through written communication.
2. **Application:** The application for availing of the EASI service and the registration thereof shall be made in physical form (i.e., by a hard copy). The acceptance or acknowledgment of receipt of the application by CDSL does not automatically imply acceptance of the application for availing of the EASI service. CDSL shall be entitled at its sole discretion to either accept or reject an application. CDSL will from time to time advise about the Internet Software (such as Browser), required for using EASI. There will be no obligation on CDSL to support all versions of the Internet Software.

PART A - REGISTRATION PROCEDURE

- In order to get registered to Electronic Access to Securities Information a BO has to provide certain basic information like BO ID, Login ID, Email address, Telephone/Mobile Nos. etc. at Electronic Access to Securities Information.
- The Login ID as entered would be used by BO for accessing Electronic Access to Securities Information. The Login ID would be accepted if it is not already registered with Electronic Access to Securities Information.
- After filling up the necessary details at Electronic Access to Securities Information, BO has to print and sign the Registration Form. The registration form should be compulsorily signed by all the account holders.
- The Registration Form should be submitted to the Depository Participant (DP).
- If details and signatures on the Registration Form are found in order, the Login ID of the BO would be activated to access Electronic Access to Securities Information.
- On activation a password, would be generated for the Login ID. The password would be mailed to the Email ID of the BO as mentioned in the BO registration Form. For the purpose of security it is advised that BO should provide a secure Email ID which is accessed by him only. Do not provide Email ID which is accessed by any other person than the BO.
- On receiving password a BO can use Electronic Access to Securities Information facility by accessing the internet site <http://cdsliindia.com>. A BO is required to enter the Login ID and Password.
- A BO is required to enter the Login ID and Password.
- If a BO is logging into Electronic Access to Securities Information for the first time, he/she is required to change the password immediately.
- If a BO forgets the password for Electronic Access to Securities Information, BO can request for a change in the password by following the 'Forgot your Password procedure'. The existing contract would be valid after the Replacement/ change of password.
- BO is requested to take the following measures in order to make Electronic Access to Securities Information more secure and safe.
 - Change the password immediately after first login.
 - Do not use common/dictionary words for password.
 - Password should be minimum 8 digits containing alphanumeric characters.
 - Keep your password confidential, never reveal/share the same with anyone.
 - Do not write your password.
 - While entering the password for accessing Electronic Access to Securities Information make sure that no one can see the same.
 - Before moving to other website, logout from Electronic Access to Securities Information.
 - After accessing the Electronic Access to Securities Information immediately delete all files in the folder "C:\Windows\Temporary Internet Files".
 - BOs are advised to access Electronic Access to Securities Information from their own PC, third-party PCs may contain software to reveal the password. Change your password on regular intervals.

PART B - FACILITIES THROUGH EASI

Electronic Access to Securities Information provides a BO a facility to enquire about the balances in their Demat Account, details about transactions and other services, which CDSL may decide to provide from time to time in its absolute discretion. The availability /non-availability of a particular service shall be advised either through email, web page of CDSL or written communication.

PART C - EASI TERMS AND CONDITIONS

Definition: In this document, the following words and phrases have the meaning set opposite them unless the context indicates otherwise:

- **CDSL:** means Central Depository Services (India) Limited, a company incorporated under the Companies Act, 1956 and registered under the Depositories Act 1996 with Securities and Exchange Board of India.
- **Beneficiary Owner (BO)** Means an individual /corporate / HUF who has opened a Demat account with Depository Participants of CDSL.
- **Electronic Access to Securities Information (EASI):** refers to the trade name of CDSL's Internet Services which provides A DP/RTA ability to enquire about the balances in Demat Account, details about transactions and other services, which CDSL may decide to provide from time to time in its absolute discretion.
- **Internet:** refers to a Global network of interconnected Computers network, each using transmission control protocol standard network interconnection protocols as is used to transmit data that is directly or indirectly delivered to a computer.
- **Subscriber:** means a DP/RTA identified and registered as a subscriber to the Electronic Access to Securities Information service.
- **Personal Information:** refers to the information about the Demat Account that is stored on the records of CDSL and may be retrieved in perceivable form.

Application: The application for use of the EASI service and its registration thereof shall be made in physical form (i.e., by a hard copy). The acceptance or acknowledgment of receipt of the application by CDSL does not automatically imply acceptance of the application for use of the EASI. CDSL shall be entitled at its sole discretion to either accept or reject an application. CDSL will from time to time advise about the Internet Software (such as Browser), required for using EASI. There will be no obligation on CDSL to support all versions of the Internet Software.

Mailing Address: All correspondence / delivery by CDSL shall only be made at the address and / or e-mail address as registered with CDSL.

Liability: CDSL shall not be liable to BO for any transactions occurring through the use of Electronic Access to Securities Information services and the BO hereby fully indemnifies and holds CDSL harmless against any action, suit, proceeding initiated against it or any loss, cost or damage incurred by it as a result thereof. CDSL shall under no circumstance shall be liable to the user if the access is not available in the desired manner for reasons including but not limited to natural calamities, legal restraints, faults in the telecommunication network or network failure or any other reason beyond the control of CDSL. Under no circumstance shall CDSL be liable for damages whatsoever whether such damages are direct, indirect, incidental, consequential and irrespective whether any claim is based on loss of revenue, interruption of business, or any loss of any character or nature and whether sustained by the user or any other person. Illegal or improper use of the EASI service shall render the user liable for payment of financial charges as decided by CDSL and will result in suspension of access to the EASI service.

- Disclosure of Personal Information:** The BO agrees that CDSL or its agents may hold and process its Personal Information on computer or otherwise in connection with Electronic Access to Securities Information as well as for statistical analysis. The BO also agrees that CDSL may disclose, in strict confidence, to other institutions, such Personal Information as may be reasonably necessary for reasons inclusive of but not limited to the following:
 - To the DP where the BO is having its demat account
 - For participation in any telecommunication network
 - In compliance with a legal directive &
 - For fraud prevention purposes, etc.
- Proprietary Rights:** The BO acknowledges that the software underlying Electronic Access to Securities Information as well as other Internet related software required for accessing EASI is the legal property of the respective vendors. The permission given by CDSL to access EASI will not convey any proprietary or ownership rights in the above software. The BO shall not attempt to modify, translate, disassemble, decompile or reverse engineer the software underlying EASI or create any derivative product based on that software.
- Change of Terms and Conditions:** CDSL has the absolute discretion to amend or supplement any of the terms and conditions at any time and will endeavor to give prior notice of fifteen days wherever feasible for such changes. CDSL may introduce new services within Electronic Access to Securities Information from time to time. The existence and availability of the new services will be notified to the BO as and when they become available. The changed terms and conditions applicable to the new features in service shall be communicated to the BO. By using these new services, the BO agrees to be bound by the revised terms and conditions applicable.
- Non-Transferability:** The right of use of Electronic Access to Securities Information to a BO is not transferable under any circumstance and shall be used by the BO only.
- Termination of Electronic Access to Securities Information Service:** The BO may request for termination of the Electronic Access to Securities Information service any time by giving a written notice of at least 15 days to CDSL. CDSL may withdraw the EASI service anytime provided the BO is given reasonable notice under the circumstances. The closure of the BO Pool Accounts of the BO will automatically terminate the EASI service. CDSL may suspend or terminate EASI service without prior notice if the BO has breached any of the terms and conditions or CDSL learns of the death, bankruptcy or lack of legal capacity of the BO.
- Notices:** CDSL and the BO may give notices in the following manner under these Terms and Conditions:
 - In writing by delivering them by hand or by sending them by post to the last address given by the BO and in the case of CDSL to the address mentioned below: Central Depository Services (India) Ltd.(CDSL) Pheroze Jeejeebhoy Towers, 28th Floor, Dalal Street, Mumbai - 400 023.

First/Sole Holder

Second Holder

Third Holder

Name

Signatures*

F17

S15

T15

**Note: In the case of individual demat account, this document is to be signed by the Account holder and not by his or her Authorised Person or POA Holder.*

In the case of non-individual demat account, this document is to be signed by the Authorised Signatory(ies) only.

Information on Prevention of Money Laundering (PMLA)

Background:

In order to combat Money Laundering and Terrorist Financing in the securities and financial market, the Government of India has enacted the Prevention of Money Laundering (PMLA) Act, 2002 and the same was notified on July 1, 2005. In accordance with the said Act, each and every intermediary registered with the Securities and Exchange Board of India (SEBI) is required to comply with PMLA requirements.

Money Laundering:

Money laundering involves disguising financial assets so that they can be used without detection of the illegal activity that produced them. Through money laundering, the launderer transforms the monetary proceeds derived from criminal activity into funds with an apparently legal source. The laundered proceeds enter into the financial system through normal sources and intermediaries registered with SEBI may unwittingly get exposed to a potential criminal activity while undertaking its day-to-day business transactions.

Brief details of the PMLA policy:

Prabhudas Lilladher Pvt. Ltd. (PL) being an intermediary registered with SEBI as a stock broker, depository participant and portfolio manager has formulated a comprehensive PMLA policy to comply with anti-money laundering directives issued by SEBI. Adherence with this policy will prevent PL from being used as a medium, intentionally or unintentionally, for effecting money laundering activities. Brief details of the said policy are mentioned below:

- **Client Acceptance Procedure:** Every account of a client shall be opened only after proper due diligence of the client is effected by verifying the Know Your Client (KYC) documents as prescribed by SEBI/BSE/NSE/MCX-SX/ CDSL and after carrying out in-person verification. In this regard, the Client is required to submit the KYC application form along with self-attested copies of following documents:

- PAN card
- Proof of identity (POI) and Proof of address (POA)
- Financial details (viz. annual income and net worth)
- Details of political exposure

At the time of account opening, Clients are required to furnish original documents for the purpose of verification. It is pertinent to note that the Clients are expected to update their financial details frequently and at least on annual basis. In case of non-individual clients (viz. Corporate, Partnership Firm, Trust, Hindu Undivided Family, Society, etc., in addition to the aforesaid, copy of PAN card, POI and POA of Promoters, Directors, Partners, Trustees, Karta, Members, etc. to be submitted.

- **Client Due Diligence (CDD):** PL shall obtain sufficient information from the clients in order to identify the person who beneficially owns and controls accounts. Precaution shall also be taken that no account is opened in a fictitious / benami name or on an anonymous basis. No account shall be opened where PL is unable to apply appropriate CDD measures/KYC norms.
- **Categorisation of clients:** PL shall accept clients based on the risk the clients are likely to pose. For this purpose, PL shall categorise the clients under low-risk, medium-risk and high-risk category based on appropriate CDD process.
- **Record keeping and retention of records:** All the documents submitted by the clients at the time of account opening and subsequent thereof will be preserved for a period of 10 years after closure of the account.
- **Monitoring and reporting of suspicious transactions:** PL shall monitor all the transactions executed by its clients. If PL finds any irregularity in the transactions, it shall seek an explanation from the client in this regard. The transaction and explanation given by the Client will be analysed by the Principal Officer. If the Principal Officer decides that the transactions should be reported to Financial Intelligence Unit - India (FIU-IND) then the same will be reported to FIU-IND. If the Principal Officer decides not to report the transactions, the reasons for non-reporting will be recorded in writing and the same will be documented. Reporting of such transactions to FIU- IND is kept as confidential and the Client is not made aware about the same.
- (Please Refer- <http://fiuindia.gov.in/pmla2002.htm> Please refer to SEBI Master Circular on Anti Money laundering Standards (AML)/Combating Financing of Terrorism (CFT) obligations of securities market intermediaries under the Prevention of Anti-Money Laundering Act, 2002 and rules framed thereunder dated 31st December 2010. http://www.sebi.gov.in/cms/sebi_data/attachdocs/1295933371907.pdf)
- **Details of Principal Officer:** Ms. Jaishri Rohra, Vice President & Compliance Officer

Voluntary information to be provided by a BO in relation to the PMLA:

BO ID

Details of Corporate / Partnership Firm / Trust etc., where the BO is affiliated

Sr. No.	Name	Entity Type	Nature of Business	Relationship	PAN
1					
2					
3					
4					
5					

I / We confirm that I / We will invest in Securities with:

- Own Funds
- Borrowed Funds from Banks/NBFC
- Borrowed Funds from Others
- Others, please specify Please Specify

I/We, undertake that I/We shall submit a certificate / Opinion Report from the Banker / Financial institution confirming that there has been no default in my/our account, if required by PL at any time in the future.

I/We hereby declare that I/We are beneficial owner of the Demat account opened with PL. I/We hereby declare that I/We are not doing any benami transactions in my/ our account. I/We understand that in case of any cash / suspicious / benami transactions being observed in my/our account, the same may be reported to Director FIU, New Delhi under the Prevention of Money Laundering Act by PL and that any enquiries or penalties by any regulatory authority, shall be borne by me/us.



Signature of the client*

**Note: In the case of individual demat account, this document is to be signed by the Account holder and not by his or her POA Holder.*

In the case of non- individual demat account, this document is to be signed by the Authorised Signatory(ies) only.

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Rights and Obligations of Beneficial Owner and Depository Participant as Prescribed by the SEBI and Depositories

To be Retained by BO

General Clause

- 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.
- 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 the SEBI from time to time.

Beneficial Owner Information

- 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.
- 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

- The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialised 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"
- 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.
- 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.

Dematerialisation

- 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

- 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 dematerialised form.
- 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 dematerialisation 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

- 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 authorised by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorisations.
- 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

- 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.
- 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.
- 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 physical form.

- 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

- 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 rematerialise the security balances held.
- Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialise 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

- 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.
- 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

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

- 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.
- 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

- 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.

Authorised representative

- 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 authorised 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

- 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/notifications issued there under or Rules and Regulations of SEBI.
- The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars / notices issued by the 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.
- 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.
- 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 Bye-Laws Rules, and Regulations and circulars/notifications issued there under by the depository and/or SEBI
- 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.
- 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.

Useful Do's / Don'ts For The Clients

Non-Mandatory Documents

Based on our long working experience as a Stockbroker & Depository Participant, we are of the strong view that if a BO takes few precautions to safeguard his securities, unforeseen & undesirable situations may be avoided. We request you to meticulously follow the below mentioned instructions to avoid problems at a later stage.

DO'S

- Do ensure to receive a Transaction cum holding statement of your BO a/c every month if you have done any transaction during the month and once a quarter if there has been no transactions in your DP a/c. Please ensure that your holding and transaction statement is received and reconciled periodically. In case of any discrepancy, contact our DP Team immediately for clarification.
- Do contact our CR team at 022-66322365 or clients@plindia.com for any trade related queries and contact at grievance-br@plindia.com for your grievance for broking services, if any.
- Do contact our DP Team for queries / clarifications / grievances at 022-66322456 Fax No.: 022-66322459; E mail: grievance-dp@plindia.com
- Do login at www.cdsindia.com to avail EASI facility of your DP a/c within 90 days from date of account opening failing which your EASI User ID will be cancelled by CDSL. Details of EASI User ID is available in our DP Welcome Letter while password would be received by you from CDSL directly at your e-mail ID registered with us at the time of account opening. (EASI facility is provided by your depository, CDSL, at their website whereby you can view transactions & holdings in your DP account through the Internet 24x7.)
- Do ensure that a complete & correct address is provided to us so as to avoid return of documents. Any change in your Correspondence / Permanent Address, Telephone / Mobile number, E-mail ID, Bank details etc. must be intimated to our DP Team immediately with modification form & relevant proofs. All documents including Delivery/Debit Instruction slip (DIS) booklet & transaction statements will be sent to your correspondence address directly by us.
- Do ensure to give your own Mobile number & E-mail ID for SMS Alerts & EASI facility in order to safeguard your BO account from being misused.
- Do ensure that each slip on DIS booklet issued to you has been pre-stamped with a serial number and your demat account number. In case you receive any booklet / slip without serial number or your account number, please return the same to us immediately.
- Do ensure to keep DIS booklet of your BO a/c in safe custody just like your cheque book. In case of loss of the said booklet or any slip, please inform our DP Team immediately in writing for Stop-transfer of lost booklet / slips.
- Do ensure that requisition for fresh DIS booklet is given on the Requisition Slip attached to your previous DIS booklet and is signed by all holders. As per SEBI/CDSL instructions, a fresh booklet has to be given only against such Requisition Slips.
- Do mention all details accurately and in a legible handwriting. Avoid over-writing, cancellations, corrections, changing of the name and quantity of securities or Counter BO IDs. Authorise every correction, over-writing or cancellation on DIS by all holders signing in full against the same.
- Do fill in all details of the transaction like scrip name, quantity in figures & words, number of instructions used, counterparty demat a/c number before handing your DIS to us or any third-party. If there is space for multiple instructions and it is not used fully, please strike out blank space so as to avoid its misuse.
- Do contact our DP Team for freeze / unfreeze of your BO a/c to enable them to send necessary forms to you in case you wish to freeze your account (e.g. if you are going abroad etc.). Freeze/ Unfreeze of your BO a/c is possible only on receipt of duly filled forms signed by all holders.
- Do record folio number, certificate number & distinctive numbers of securities before sending physical securities to us for demat. This information will be required for the issue of duplicate share certificates in case your parcel containing certificates is lost in transit.
- Do ensure that all holders sign documents like DIS slip, Demat Request form, Account Modification or Account Closure form etc. in case of BO accounts with joint holder/s.
- Do ensure that your instructions are received by us at least 1 day before pay-in time of the relevant exchange so as to avoid auctions due to non-delivery of securities.
- Do deliver the securities towards your sale / margin to PL's DP a/c from your own Beneficiary A/c registered with PL. At your discretion, you may execute Power of Attorney in favour of "Prabhudas Lilladher Pvt. Ltd." which will be exclusively used for the purpose of debiting your DP a/c with our DP Team for your sales/margin obligation only.
- Do check your funds/securities statement sent to you at your email ID registered with CR Team.
- Do request in writing or through email to our CR Team for freezing of your Broking A/c in case you do not wish to execute any security trade for a certain period (e.g. if you are going abroad etc.). Whenever you wish to re-commence transactions, you may request our CR Team to Unfreeze your Broking A/c.
- For uninterrupted operation of your BO account, do ensure there is sufficient credit balance available in your DP Ledger to cover the dues, failing which interest penalty of 13% per annum shall be applicable on the debit balance.

DONTS

- Do not authorise any other person including our Employees / Sub-broker / Authorised Person to operate your BO account on your behalf.
- Do not leave your DIS booklet or blank signed slips with any third party or your broker/sub-broker.
- Do not sign blank DIS as it is equivalent to a bearer cheque.
- Do not share your User-ID or Password with any third party.
- Do not accept Transaction and/or Holding statement of your DP a/c given by any persons other than that sent by our DP Team from Mumbai.
- Do not execute Suspicious / Benami transactions, failing which we will be compelled to report such transactions to Director FIU-IND, New Delhi under the provisions of Prevention of Money Laundering Act.
- Do not give cash/cheques or transfer securities to our Associates / Employees or any other person as they are not authorised to receive funds or securities in their name.
- Do not give third party cheques / DD for your purchases / margin obligations.
- Do not give third party deliveries for your sale / margin obligations.
- Do not authorise any other person including our employees / Sub-broker / Authorised Person to place order on your behalf.
- Do not accept any offer of assured return on your funds from any person including our employees / Sub-broker / Authorised Person, as no one can assure return on your funds due to the volatile nature of capital market.

Prabhudas Lilladher Private Limited

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